



PATIENT

Zoey Carlman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

6.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hayley Gaynor

HOSPITAL NAME

Lambertville Animal
Hospital

REFERRING VET

Dr. Nicole DeGrande

INVOICE

71876

DATE

11/17/25

PRESENTING CLINICAL SIGNS

Presented on 11/14 for decreased appetite of 1 day duration. O notes she seemed restless -vomited once, bile on 11/10, no bowel movement since 11/11 -Sent home with Maropitant and Metronidazole with no improvement and pet is now completely inappetent today.

Abnormal PE/Chem/CBC/UA Results: 0.4kg weight loss from 11/14-11/17; pain on palpation of abdomen which was not there on 11/14 -Chem/CBC on 11/14: HCT 56%, mild hyperglycemia, mild elevated ALT, hyponatremia, hypokalemia -Abdominal radiographs 11/14 unremarkable -Recheck Chem/CBC/UA pending today -Abdominal fluid analysis pending, fluids was slightly viscous and brown/orange color

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 4.38 cm. The right kidney measured 4.43 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.39 cm.

The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** was slightly enlarged with scalloping, irregular contour. Ultrasound guided 25-gauge FNA indicated to assess for splenitis or reactive spleen versus round cell neoplasia. The spleen measured 1.0 cm.

Liver

The **liver** was mildly swollen, hypoechoic and mildly irregular with enhanced surrounding mesentery. The gallbladder and common bile duct 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

The **pancreas** revealed heterogeneous parenchymal changes extending into the omentum. Some of the pancreatic parenchyma was obscured by the omental changes.

Free Abdomen

Trace areas of free fluid noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Swollen spleen and liver with heterogeneous nodular omental changes – strong concern for round cell neoplasia such as mast cell disease, splenitis, or an abdominal inflammatory even possible. Lymphomatosis or similar possible.
- Heterogeneous pancreas.
- Trace free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA spleen and liver recommended as a start along with supportive care. Prognosis is guarded. If neoplasia is not present in the spleen or liver, underlying infectious changes should be considered such as toxoplasmosis or bartonella.

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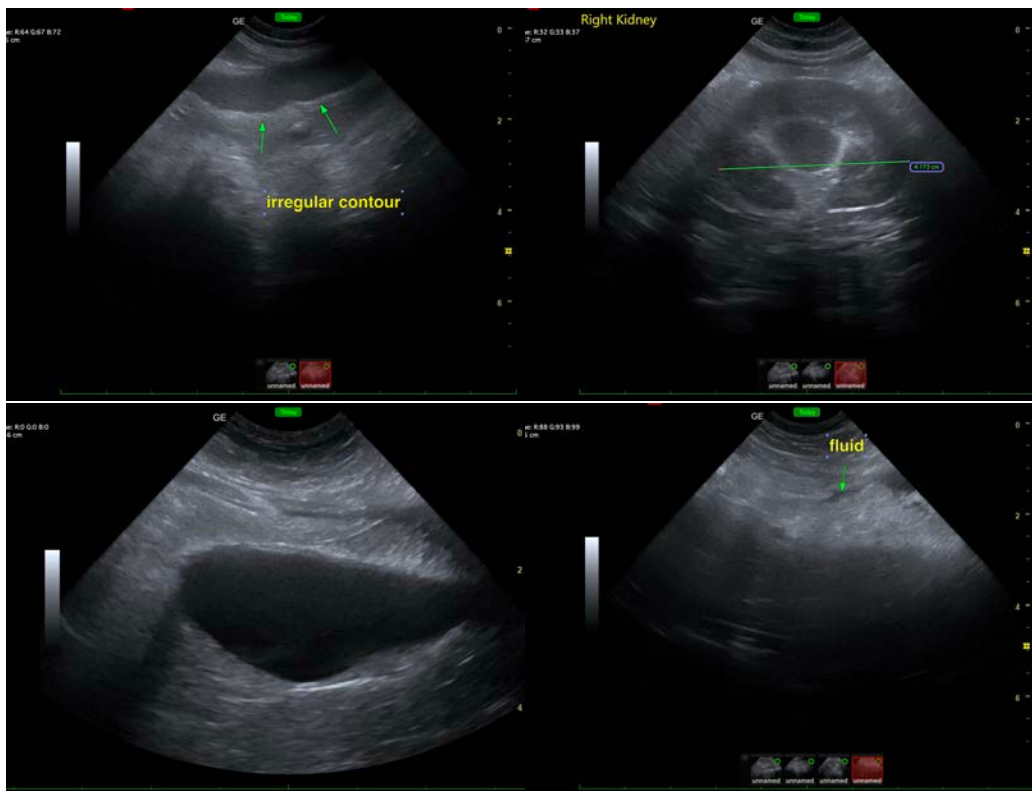
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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