



## PATIENT

Princess Bubblegum  
Rhodes

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

6 years

## WEIGHT

9.3 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jenna

## HOSPITAL NAME

Emergency AH of  
Crystal Falls

## REFERRING VET

Dr. Sabelhaus

## INVOICE

77918

## DATE

5/25/26

## PRESENTING CLINICAL SIGNS

History: 6 y/o FS feline presenting for vomiting, lethargy, hiding, and inappetence. P has a hx of vomiting intermittently, especially after eating dry food. These symptoms have been monitored and managed by RDVM; O states for a while P's vomiting was not a concern - even with decreased weight (because patient was overweight at this time). Recently P has begun vomiting even without eating her normal triggers (dry food) and yesterday it looked like there was blood present. P was taken to RDVM/an ED recently where radiographs were performed yielding no significant findings. Yesterday P ate a bit and vomited; this morning P was hiding when food was offered (very abnormal) and vomited again. Pt is indoor only, has a hx of bladder stones (on k/d), and is not experiencing any abnormal bathroom habits. O is unsure of P's drinking habits.  
Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/Lytes: Mild anemia. Mild neutrophilia and eosinopenia. PCV/TS = 30/6.2

## 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. The left kidney measured 3.8 cm. The right kidney measured 4.1 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.

### 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. The spleen measured up to 1.2 cm.



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## Liver

The **liver** was swollen, hypoechoic and irregular with scalloping contour. The gallbladder and common bile duct were unremarkable. 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.

## Gastrointestinal

The **stomach** revealed a concentric hypoechoic mass with irregular contour and reactive surrounding mesentery. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content. The epigastric lymph node was enlarged, rounded and hypoechoic measuring 1.6 cm.

## 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.

## ULTRASONOGRAPHIC FINDINGS

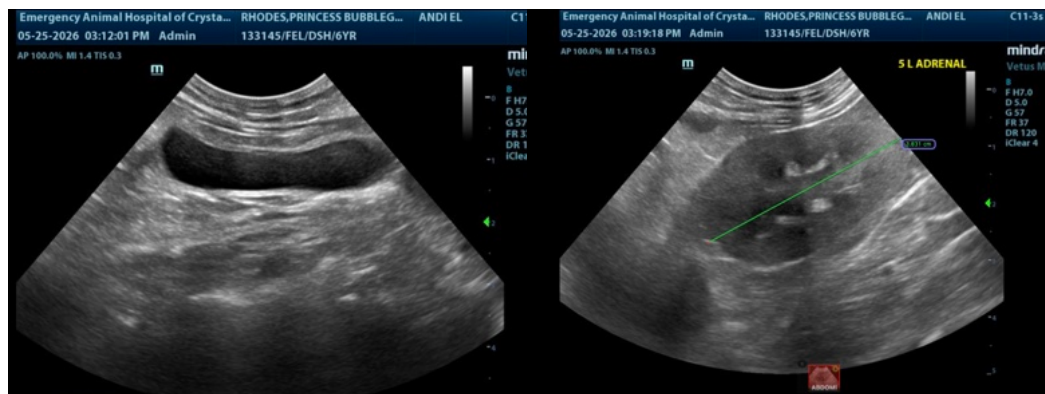
Concentric gastric mass, strongly consistent with round cell neoplasia

Regional lymphadenopathy.

Probable early splenohepatic involvement.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the gastric mass and accessible lymph nodes are recommended for further definition. FNA of the spleen and liver are recommended for staging purposes. Prognosis is guarded to poor depending on eventual response to therapy.





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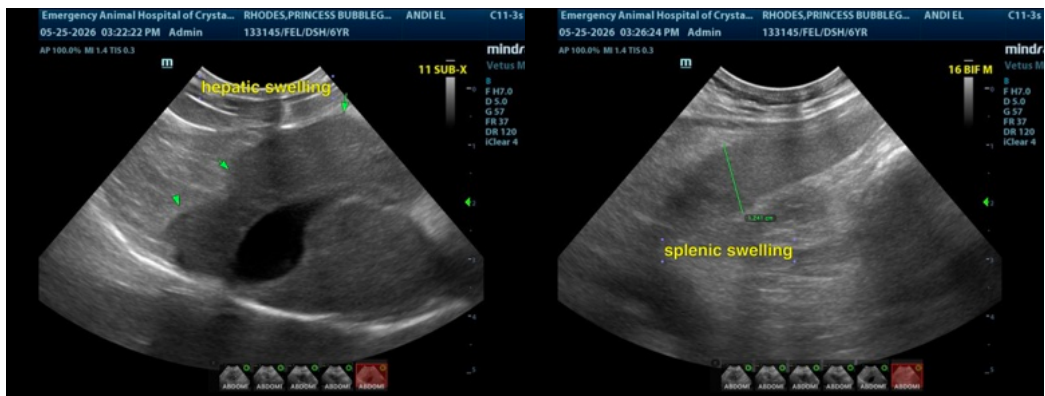
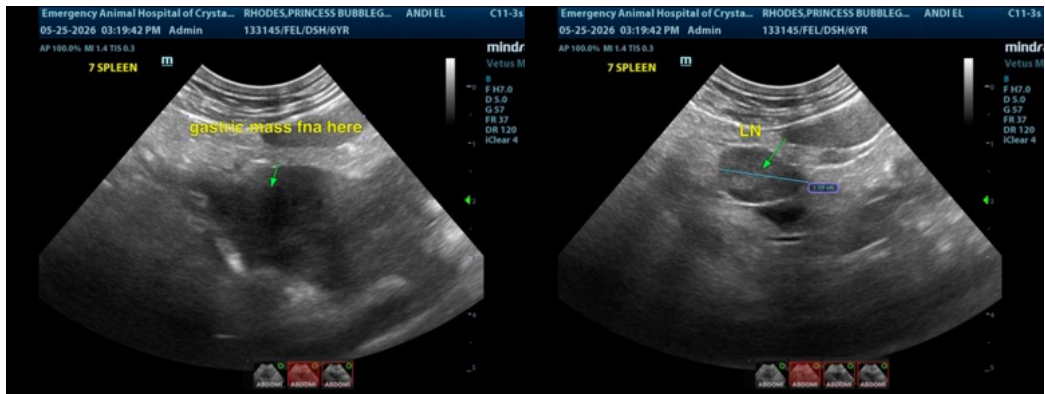
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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