



PATIENT

Gigi Letsak

SPECIES

Feline

BREED

Domesti Shorthair

SEX

Spayed female

AGE

5 years

WEIGHT

4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

70372

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Mid-abdominal mass palpated
- Pale, severe muscle loss
- Ravenous appetite

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 3.82 cm. The left kidney measured 3.74 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 0.5 cm. The right adrenal gland measured 0.65 cm.

Spleen

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

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.

Gastrointestinal

The **stomach** in this patient revealed a concentric mass. A 1.1 cm wall thickness was noted with entrapped chyme. The mass is concentric and occupied the pyloric outflow and the majority of the



PATIENT

Gigi Letsak

SPECIES

Feline

BREED

Domesti Shorthair

SEX

Spayed female

AGE

5 years

WEIGHT

4 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

70372

DATE

1/21/26

stomach. Areas of free fluid were also noted as well as upper small intestinal thickening. Ultrasound-guided FNA is indicated.

Pancreas

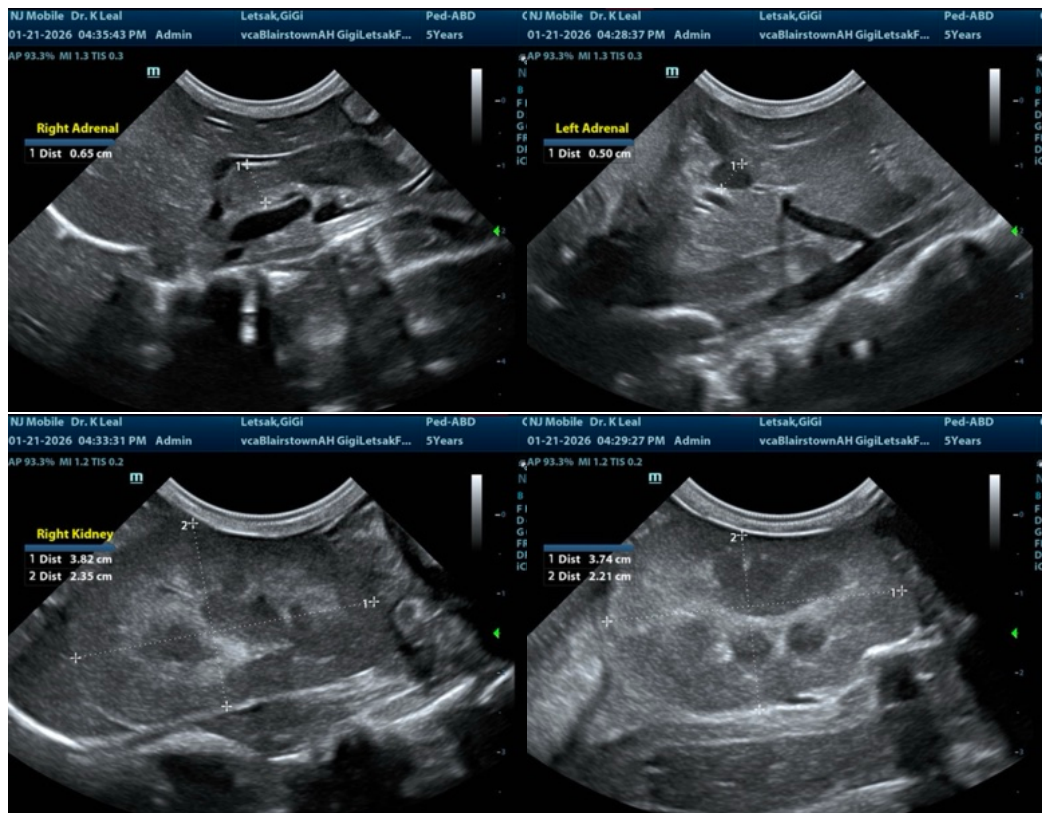
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastric neoplastic pattern. Round cell neoplasia/lymphoma is likely. Gastric fibroplasia or granulomatous disease is possible, yet unlikely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA and oncological intervention is recommended.





PATIENT

Gigi Letsak

SPECIES

Feline

BREED

Domesti Shorthair

SEX

Spayed female

AGE

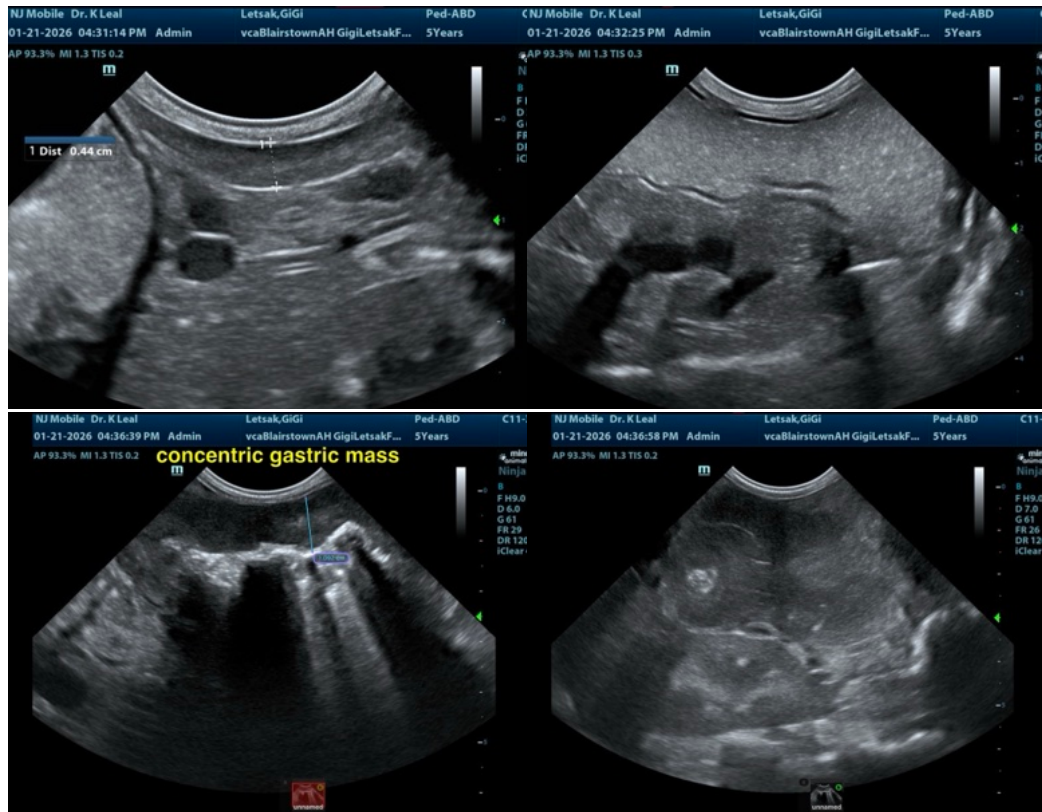
5 years

WEIGHT

4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS



IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

70372

DATE

1/21/26

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