



**PATIENT**

Penelope Feldman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11.8 Years

**WEIGHT**

N/A

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Englewood Cliffs VH

**REFERRING VET**

Dr. Rachel Park

**INVOICE**

24966

**DATE**

8/26/21

**PRESENTING CLINICAL SIGNS**

Patient presents for weight loss, regenerative anemia, palpable mass - abd. Not herself, ADR, hiding but still eating as of yesterday.

Abnormal PE/Chem/CBC/UA Results: RBC 4.35, HCT 23.3, HGB 7.5, MCV 53.6, reticulocytes 138.3, WBC 20.38, neutrophilia 16.33, monocytosis 1.24, basophils 0.29, platelets 149, BUN 12.

**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 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. The right kidney measured 4.0 cm. The left kidney measured 3.83 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**Spleen**

The **spleen** was enlarged, irregular and nodular with enhanced surrounding mesentery. Maximum width of 2.6 cm.

**Liver**

The **liver** was swollen, heterogeneous and mildly irregular. The gallbladder was unremarkable.

**Gastrointestinal**

Examination of 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**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.

**Free Abdomen**

Free fluid noted in the abdomen. Reactive mesentery noted throughout the mid abdomen. Nodular omental changes present, suggestive for disseminated abdominal neoplasia.

**ULTRASONOGRAPHIC FINDINGS**

- Splenic masses with infiltrative pattern and probable hepatic and omental involvement
- Free fluid



**PATIENT**

Penelope Feldman

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Mast cell disease or other round cell neoplasia suspected. 25-gauge FNA spleen and liver and/or abdominocentesis with cytospin all indicated for definitive diagnosis. Hemangiosarcoma possible.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11.8 Years

**WEIGHT**

N/A

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Englewood Cliffs VH

**REFERRING VET**

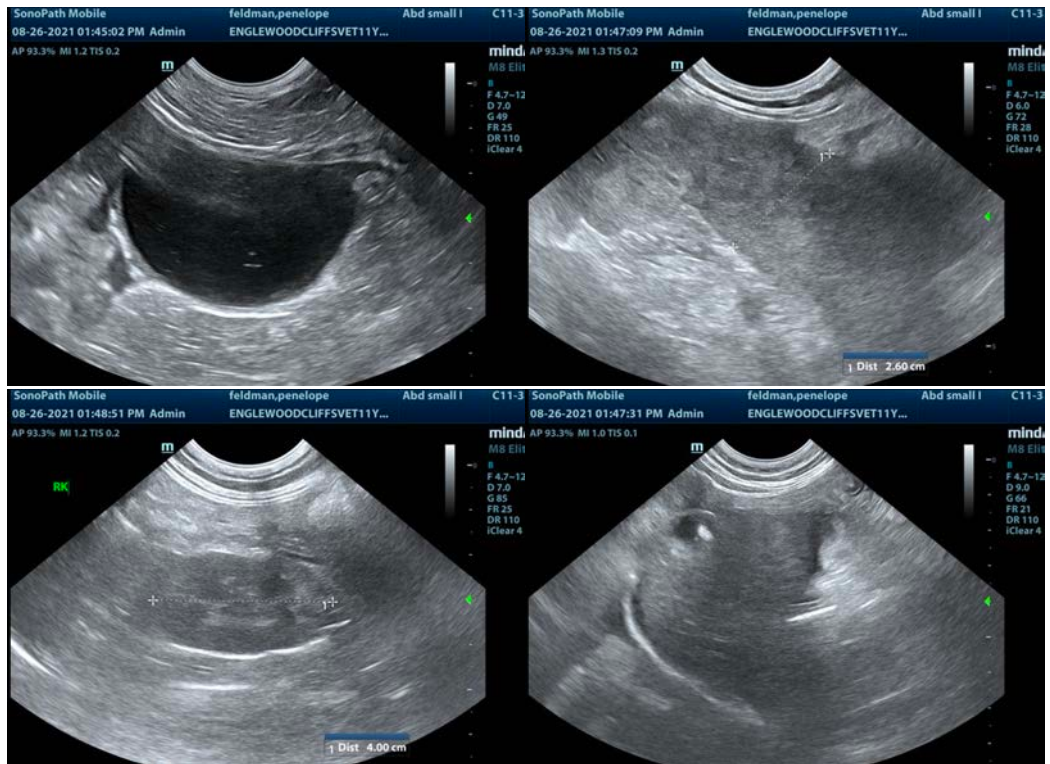
Dr. Rachel Park

**INVOICE**

24966

**DATE**

8/26/21





**PATIENT**

Penelope Feldman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11.8 Years

**WEIGHT**

N/A

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Englewood Cliffs VH

**REFERRING VET**

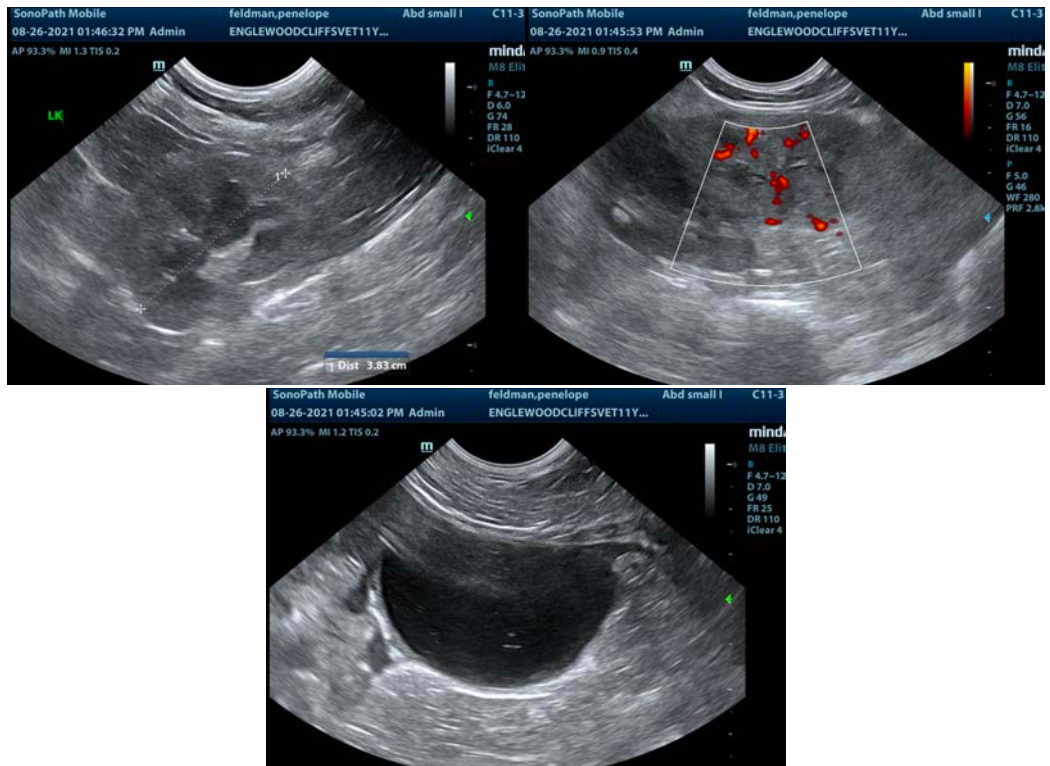
Dr. Rachel Park

**INVOICE**

24966

**DATE**

8/26/21



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)