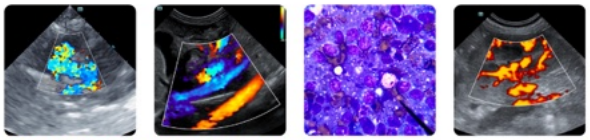

PATIENT

Tiki Smith

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Owens

INVOICE

74272

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Vomiting and weight loss for last 6-8 weeks
- No diarrhea noted.
- Radiographs show loss of serosal detail in abdomen and can palpate mass in mid abdomen
- CBC- Lymphocytes 7.836 0.65 - 6.86 K/µL Monocytes 1.525 0.042 - 0.467 K/µL Eosinophils 1.525 0.209 - 1.214 K/µL Basophils 0.193 Platelets 493 100 - 440 K/µL UA unremarkable, USG 1.034 chem- Sodium 158 147 - 157 mmol/L Potassium 5.2 3.7 - 5.2 mmol/L Chloride 111 114 - 126 mmol/L TCO2 (Bicarbonate) 25 12 - 22 mmol/L Anion Gap 27 12 - 25 mmol/L T4 WNL ProBNP WNL Whole cat rads- thorax unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.7 cm. The right kidney measured 3.6 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed passive congestion pattern. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The pyloric wall was mildly thickened with hyperechoic mucosal inclusions. This may represent ulcerative disease. Generalized gastric hypertrophy was noted elsewhere. An approximately 5.0 cm x 2.0 cm small intestinal mass is noted, which appears to be jejunal, along with regional lymphadenopathy up to 1.5 cm x 2.4 cm. The lymph nodes were heterogeneous and rounded, strongly suggestive for metastatic disease. Secondary ascites noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

-Intestinal and lymph node round cell neoplastic pattern.

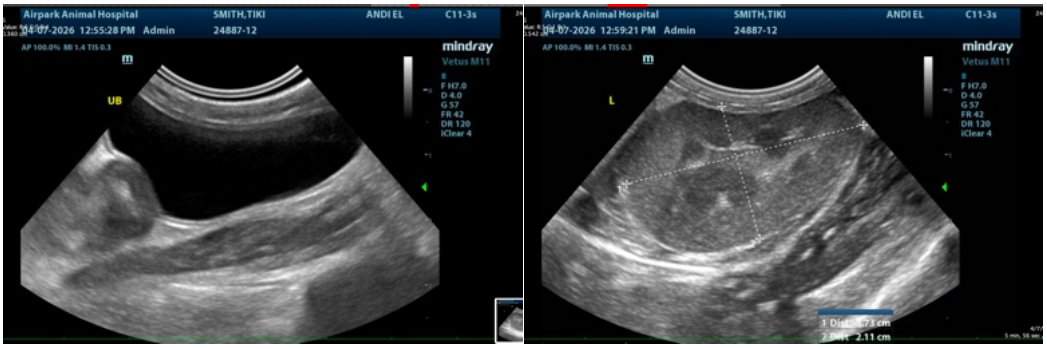
-Free fluid owing to likely lymphatic congestion.

-Passive congestion liver pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the intestinal mass and lymph node recommended for further definition, and immediate chemotherapeutic intervention.

Thoracic work-up is indicated. An echocardiogram and chest radiographs are recommended to assess for causes of passive congestion such as right sided heart failure and obstructive disease.



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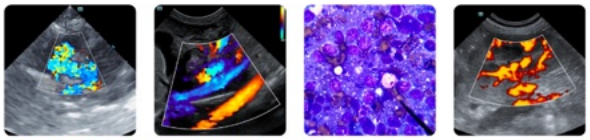

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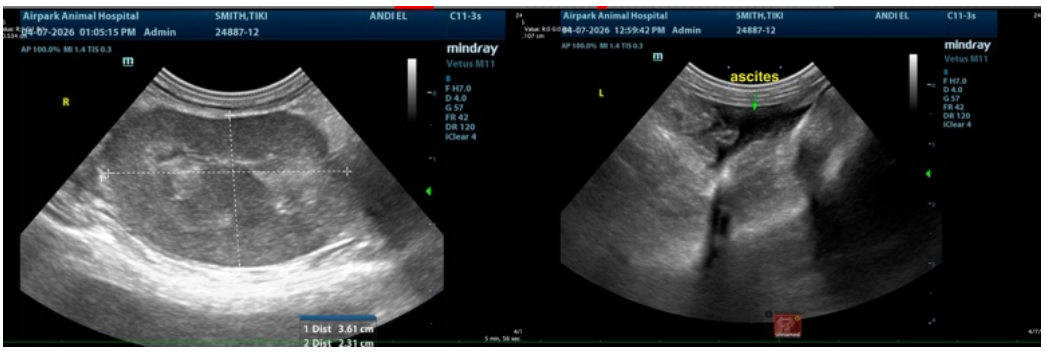

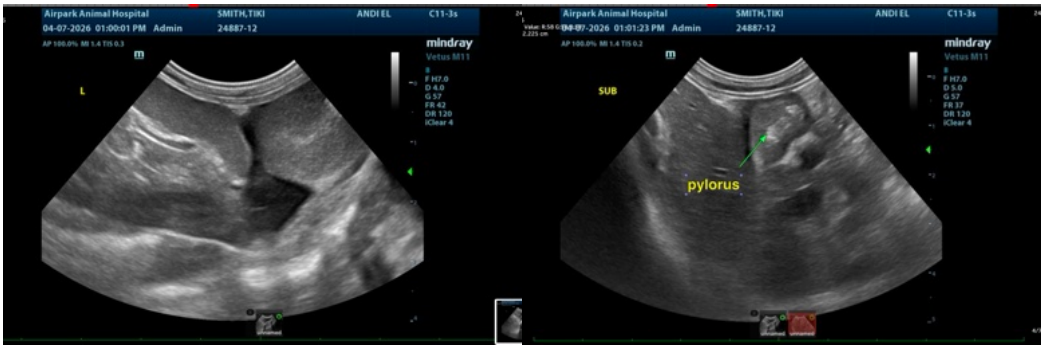

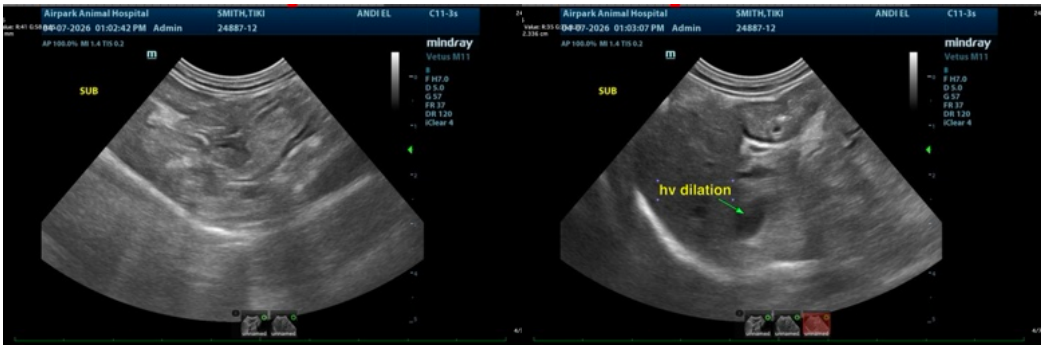

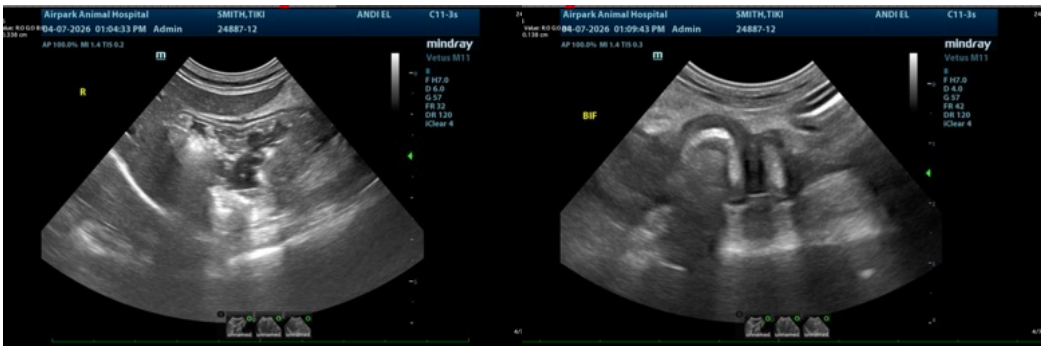

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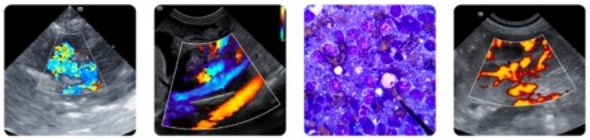

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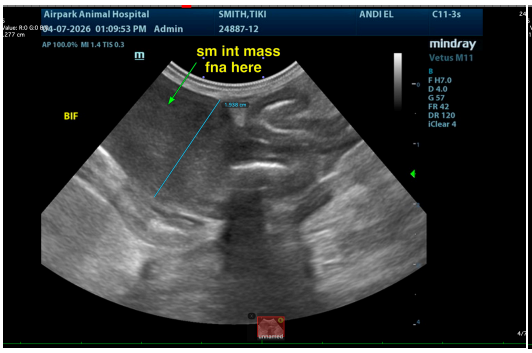

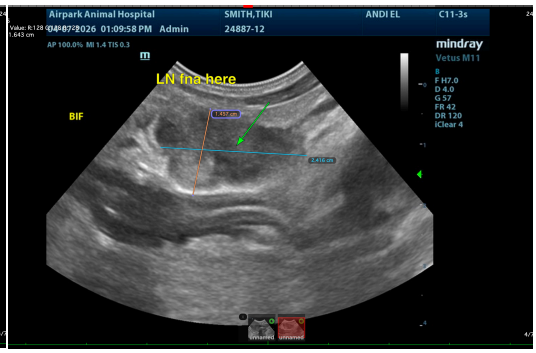

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com