



PATIENT

Rosie Boddis

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Anthony Smatt

INVOICE

71695

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Recently came in for exam - only CC - picky eater. Patient had normal exam and then today patient has become jaundiced for the ultrasound.

Abnormal PE/Chem/CBC/UA Results: CBC: eosinophils - 1335 (elev) Chem: Globulin - 5.8 (elev) AST - 141 (elev) ALT - 385 (elev) ALP - 187 (elev) Bilirubin - 3.2 (elev) U/A - SG (n) 1.035 Prot - 2+ Blood - neg bilirubin - 3+ glu - 1+

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 and no evidence of pelvic dilation was present. The right kidney measured 3.8 cm. The left kidney measured 3.6 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 adrenals measured 0.40 cm each.

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 significantly enlarged, with coarse architecture and heterogeneous parenchymal changes. The gallbladder was overdistended with echogenic debris or possible tissue proliferation. The portal vein was imaged, as was the pancreaticoduodenal vein, both of which presented echogenic, inspissated blood, which may be a precursor to potential thrombus formation. IV fluid support indicated.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

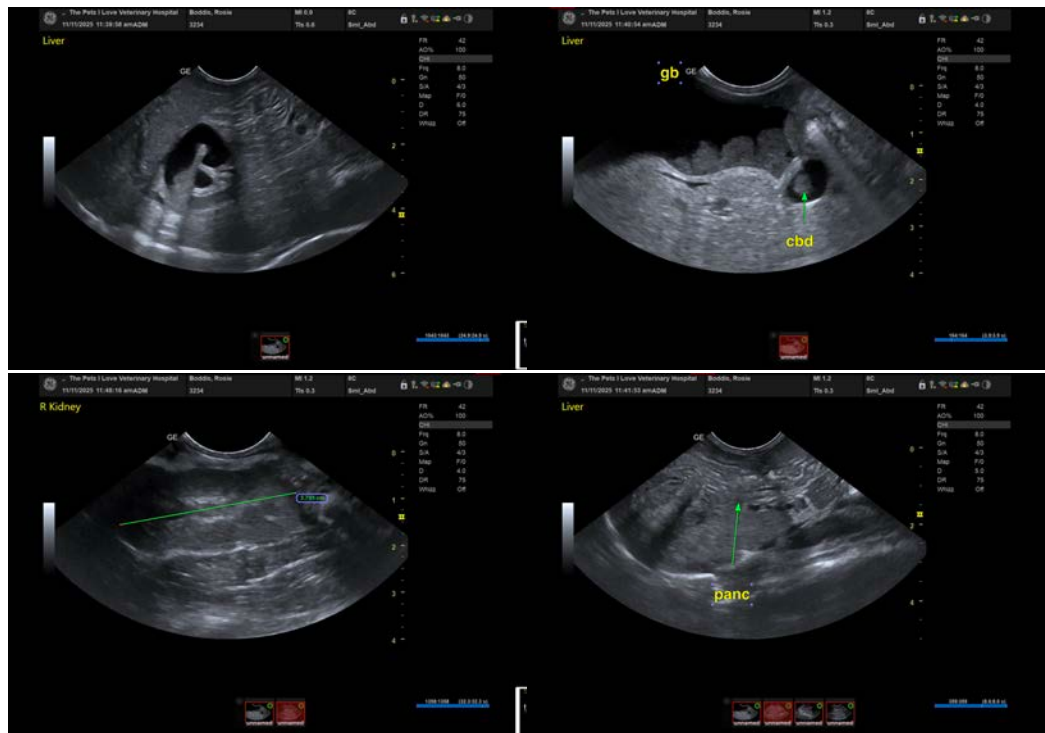
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Non-specific hepatic presentation with some congestion in the gallbladder and cystic duct.
- Age related renal changes.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Power doppler assessment of these structures warranted to assess for tissue proliferation versus inspissated bile. The free fluid and coarse architecture of the liver are concerning for underlying neoplasia. Coagulation panel and ultrasound guided 25-gauge FNA of the liver, as well as (if accessible) sampling of the free fluid with cytospin indicated. Strong concern for hepatic neoplasia. Cholangiohepatitis with hepatic failure possible yet less likely. Sampling is essential.





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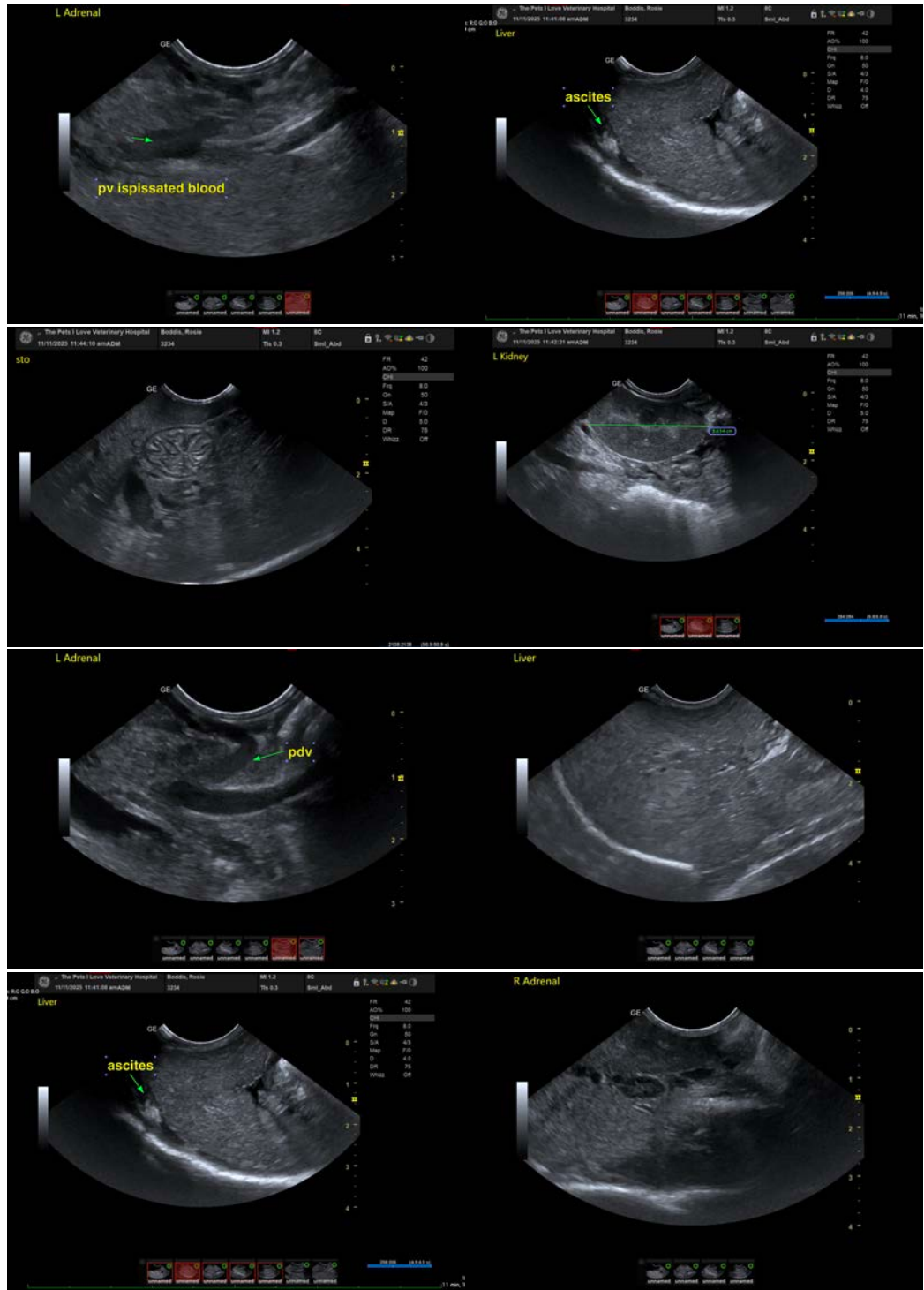
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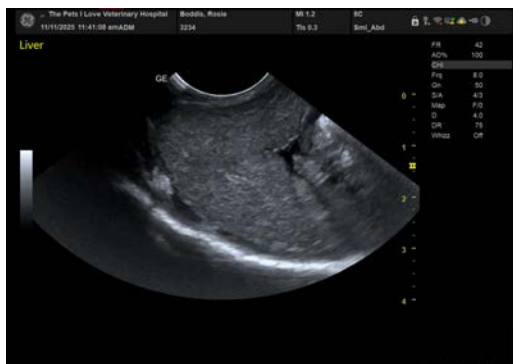
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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