



PATIENT

Kevin Kroush

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

11.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Harold Mike Beard

HOSPITAL NAME

Animal Care VC

REFERRING VET

Dr. Harold Mike Beard

INVOICE

37140

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: 2 year history of waxing and waning, wt loss, loss of appetite, vomiting. RDVM reports that it responds occasionally to hypoallergenic diet and steroids, thought that it was pancreatic disease but no proof of that.

Abnormal PE/Chem/CBC/UA Results: Palpable abdominal mass in the cranial abdomen. Wt loss. CBC/GHP/UA pending. Survey radiographs reveals a 9x11cm mass in the cranial abdomen. Stomach?

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 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 right kidney measured 4.5 cm. The left kidney measured 4.5 cm.

Adrenal Glands

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

Spleen

The **spleen** was mildly enlarged 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.

Liver

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

Gastrointestinal

The mid abdomen revealed a mixed hypoechoic **gastric mass**, measuring approximately 7.0+ cm. The small intestine and colon were unremarkable. Reactive mesentery was noted associated with the GI pathology.

Pancreas

It is probable that there is secondary **pancreatic** inflammation, yet the pancreas itself did not appear to be a primary issue.

ULTRASONOGRAPHIC FINDINGS



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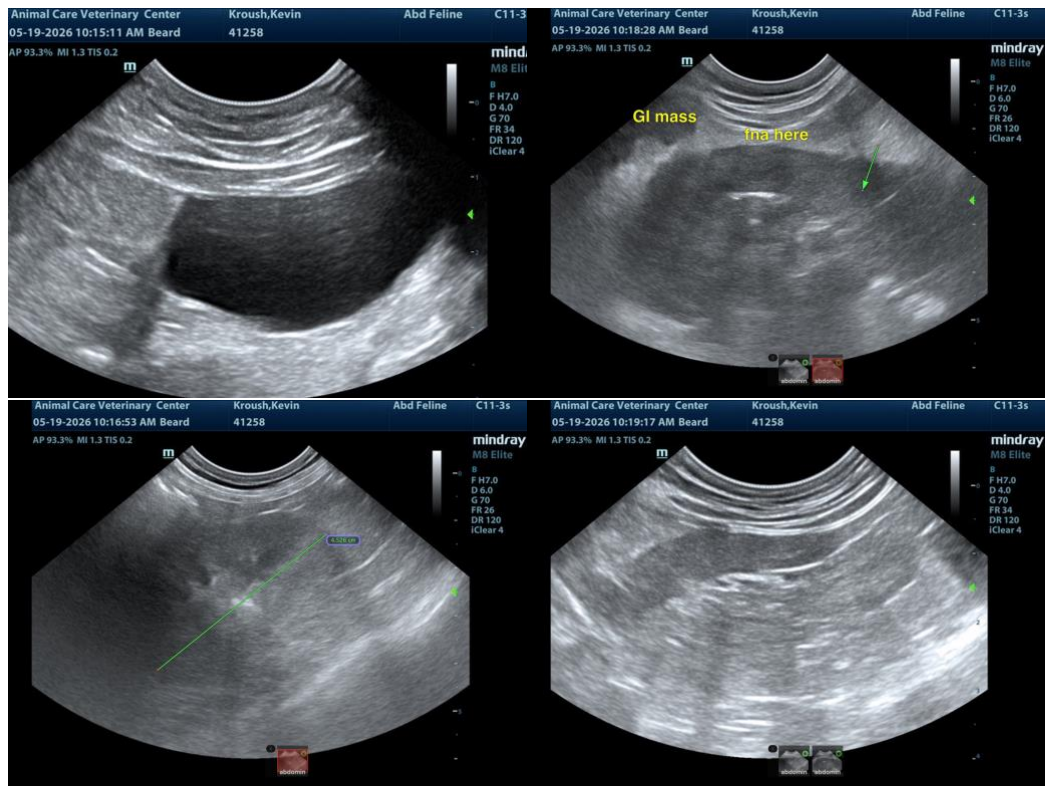
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- Multifocal round cell neoplastic pattern, involving the gastric mass, likely spleen and potentially liver.
- Concentric gastric mass with multifocal spread
- Enlarged spleen with subtle micronodular parenchyma
- Swollen, slightly irregular liver
- Probably secondary pancreatic inflammation, yet pancreas does not appear to be a primary issue.
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of all of the affected organs is indicated. Multifocal round cell neoplasia is suspected.





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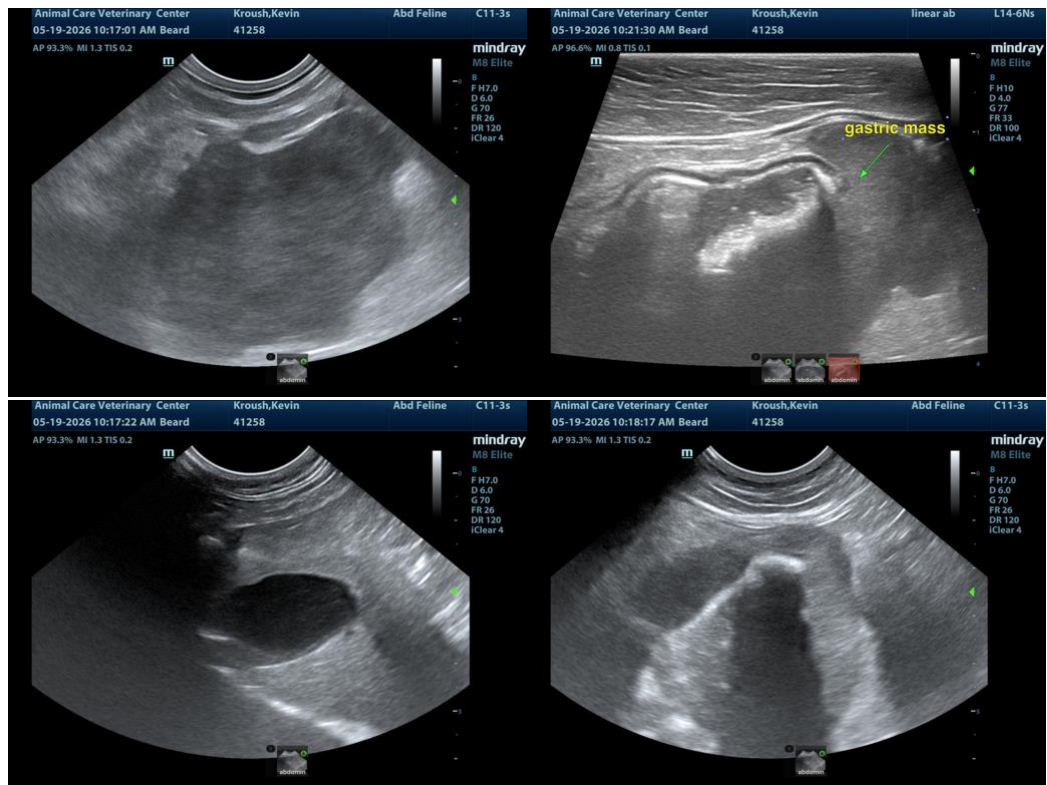
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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