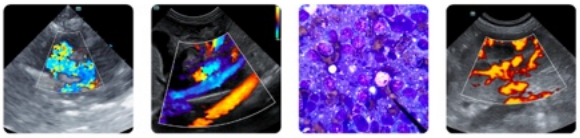

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT
Ginger Cannon

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
13 years

WEIGHT
8.5 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Ginny Dodd DVM, DABVP (CFP

HOSPITAL NAME
City Vet Marvin

REFERRING VET
Dr. Welsh

INVOICE
68959

DATE
11/24/25

PRESENTING CLINICAL SIGNS

History: H/O weight loss, hyporexia, lethargy
PE: pale pink mucous membranes, midabdominal firm nodular shaped mass or masses palpated CBC: mild anemia HCT 30% CHEM: alb 1.7, K sl low Abd Rads- suspect oval-shaped mass midabdomen, thorax WNL

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 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.

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 and right adrenal gland measured 0.4 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.1 cm in width.

Liver

The **liver** was swollen and irregular in contour. The gallbladder and common bile duct were unremarkable, yet the gallbladder was compressed by expansive surrounding tissue. Slight free fluid was noted between the liver and diaphragm.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The distal small intestine revealed an infiltrative mass. The mass measured 2.0 cm in width and measured at least 5.0 cm in length. Variable other areas of intestinal thickening were noted. Regional inflammation was noted with the pathology. Overt lymph node mass was noted and measured up to 4.0 cm with multiple, other lymph node enlarged.

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

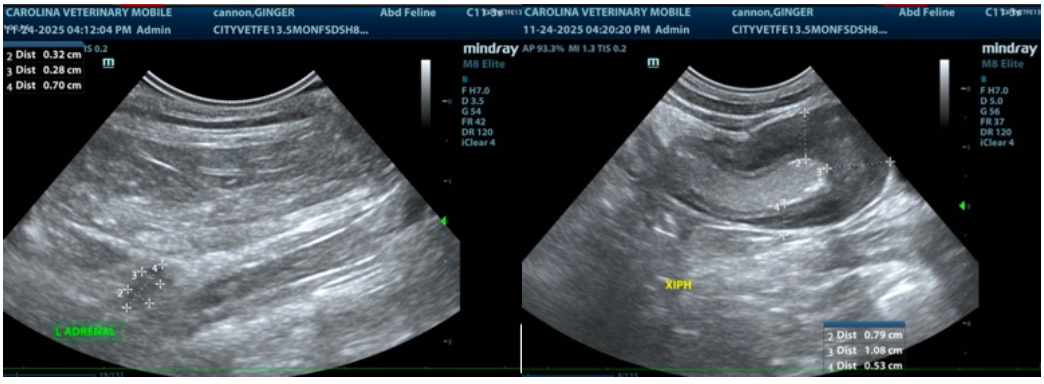
Cranial abdominal lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Multi-centric round cell neoplastic pattern involving the intestine, lymph nodes, liver and possibly spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA and immediate chemotherapeutic intervention is recommended.



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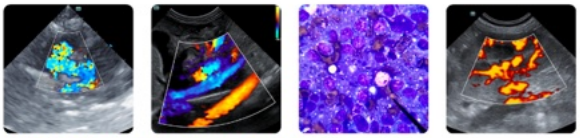

Clinical Sonography & Telecytology
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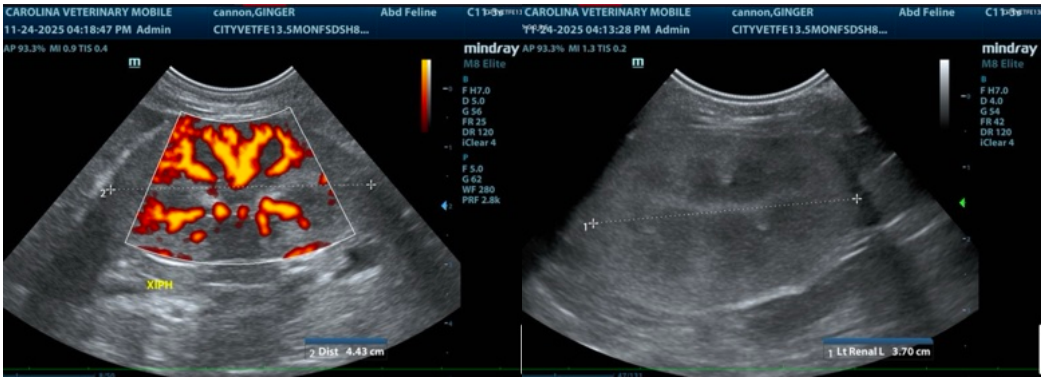

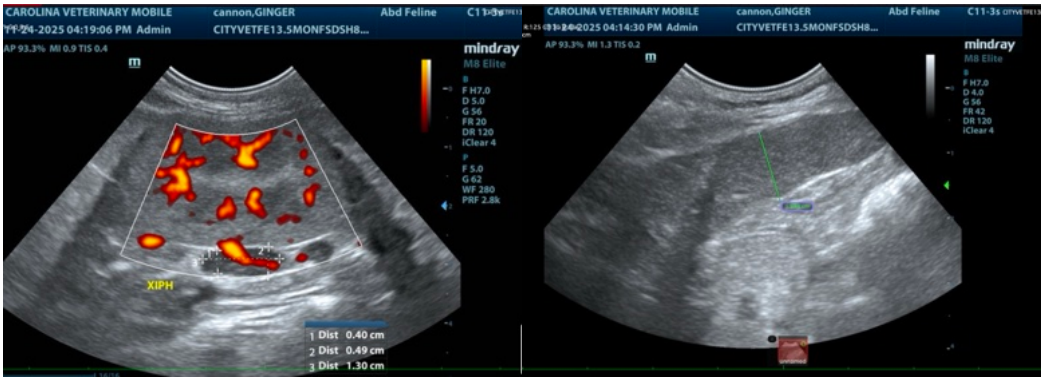

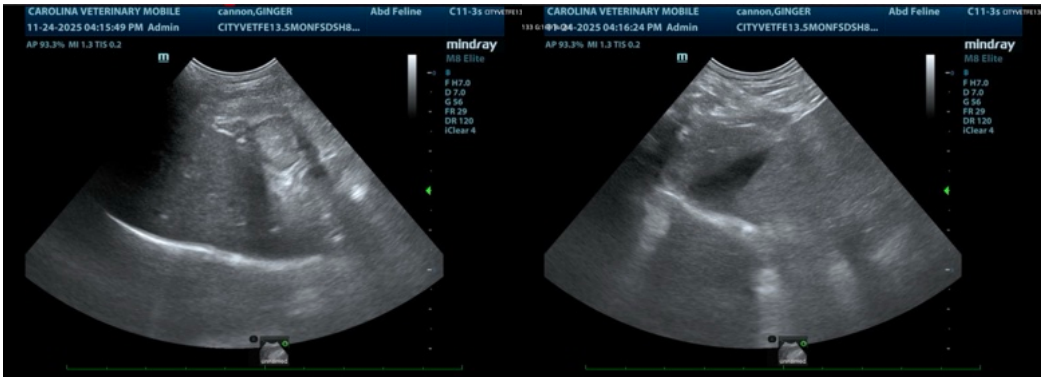

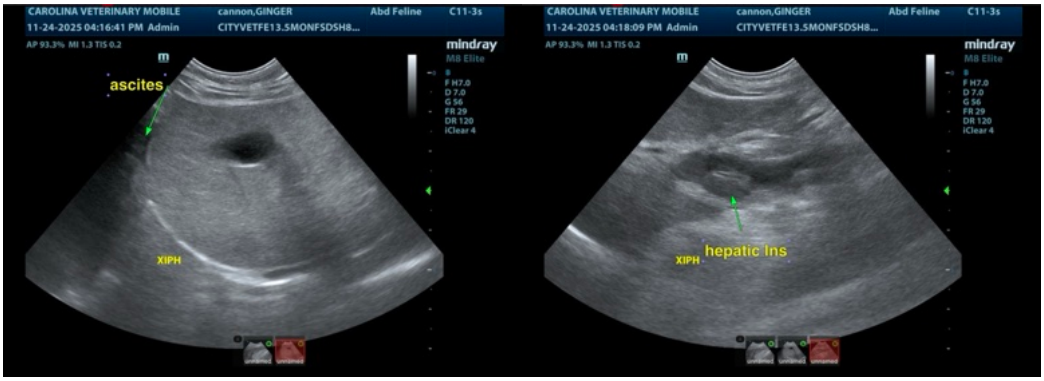

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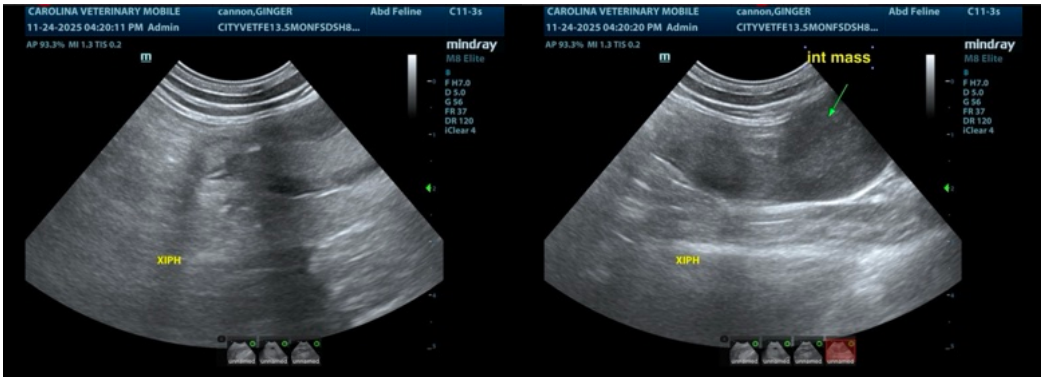

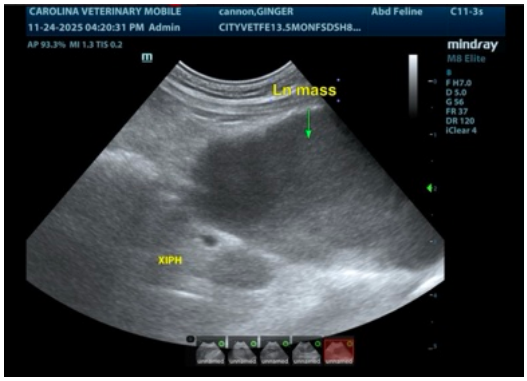

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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