



PATIENT

Tulee Freeman

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15.3 Years

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM, D,
 ABVP-CFP

HOSPITAL NAME

Dry Pond Animal
 Hospital

REFERRING VET

Dr. Rebecca Schenck

INVOICE

75525

DATE

5/28/26

PRESENTING CLINICAL SIGNS

Chronic vomiting and diarrhea since March of 26. Prior surgery to remove hairballs

Abnormal PE/Chem/CBC/UA Results: BAR, mm pink, BCS 4/9, some abdominal discomfort on palpation of abdomen- cranial and mid abdomen blood work earlier this year- normal

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization noted in both kidneys. Left kidney measured 3.5 cm. Right kidney measured 3.67 cm.

Adrenal Glands

The **left adrenal gland** was 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. Left measured 0.31 cm.

The region of the **right adrenal gland** was unremarkable.

Spleen

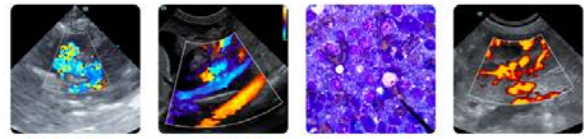
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** presented minor hypoechoic, slight irregular nodular changes. A left lateral liver nodule measured 5.0 mm. The gallbladder was unremarkable.

Gastrointestinal

The stomach was filled with ingesta. A focal gastric fundic lesion was noted measuring 0.80 cm. Hyperperistalsis and mucosal fogging noted in portions of the small intestine. This may be related to malassimilation and inflammatory bowel.



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Pancreas

The pancreas was hypoechoic and irregular with undulating contour, particularly at the left limb. Potential low-grade pancreatitis.

Free Abdomen

Mesenteric lymph nodes were enlarged and slightly rounded, measuring up to 0.92 cm, likely reactive.

Some reactive mesentery noted around the pancreas and lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Focal gastric fundic lesion with hyperperistalsis and mucosal fogging of the small intestines.
- Mesenteric lymphadenopathy and reactive mesentery around pancreas and lymph nodes.
- Low-grade pancreatitis.
- Undefined hepatic nodular changes.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for emerging round cell neoplasia with current inflammatory bowel and lymphadenitis pattern. Sampling of the larger mesenteric lymph nodes and gastric lesion as well as liver nodules all indicated with ultrasound guided FNA.

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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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