



PATIENT

Mitchell DeRose

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Onesios

INVOICE

30360

DATE

5/13/22

PRESENTING CLINICAL SIGNS

Progressive weight loss.
Vomiting bile and blood, mildly lethargic.

CHEM NSF, CBC WBC 21, neut 14.17

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 4.18 cm. The right kidney measured 4.62 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. The left adrenal gland measured 0.56 cm.

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 coarse architecture. Multi-focal, hypoechoic, coalescing nodules were noted in the left liver. The gallbladder and common bile duct were unremarkable. FNA of the liver nodules were performed without complication.



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Gastrointestinal

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The gastric wall revealed fundic mass that measured up to 2.0 cm in wall thickness with regional inflammation and localized free fluid that continued into the gastroesophageal inlet. FNA was performed without complication.

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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.

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Free Abdomen

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Regional free fluid was noted and enhanced mesentery.

ULTRASONOGRAPHIC FINDINGS

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Concentric gastric mass with slight free fluid.

Liver nodules.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect gastric neoplasia with possible metastatic disease to the liver versus granulomatous disease/gastritis or less likely nodular hyperplasia.

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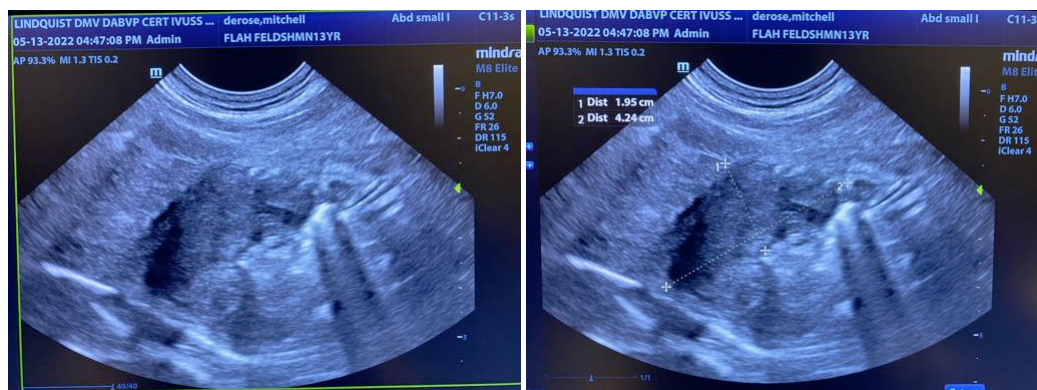
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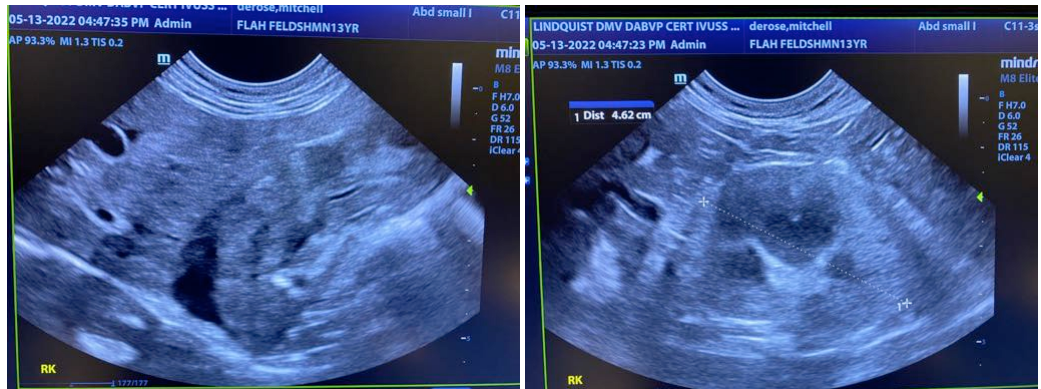
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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