



**PATIENT**

Kitty Duarte

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11 Years 10 Months

**WEIGHT**

7.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Sarah Green

**HOSPITAL NAME**

Healing Spirit

**REFERRING VET**

Dr. Sarah Green

**INVOICE**

24696

**DATE**

8/14/21

**PRESENTING CLINICAL SIGNS**

History of hyporexia and vomiting several weeks duration. Reactive to touch around mouth. CT performed 8/9/21 showed multiple dental resorptive lesions, prominent mandibular and retropharyngeal lymph nodes.

Abnormal PE/Chem/CBC/UA Results: CBC, chem, T4 showed mild neutrophilia, NSF otherwise

**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 **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 3.0 cm. The right kidney measured 3.0 cm.

**Adrenal Glands**

The **right 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. The right adrenal gland measured 0.4 cm. The region of the **left adrenal gland** was unremarkable.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**

The **stomach** presented wall thickening of the pyloric outflow with regional enhanced mesentery. Gastric wall thickening measured approximately 8.0 mm from serosa to lumen. Fluid filled gastric lumen noted. Further gastric wall thickening noted in the fundus with enhanced surrounding mesentery. The small intestine and colon were largely unremarkable with minor thickening of the submucosal layer noted. Reactive mesenteric lymph nodes noted, measured 1.0 cm x 0.5 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.



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**ULTRASONOGRAPHIC FINDINGS**

- Gastric infiltrative pattern with inflammatory bowel pattern elsewhere – concern for gastric lymphoma with potential early hepatic involvement

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the gastric wall recommended. If adequate exfoliation is not achieved, then full thickness gastric biopsies would be recommended. FNA of the liver recommended as well to ensure early infiltrative disease isn't present. Prognosis is guarded.

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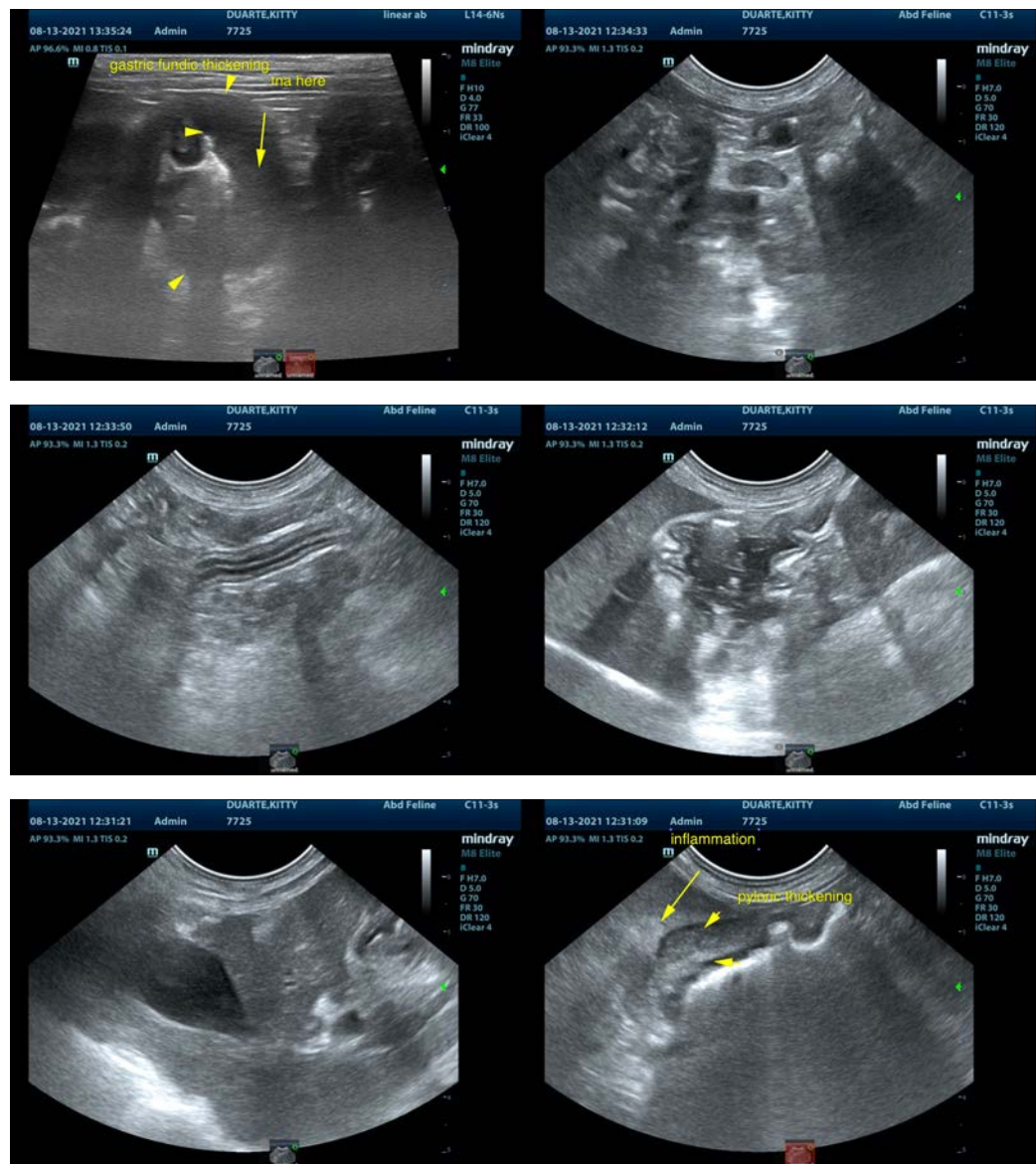
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)