



## PATIENT

Eevee Ozuna

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

8

## WEIGHT

4.18 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Axenoff

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Dr. Axenoff

## INVOICE

35191

## DATE

1/4/26

## PRESENTING CLINICAL SIGNS

History: Presented 01/03 for 3-4 day history of anorexia and decreased water intake. P had subtle jaundice noted along ocular MM on PE with abdominal pain. CBC: WBC 2.84 (H), Neutrophils 1.61 (L), Lymphocytes 0.79 (L), Eosinophils 0.13 (L), Platelets 49k (L), PCT 0.09% (L) CHEM17: Calcium 7.7 (L), ALT 281 (H), T-Bili 1.4 (H) Urinalysis: Cysto, amber, wbc 2/hpf, 1/hpf RBC, suspect cocci - non seen, USG >1.050, pH 6.5, urine protein 30, bilirubin 3, urobiligen 12, all other wnl PT: Citrated Prothrombin Time (PT) 42. Free Abdominal Fluid cranial to bladder sampled post-AUS: Appearance: Clear, yellow, sticky/stringy fluid TP: 4.6 Nucleated cell count: 0.64K/ul.

## 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 left kidney measured 3.5 cm. The right kidney measured 4.1 cm.

### *Adrenal Glands*

The regions of the **adrenal glands** revealed no evident pathology.

### *Spleen*

The **spleen** was significantly enlarged (up to 2.5 cm at the fold and 1.6 cm at mid body) with scalloping contour and folded upon itself.

### *Liver*

The **liver** was swollen and hypoechoic with slight heterogenous parenchymal changes. The gallbladder and common bile duct were unremarkable. No evidence of posthepatic obstruction. The hepatic lymph nodes were enlarged, measuring up to 1.5 cm x 0.5 cm.

### *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.

### *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.



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*Free Abdomen*

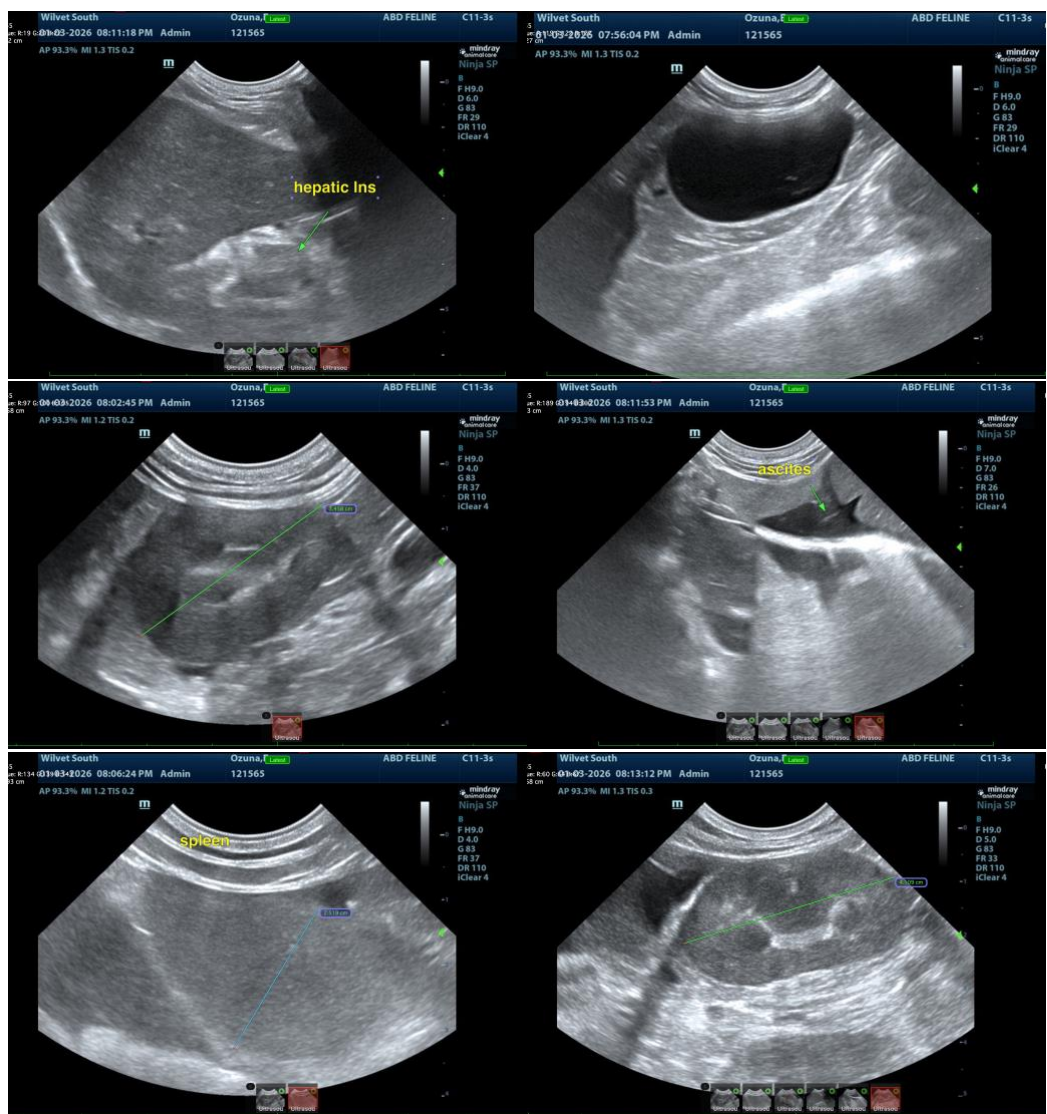
**Free fluid** was noted in the abdomen.

**ULTRASONOGRAPHIC FINDINGS**

- Splenohepatic infiltrative patterns with secondary ascites owing to lymphatic obstruction.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Prognosis is very guarded to poor depending upon cytology results. 25-gauge FNA of the spleen and liver with cytospin of the free abdominal fluid are all indicated for definitive diagnosis. Mast cell disease, lymphoma or similar, is suspected.





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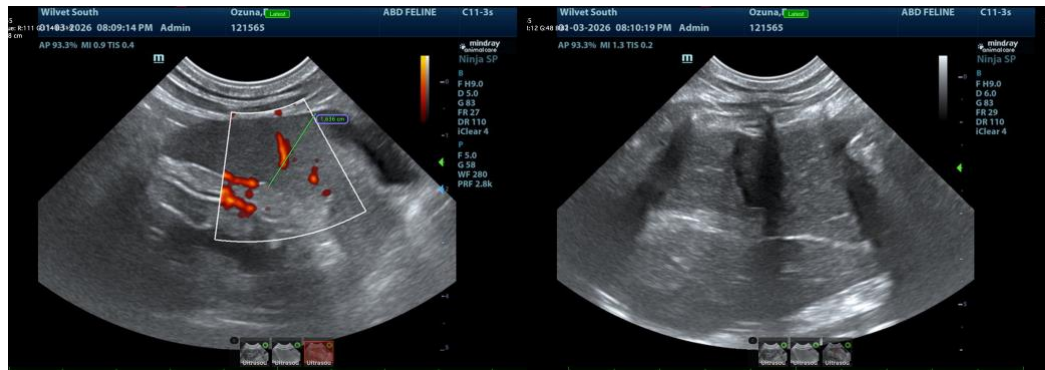
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@SonoPath.com](mailto:info@SonoPath.com)