



**PATIENT**

Indy Christianson

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

10.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Bailes

**HOSPITAL NAME**

All Creatures Great  
and Small VC

**REFERRING VET**

Dr. Marszewski

**INVOICE**

92120

**DATE**

9/30/21

**PRESENTING CLINICAL SIGNS**

History: progressive decrease in appetite, vomiting/gagging when eating but able to hold down small meals.  
Mildly dehydrated on exam, otherwise NSF BW: CBC: PLT (32) slide:micro clots Chem: GLU (160), Crea (1.5), BUN (19) T4: (1.4) SDMA: (17) FPL: normal 3 view abdominal rads: suspect possible mass in area of pylorus/stomach. Kidneys, liver and rest of abdomen appear 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 4.04 cm. The left kidney measured 3.47 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 0.41 cm. The right adrenal gland measured 0.34 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.

**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.



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**Gastrointestinal**

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The **stomach** in this patient revealed a hypochoic, undifferentiated 5.1 x 2.6 cm mass that occupied the pyloric outflow and antrum. The mass was concentric and does not appear resectable. The small intestine and colon were unremarkable. The curvilinear patterns were respected. The epigastric lymph nodes were slightly enlarged and measured 1.0 x 0.5 cm.

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**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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Concentric gastric mass with epigastric lymphadenopathy.

**AGE**

6 years

Otherwise, stable abdomen.

**WEIGHT**

10.1 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the gastric mass is warranted. Immediate chemotherapeutic intervention is likely necessary. This is likely gastric lymphoma. PCR evaluation may be appropriate. Guarded to poor prognosis depending upon chemoresponsiveness based on cytology.

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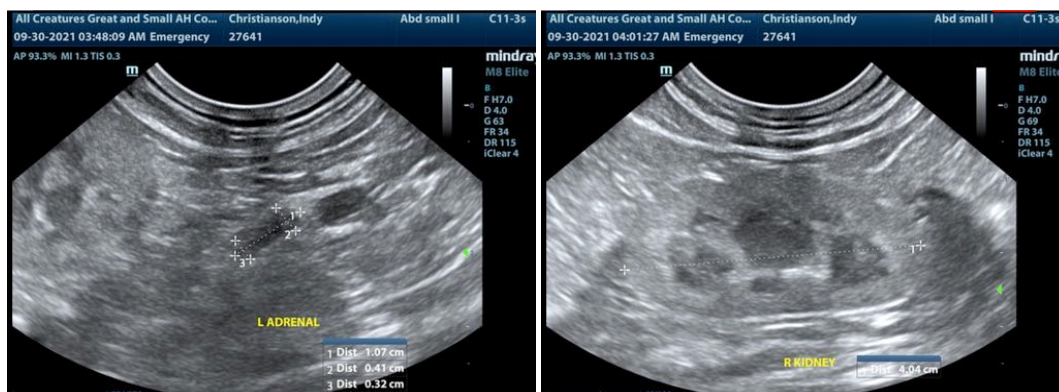
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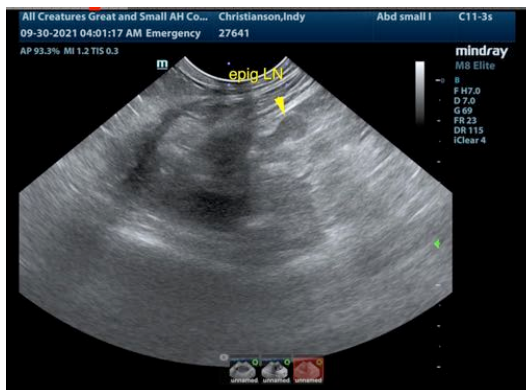
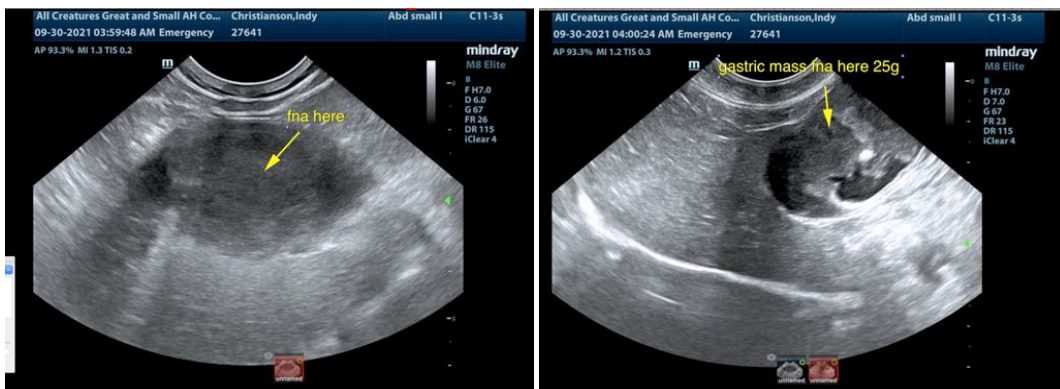
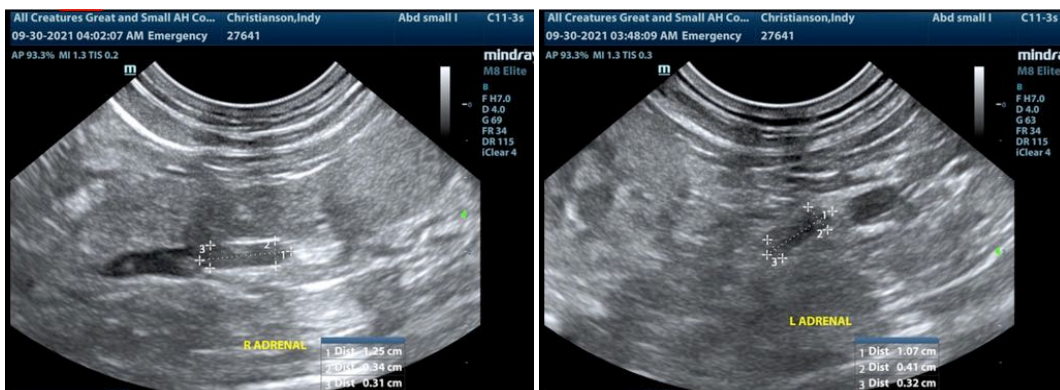
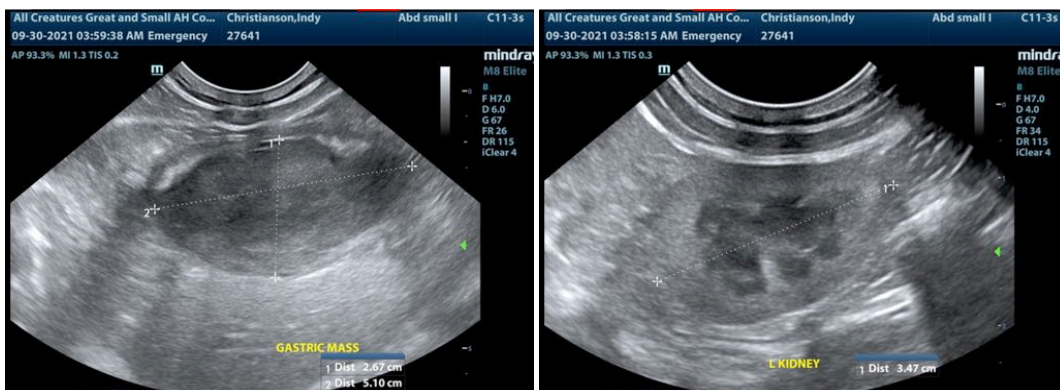
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com

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