



**PATIENT**

Minnie Pinto

**SPECIES**

Feline

**BREED**

Siberian

**SEX**

Spayed Female

**AGE**

6 Years 6 Months

**WEIGHT**

N/A

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Paws Wings Scale AH

**REFERRING VET**

Dr. Stancel

**INVOICE**

37115

**DATE**

5/14/26

**PRESENTING CLINICAL SIGNS**

History: Vomiting chronic and worsening, wt loss 2 lbs no other changed on PE pet will vomit multiple times a day, no dietary indiscretions but get into dog food. Temporarily had D+ improved for couple days with cerenia and B12 inj.

Abnormal PE/Chem/CBC/UA Results: Lym-869 eos-1422

**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 were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.14 cm. The right kidney measured 3.6 cm. Blunting noted of the caudal pole of the left kidney, owing to infarct. Blood flow to the left kidney appeared to be unremarkable.

*Adrenal Glands*

The regions of the **adrenal glands** revealed no evident pathology.

*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 were noted.

*Liver*

The **liver** revealed heterogenous parenchymal changes. The gallbladder and common bile duct were unremarkable. Hepatic lymph nodes were enlarged, measuring up to 1.9 cm.

*Gastrointestinal*

The **stomach** in this patient presented a concentric mass and wall thickness up to 1.7 cm. Complete loss of mural detail was noted. The mass was significantly vascular and appeared to occupy the gastric fundus. Regional lymphadenopathy was noted; both hepatic lymph nodes and epigastric lymph nodes were involved. Regional inflammation was noted. The small intestine and colon were unremarkable.

*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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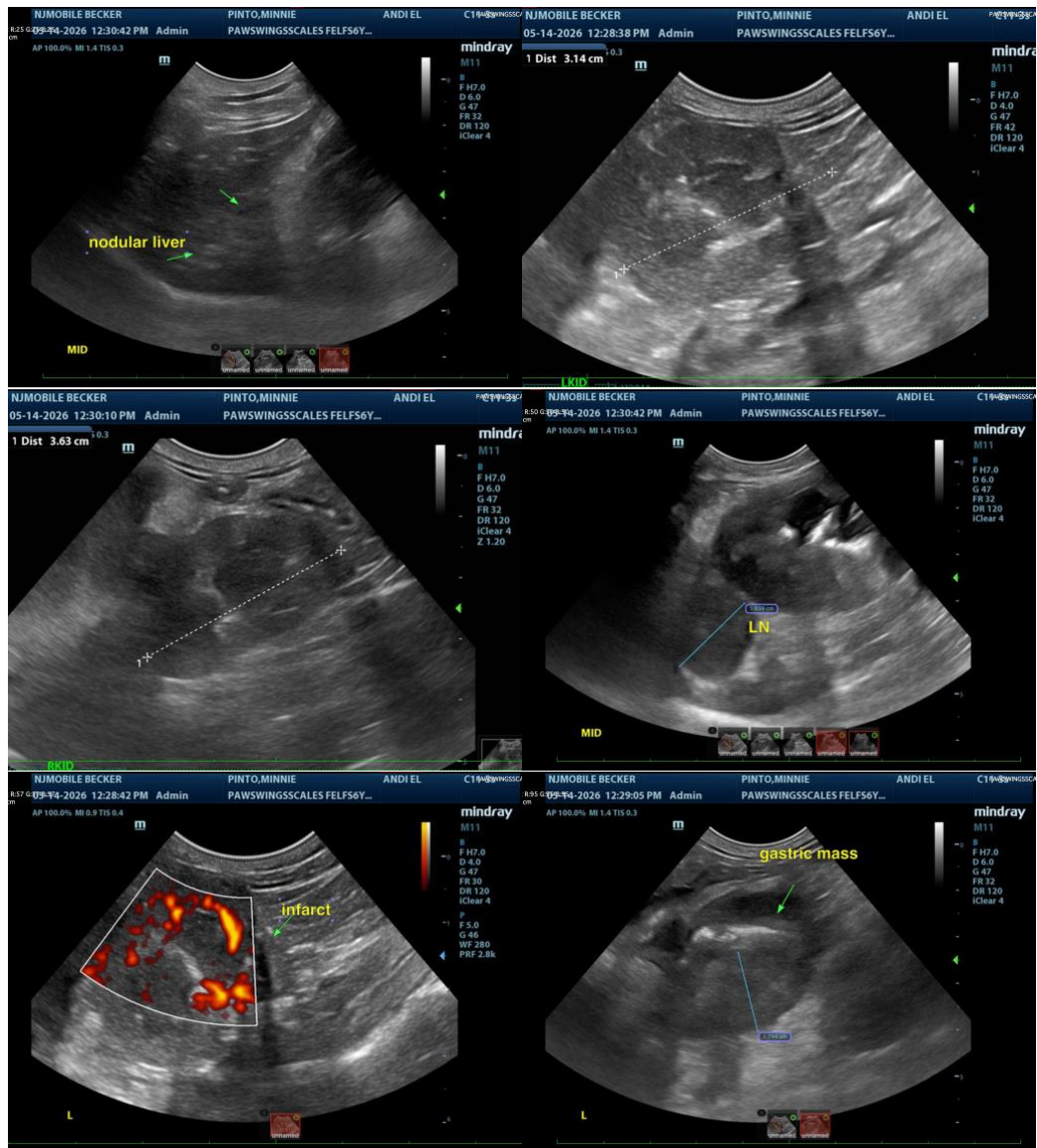
5/14/26

**ULTRASONOGRAPHIC FINDINGS**

- Concentric gastric mass with regional lymphadenopathy
- Nodular hepatic changes- likely metastatic change
- Blunting of the caudal pole of the left kidney, owing to infarct

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the stomach and liver with immediate chemotherapeutic intervention is recommended.





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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,**  
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[info@SonoPath.com](mailto:info@SonoPath.com)