



PATIENT

Rocky Fiorella

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ginny Dodd DVM,
DABVP (CFP)

HOSPITAL NAME

Monroe Road AH

REFERRING VET

Dr. Shebel

INVOICE

70368

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- H/O lethargy, vomiting, 1.3# weight loss in past month
- PE: abdominal mass palpated in mid abdomen. • CBC- monocytosis, • CHEM- alb 2.4, glob 5.6, CK 420- high normals

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted. The left kidney measured 3.9 cm. The right kidney measured 4.22 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 0.3 cm. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. The spleen measured 0.58 cm.

Liver

The **liver** revealed minor, heterogenous, mixed echogenic changes, potential early metastatic disease. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Stasis was noted in the stomach. The distal small intestine appeared to enveloped by the abdominal pathology.

Pancreas

The region of the **pancreas** revealed an undifferentiated, mixed, hypoechoic 3.8 cm mass with a hyperechoic duct in the middle which would suggest pancreatic or possible lymph node origin, yet the mass is undifferentiated and the exact origin cannot be ascertained, yet it is in the region of the mid cranial pancreas and also lymph nodes occur in this region as well.

Free Abdomen

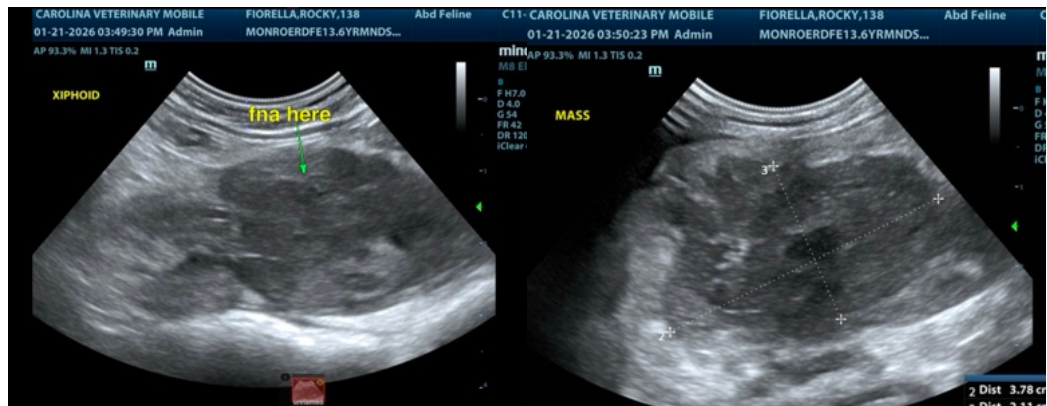
Regional inflammation was noted as well as mesenteric, heterogenous parenchymal changes and likely free fluid. The free fluid is suggestive for lymphatic obstruction.

ULTRASONOGRAPHIC FINDINGS

- Undifferentiated mass in the region of the pancreas. Pancreatic or lymph node origin with lymphomatosis, carcinomatosis type presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass and liver is indicated. Prognosis is guarded to poor dependent upon eventual response to chemotherapy based on cytology results.





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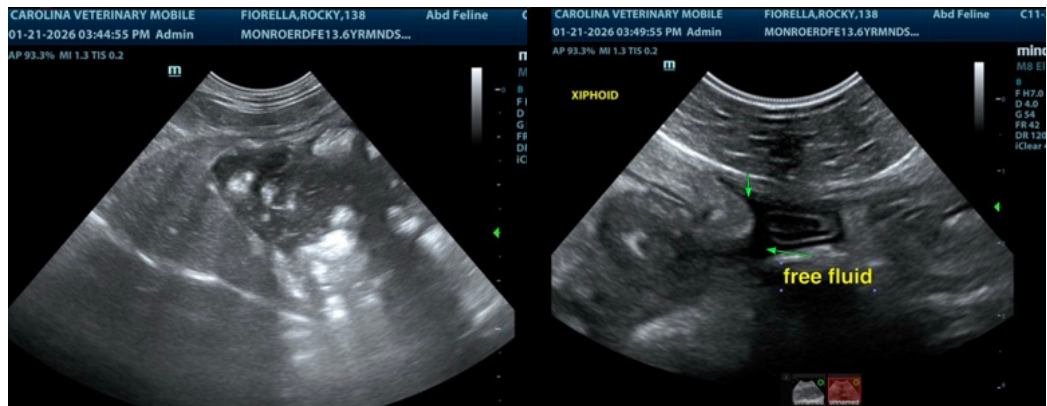
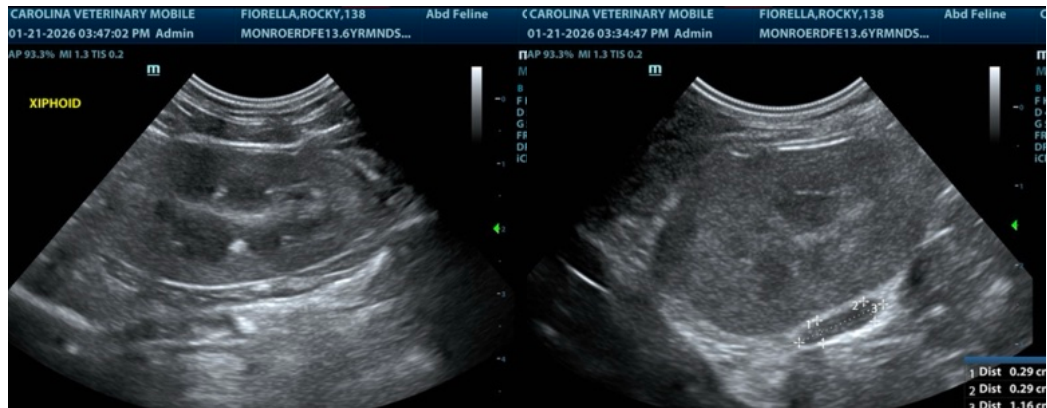
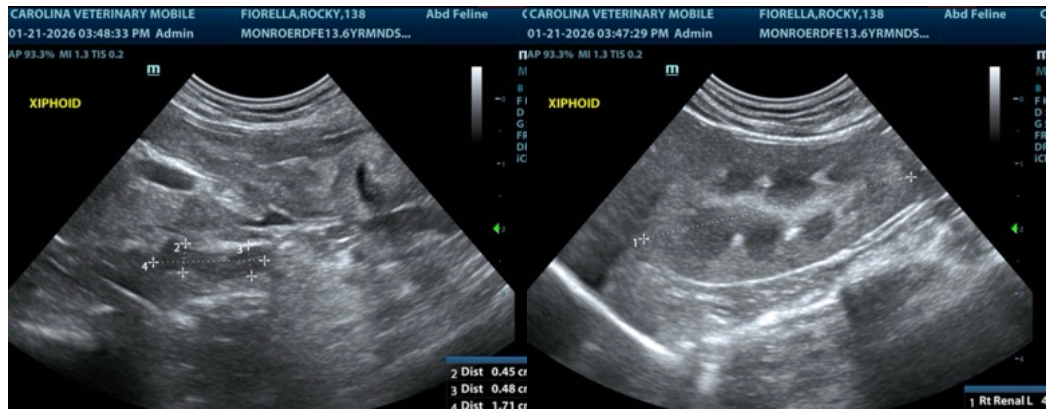
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com