



PATIENT

Seren Millett

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

8.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alex McFeely DVM

HOSPITAL NAME

Centre AH

REFERRING VET

Dr. McFeely

INVOICE

78147

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: - History of V+ and D+ starting in 2022
- GI panel normal. Started hydrolyzed diet (HP). Gained weight and did well on food for a few years
- 1/2026 - Annual exam - reported V+ every 3 days; doesn't like hydrolyzed food very much. Wouldn't eat Blue HF or canned z/d
- 5/27/2026 - Vomiting much more frequently and not eating
- Rads done 5/27 - mass effect in cranial abdomen (normal labwork 1/2026)
- Cerenia and SQ fluids given 5/27
- 0.8mg butorphanol given IV to provide light sedation for ultrasound exam today

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** were irregular in contour with heterogenous cortical changes. The left kidney measured 4.0 cm. A subcapsular halo was noted in the cranial pole of the right kidney. The right kidney measured 3.8 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. Multi-focal lymph nodes were enlarged, hypoechoic and irregular measuring up to 1.0 cm. Reactive mesentery was noted as well.

Liver

The **liver** revealed multi-focal, hypoechoic, irregular target type nodule/masses measuring up to 3.0 cm. The contour was swollen and irregular. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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The **stomach** revealed a concentric, hypoechoic, undifferentiated mass with wall thickness that measured up to 3.7 cm. Distal small intestinal thickening was noted. The colon was unremarkable with normal curvilinear mural patterns and content.

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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.

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ULTRASONOGRAPHIC FINDINGS

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Gastric mass with metastatic pattern to the liver.

INTERPRETED BY

Early right renal involvement.

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DABVP, Cert. IVUSS

Multi-centric lymphadenopathy.

Distal small intestinal thickening.

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Alex McFeely DVM

Multi-centric round cell neoplasia is suspected. The prognosis is poor. FNA of any of the lesions should prove diagnostic with immediate hospice intervention or chemotherapy.

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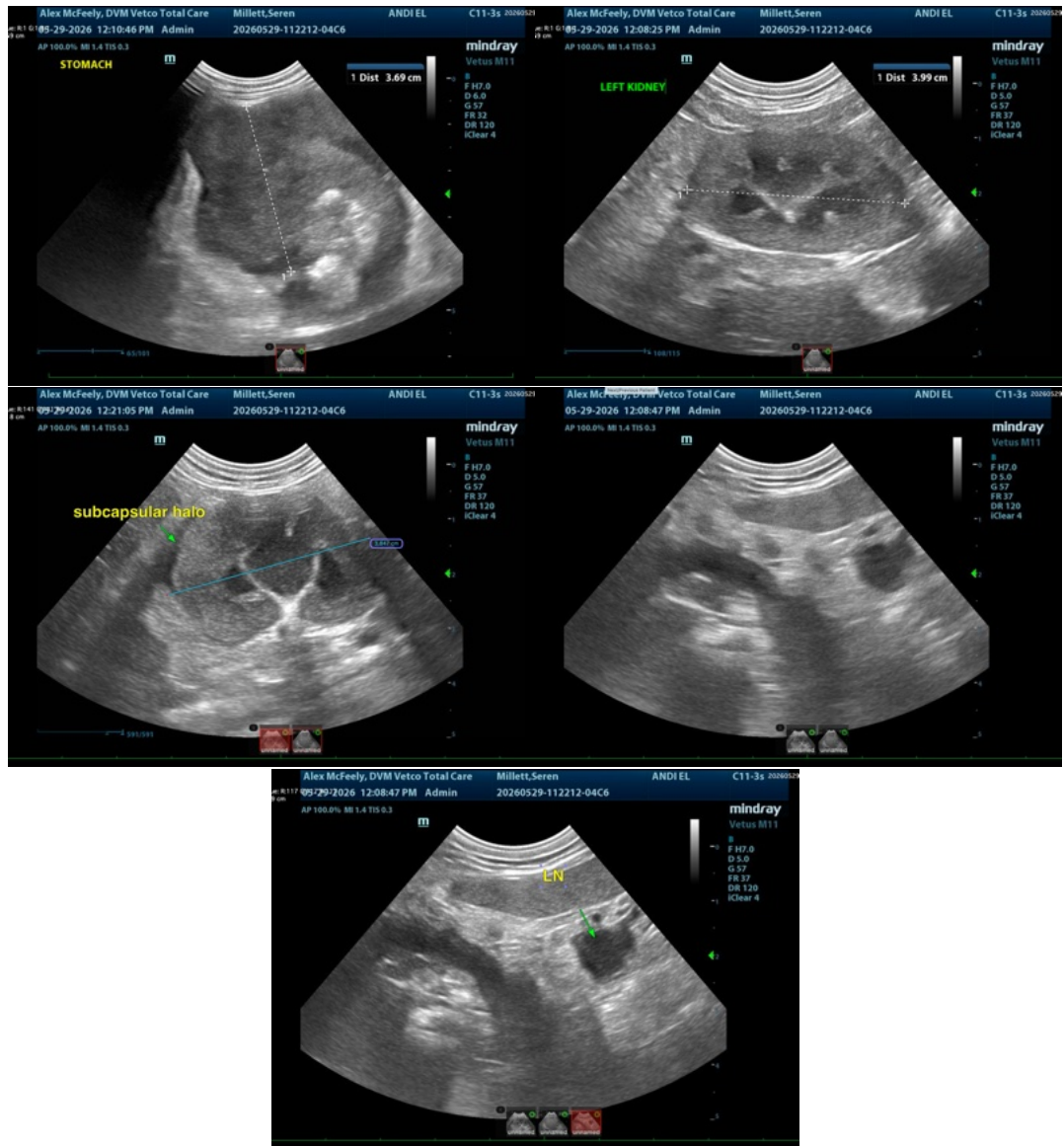
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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