



**PATIENT**

Princess Lowe

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Ideal Pet Vet Clinic

**REFERRING VET**

Dr. Kolta

**INVOICE**

92062

**DATE**

09/28/21

**PRESENTING CLINICAL SIGNS**

History: Losing weight

As per owner Total T4 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 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 right kidney measured 3.65 cm. The left kidney measured 3.17 cm.

**Adrenal Glands**

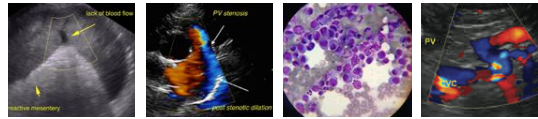
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.37 cm.

**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 was noted. The spleen measured 0.62 cm.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. 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.



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## Gastrointestinal

The **stomach** in this patient revealed a concentric infiltrative pattern with wall thickness that measured up to 1.2 cm. The mass is concentric and occupied the majority of the pyloric outflow. Spread to the cranial abdominal lymph nodes is likely. Minor intestinal wall thickening was noted elsewhere, yet there was no loss of detail. Epigastric lymph node was also enlarged, hypoechoic and irregular.

## 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

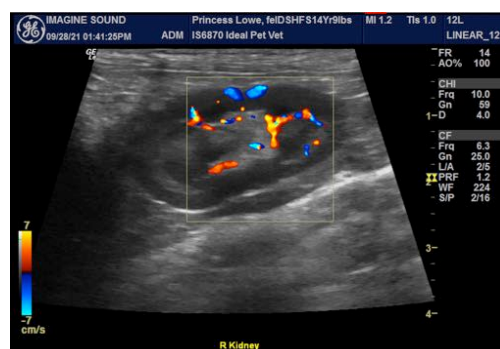
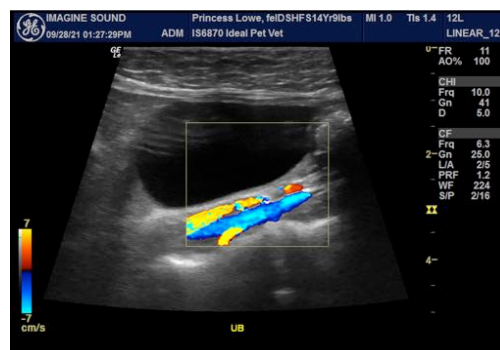
A hypoechoic, midabdominal rounded lymph node was noted and measured 0.72 x 0.62 cm.

## ULTRASONOGRAPHIC FINDINGS

Gastric infiltrative pattern with regional lymphadenopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the gastric mass is recommended. There is a strong suspicion for lymphoma. No obvious other organ involvement was noted. However, micrometastasis cannot be entirely ruled out.





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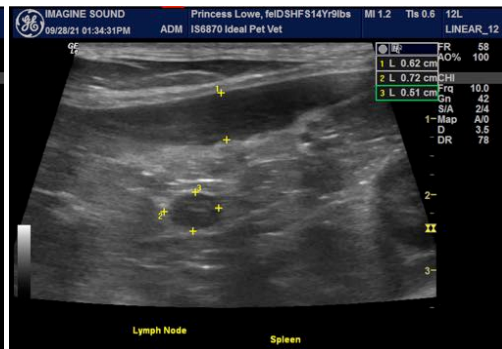
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com