



PATIENT

Prada Siebert

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9

WEIGHT

8

INTERPRETED BY

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

IMAGING PERFORMED BY

Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Dr. Hunt

INVOICE

37123

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: Can't has been slowly losing interest in food and has been vomiting. Has been in several times now including last weekend when she was hospitalized. Ultrasound shows large 3 60 mass in the ileal area along with lymphadenopathy. Non presented with pleural effusion. Aspirates of the mass proved inconclusive I just couldn't seem to exfoliate it. I'm gonna try again today and see if I can hit 1 of the lymph nodes instead. All the blood work is good. Owners wanna go to the ancillary to make sure this is cancer due to a bad experience at another vet. Heads hospitalized now on oxygen and we're going to have the pleural effusion once we stabilize her. I'm gonna reapproach the lymph node as well like I said.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 3.31 cm. The right kidney measured 3.85 cm.

Adrenal Glands

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

Spleen

The **spleen** was mildly enlarged (1.03 cm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. This is a mild change.

Liver

The **liver** was mildly swollen and slightly hypoechoic with slight irregular contour. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. A 3.8 cm jejunal mass was noted in this patient, adjacent to the enlarged irregular lymph nodes. A second infiltrative pattern was noted in the intestine. The colon was unremarkable.

Pancreas



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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.

Free Abdomen

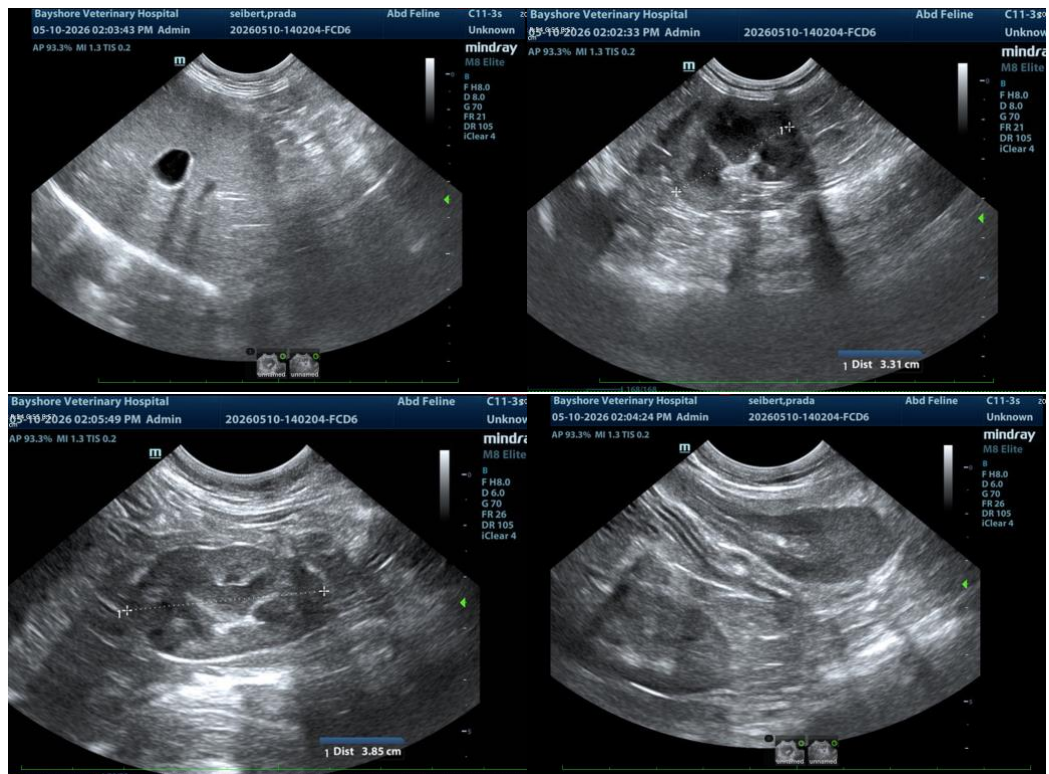
A mesenteric **lymph node** grouping was noted; the largest node measured 1.3 cm x 1.9 cm, adjacent to the mesenteric artery. Regional inflammation was noted associated with the lymph nodes and intestinal mass. Slight areas of free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Multifocal round cell neoplastic pattern with regional lymphadenopathy (potential splenic and hepatic involvement)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the intestinal mass was performed without complication. Ideally, screening FNA of the spleen and liver, as well as accessible lymph nodes is warranted for staging purposes. Strong concern for round cell neoplasia/lymphoma. FIP and carcinoma are less likely, but possible. This appears to be likely in an early phase of multicentric spread. Chest radiographs are warranted to assess for comorbidities or metastatic disease.





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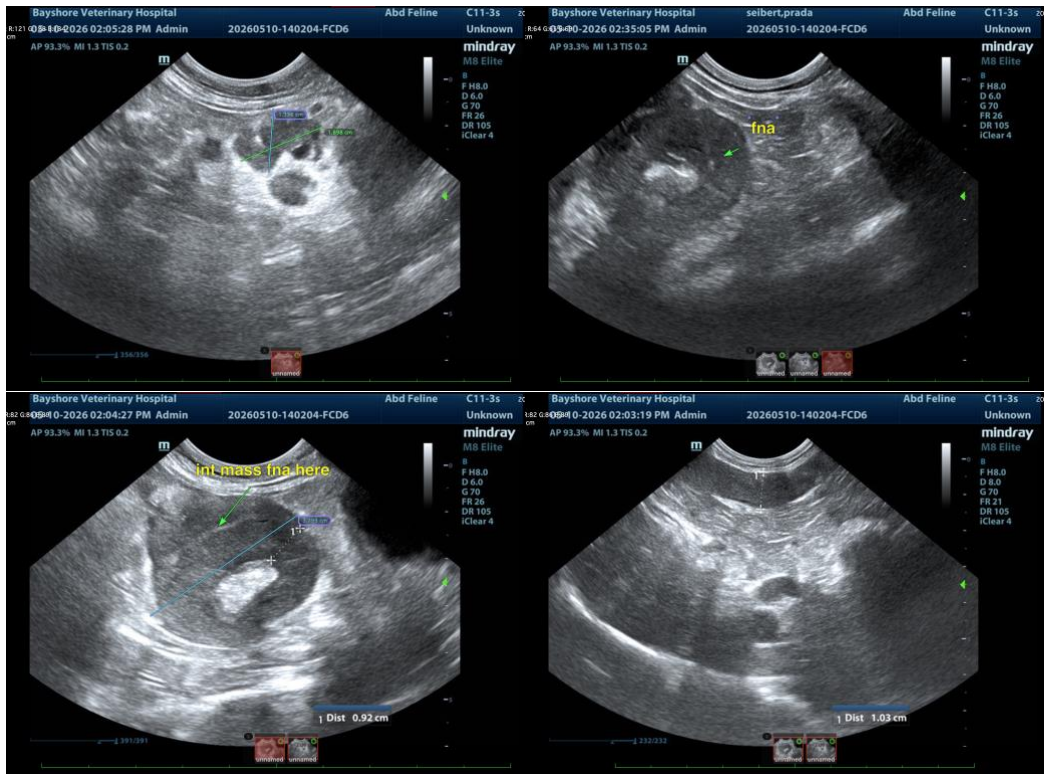
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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