



PATIENT

Nini Khan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

6.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho

REFERRING VET

Dr. Schacher

INVOICE

77845

DATE

5/21/26

PRESENTING CLINICAL SIGNS

History: Owner presents pet for abnormal head movements and acting very lethargic. Owner notes progressive weight loss over last 3 weeks, with pet slowing down a fair bit during that time frame. Patient is now unwilling to get up, and is doing an abnormal head bob sign per the owner. No other questions or concerns were noted.

Abnormal PE/Chem/CBC/UA Results: Anemia of chronic disease (non regenerative), hypoglycemia (marked - 18), thrombocytosis, otherwise completely 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 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.

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** was diffusely hyperechoic to the falciform fat. 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. Pleural effusion was noted through the diaphragm.



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Gastrointestinal

Multiple masses enveloped the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Mesenteric lymph node enlargement and mass formation was noted with reactive surrounding mesentery and large amount of free fluid.

Pancreas

Multiple, undifferentiated abdominal masses are noted throughout the mid cranial abdomen. These are likely deriving from the **pancreas**.

Free Abdomen

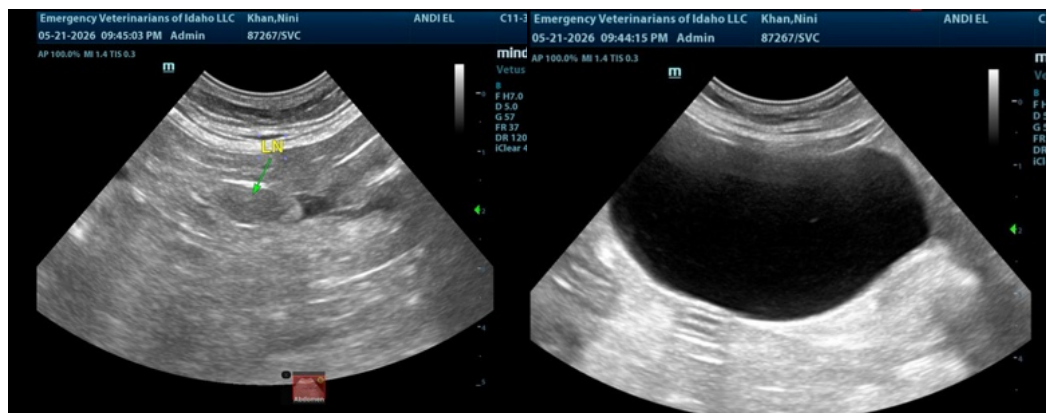
Multiple lymph nodes are enlarged, irregular and distorted with variable areas of small intestinal thickening was also noted.

ULTRASONOGRAPHIC FINDINGS

Extensive abdominal neoplasia, likely thoracic spread given the pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is poor. Hospice management should be considered. FNA of any of the masses should prove definitive on diagnosis. Likely lymphomatosis or carcinomatosis.





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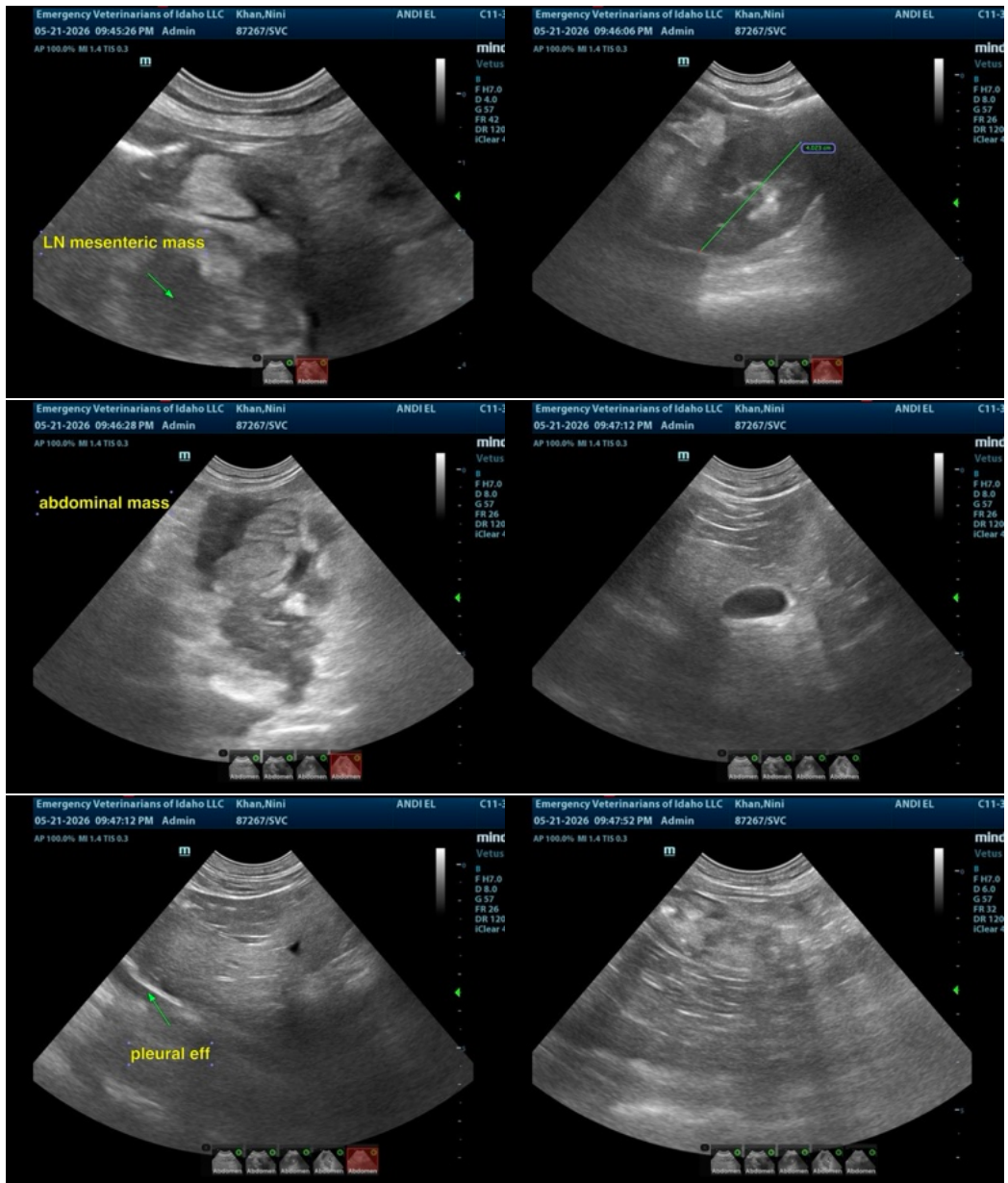
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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