



PATIENT

Cookie Kuczek

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

8.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown AH

REFERRING VET

Dr. Summers

INVOICE

70370

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Abdominal mass found on routine exam.

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. Slight hyperechoic medullary rim sign was noted. The left kidney measured 4.0 cm. The right kidney measured 4.27 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 0.46 cm. The right adrenal gland measured 0.38 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 1.4 cm in width.

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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Variable small intestinal thickening was noted, particularly at the ileocecal junction. Muscularis hypertrophy was present. A 3.3 cm shadowing structure was noted. This appears to be lodged in the distal small intestine. This may be a hard hairball or foreign matter. Soft stool was noted in the colon. The mesenteric lymph nodes were slightly enlarged. The largest mesenteric lymph node measured 1.2 x 0.6 cm.

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.

ULTRASONOGRAPHIC FINDINGS

- Variable intestinal thickening with hard shadowing structure in the distal small intestine.
- Mesenteric lymphadenopathy.
- Splenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory surgery for multiple reasons. The partial obstructive pattern as well as hard structure in the distal small intestine as well as the necessity for full thickness lymph node and intestinal biopsies. Splenic sampling is also indicated by biopsy or FNA at the time of surgery. Underlying round cell neoplasia is a potential. However, inflammatory bowel with lodged intestinal foreign matter is possible as well. Chest radiographs are warranted prior to surgery.





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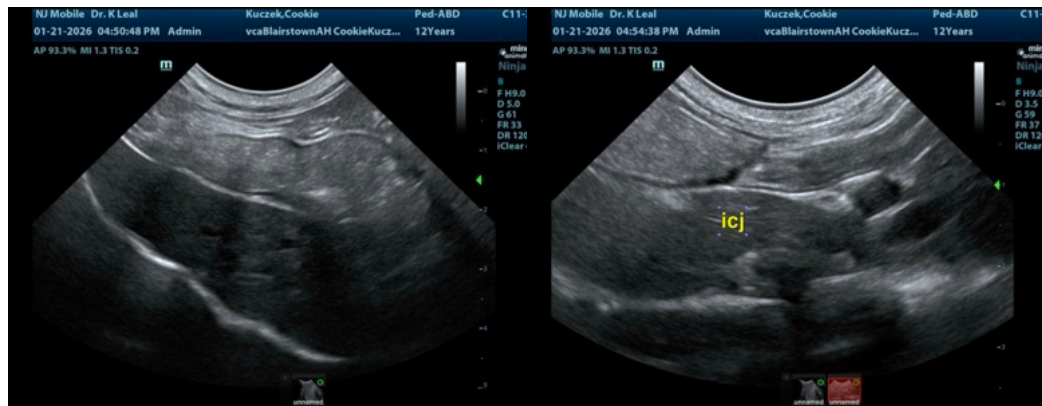
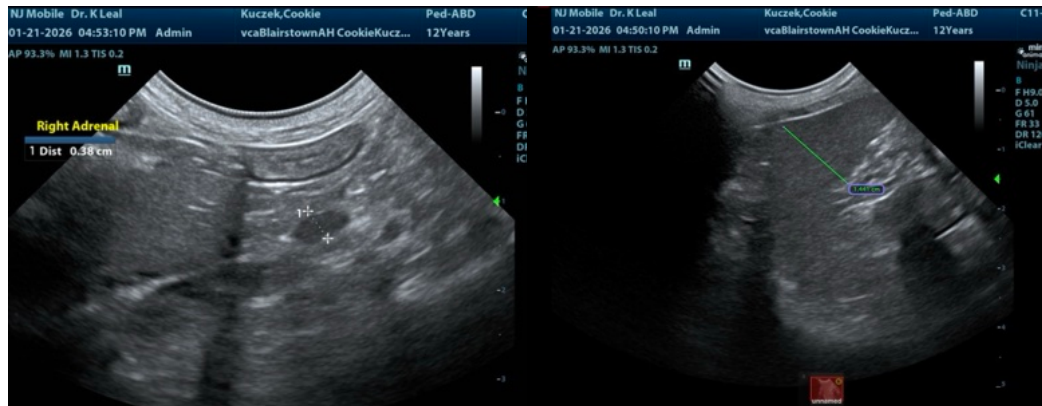
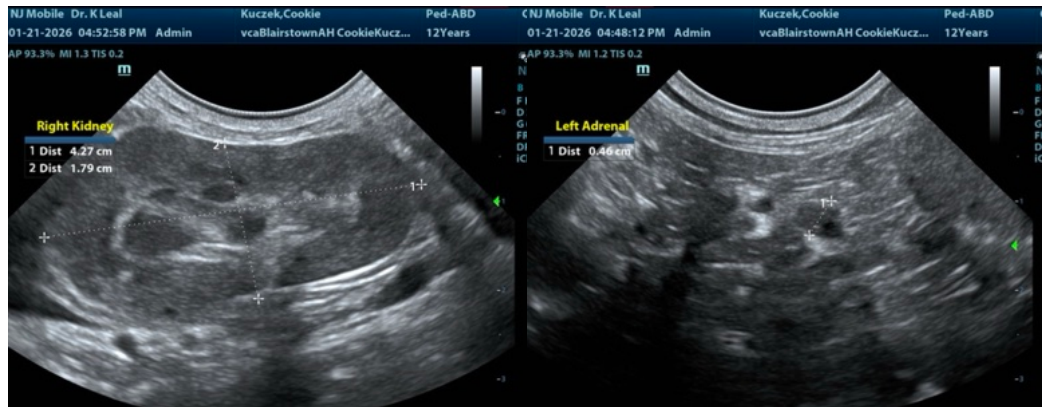
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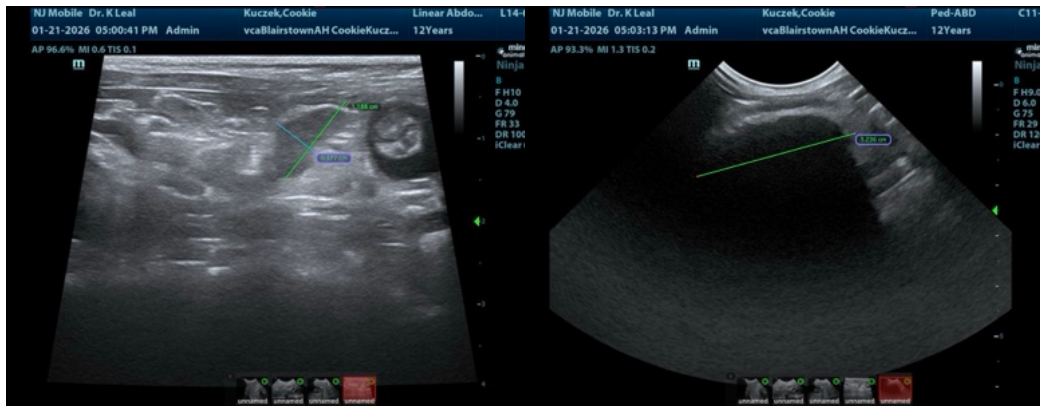
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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