



PATIENT

Josie Voight

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Diana Heisler

INVOICE

72914

DATE

1/2/26

PRESENTING CLINICAL SIGNS

Inappetant for past several days - one episode of vomiting. Bloating abdomen. Seen last night in ER - treated palliatively for constipation/abdominal pain with cerenia, ondansetron, sq fluids, and methadone.

Abnormal PE/Chem/CBC/UA Results: 1/2/26: cbc/chem largely unremarkable - mild hyperglycemia (170)

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 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. Slight irregular contour and minor pyelectasia noted in both kidneys. Right measured 3.34 cm. Left measured 3.08 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

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

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

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.



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Pancreas

Severe amount of free fluid noted in this patient with coalescing nodular omentum in and around the pancreas, enveloping the GI tract.

ULTRASONOGRAPHIC FINDINGS

- Coalescing omental and pancreatic mass noted in the cranial abdomen with secondary ascites owing to lymphatic obstruction.
- Age related renal changes with pyelectasia.
- Age related hepatic changes.
- Volume contracted spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor. Abdominocentesis and immediate cytospin and slide preparation of the sediment recommended for definitive diagnosis or exploratory surgery, yet prognosis is poor. Carcinomatosis, lymphomatosis, mastocytosis, FIP are primary concerns.





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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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