



## PATIENT

Mush Horgan

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

7 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom VI

## REFERRING VET

Jennifer Destefano,  
DVM

## INVOICE

35473

## DATE

1/19/26

## PRESENTING CLINICAL SIGNS

History: Patient came in for a standard annual exam 12/17 with a relief veterinarian. Upon Dr DeStefano reviewing the blood work and weight loss marked significant liver elevations which caused Dr DeStefano to ask patient come in for further diagnostics and treatment plan. Patient came in 12/30 for repeat bloodwork, those results came back with liver values still elevated, some progressively worse. Recommended AUS.

Abnormal PE/Chem/CBC/UA Results: ALT 718 (was 406 12/17) AST205 ALP 360 GGT 13 Tbili 0.6

## 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 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 left kidney measured 3.43 cm. The right kidney measured 3.72 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 right adrenal gland measured 0.37 cm. The left adrenal gland measured 0.35 cm.

### *Spleen*

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### *Liver*

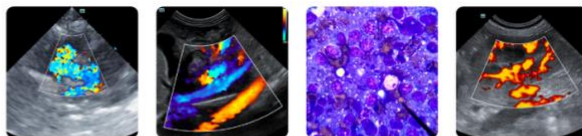
The **liver** was swollen and mildly hypoechoic to falciform fat with increased portal markings. Minor gallbladder debris was noted.

### *Gastrointestinal*

The **stomach** itself was unremarkable. Spastic bowel was noted throughout the small intestine without loss of mural detail. Some reactive mesentery was noted. The colon was unremarkable.

### *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.



**PATIENT**

*Free Abdomen*

Mush Horgan

The mesenteric **lymph nodes** (measuring up to 1.22 cm x 0.72 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Enteritis pattern with cholangiohepatitis
- Reactive mesenteric lymph nodes

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

FNA of the liver with cytology and culture would be indicated. Mild potential for underlying emerging round cell neoplasia. Infectious agents should be considered if the patient has been exposed, such as toxoplasmosis and bartonella.

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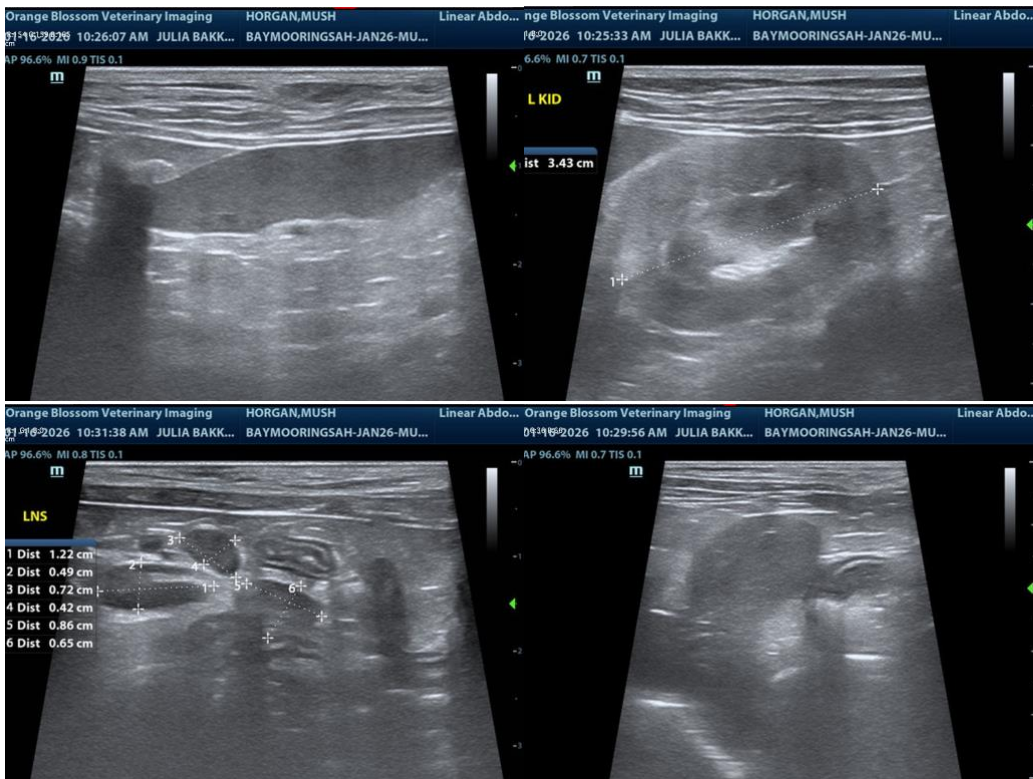
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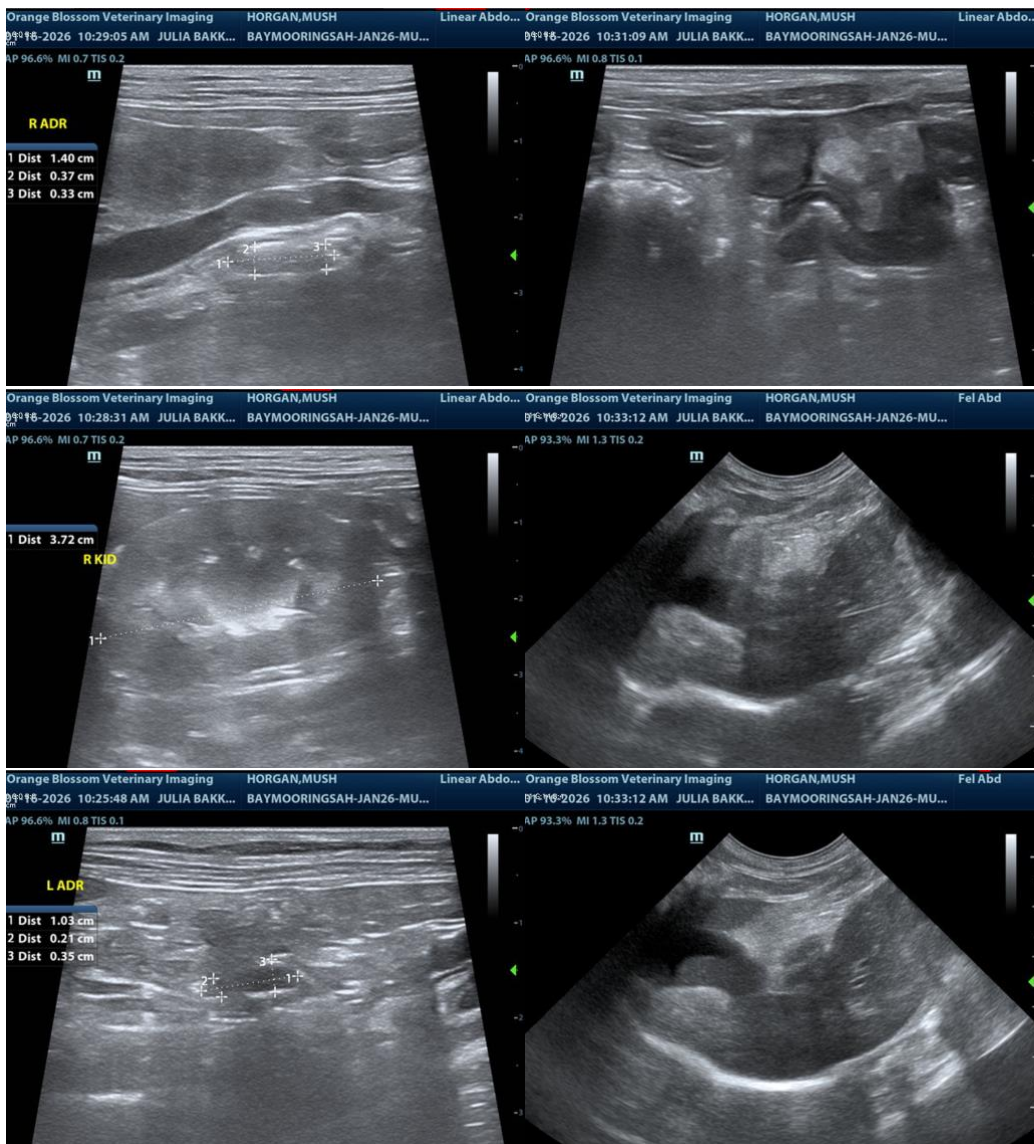
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,  
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