

PATIENT

Boo Kennedy

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

8 pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP(CFM), Cert.
 IVUSS

IMAGING PERFORMED BY

Greg Shaffer

HOSPITAL NAME

On Point (Surfside)

REFERRING VET

Dr. Laurel Bishop-Berger

INVOICE

13180

DATE

01/15/26

PRESENTING CLINICAL SIGNS

End of Dec - ADR, anorexia, lethargy, ataxia, ventroflexion of neck, vomiting - resolved Since then hyporexia, continued lethargy, hyporexia (on appetite stimulants) - improved Infrequent defecation - this has improved, but can still palpate firm mass effect/fecal ball mid abdomen. Anal glands very full, impacted. Odd clicking/jaw movements when eating, grade 3/4 periodontal disease - unchanged

Abnormal PE/Chem/CBC/UA Results: BW is unremarkable, T4 WNL BP normal Rads from end of Dec show constipation, with ascending, transverse and descending colon full. Fecal material making visualization of abdominal organs difficult.

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 moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.98 cm in length.

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 0.42 cm width. The right adrenal gland measured 0.28 cm width.

Spleen

The **spleen** was largely smooth with mild heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** presented swollen and mildly irregular in this patient. The hepatic veins and vena cava appeared slightly dilated. No overt masses were noted in the liver, however, an underlying infiltrative disease is a potential.

The **gallbladder** was essentially small and collapsed with no evidence of posthepatic obstruction.

Gastrointestinal



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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The **pancreas** presented with hypochoic irregular parenchyma.

Free Abdomen

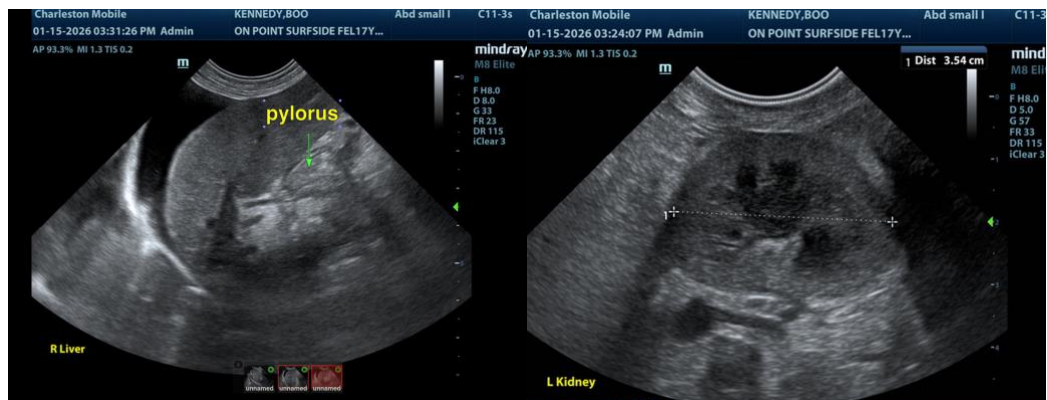
Both ascites and pleural effusion were noted in this patient.

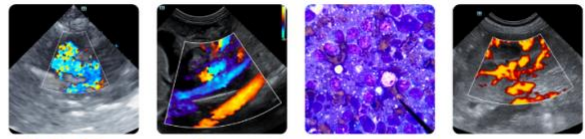
ULTRASONOGRAPHIC FINDINGS

- Age-related renal/splenic changes.
- Hepatomegaly.
- Small/collapsed gallbladder.
- Abdominal ascites/pleural effusion.
- Irregular pancreatic parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend an echocardiogram in this patient as well as chest radiographs to assess for potential heart failure or obstructive disease influencing the vena cava. 25-gauge FNA of the liver is indicated as well as abdominocentesis and cytospin of the free fluid to assess for exfoliating neoplasia. There is strong concern for lymphomatosis, carcinomatosis and mastocytosis. An argument could be made that there are no overt masses in this patient other than the main organ abnormality is the mild hepatomegaly and the presence of ascites. Prognosis is open depending upon further diagnostics.





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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(CFM), Cert. IVUSS,

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