



## PATIENT

Jazzy Zhao

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

7 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Megan Cassels-  
Conway, DVM

## HOSPITAL NAME

Central Broward AH

## REFERRING VET

Megan Cassels-  
Conway, DVM

## INVOICE

35606

## DATE

11/22/25

## PRESENTING CLINICAL SIGNS

History: Presented for 2nd opinion lethargy, inappetance 1 week with anorexia today. Vaccinated on 11/11 elsewhere with Rabies and FVCRP, also treated with Convenia for small wound/pyoderma from groomer. 11/17 owner noted left forelimb lameness and decreased appetite. 11/19 presented to RDVM febrile, T 104.1F. Rads showed DJD forelimbs bilat, wispy appearance to cranial abdomen, enlarged mediastinum concerning for mass. Treated with Onsior 2 days. Bloodwork noted nonregenerative anemia. Did not give this morning, anorexia worsened. Significant pain on left and right cranial abdominal palpation. Mild dehydration. Temp today 102.7F.

Abnormal PE/Chem/CBC/UA Results: 11/22/25 PCV 26%, TS 8 FeLV/FIV neg 11/21/25 PCV 30%, TS 6.4 11/19/25 CBC HCT 28%, neutrophilia 9240, Eosinopenia 1, Lymphopenia 13 Chem BG 201 T4 WNL UA: 1.054, pH 7, 2+ protein Reticulocytes 13200 BP 162mmHg systolic FPL normal Thoracic rads: bronchiolar pattern, widened mediastinum concerning for mass (thymoma, lymphoma, lymphadenopathy), mild cardiomegaly DJD carpi, elbows, shoulders bilat, hips, stifles, and spondylosis Abdomen: ill defined wispy appearance cranial to kidneys, left nephrolithiasis 9/13/25 Fecal keyscreen PCR parasites undetected.

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 2.3 cm. The left kidney measured 3.2 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 0.42 cm. The left adrenal gland measured 0.22 cm.

### Spleen

The **spleen** was enlarged (up to 1.2 cm – 1.5 cm in width) and folded upon itself cranially.

### Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**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**

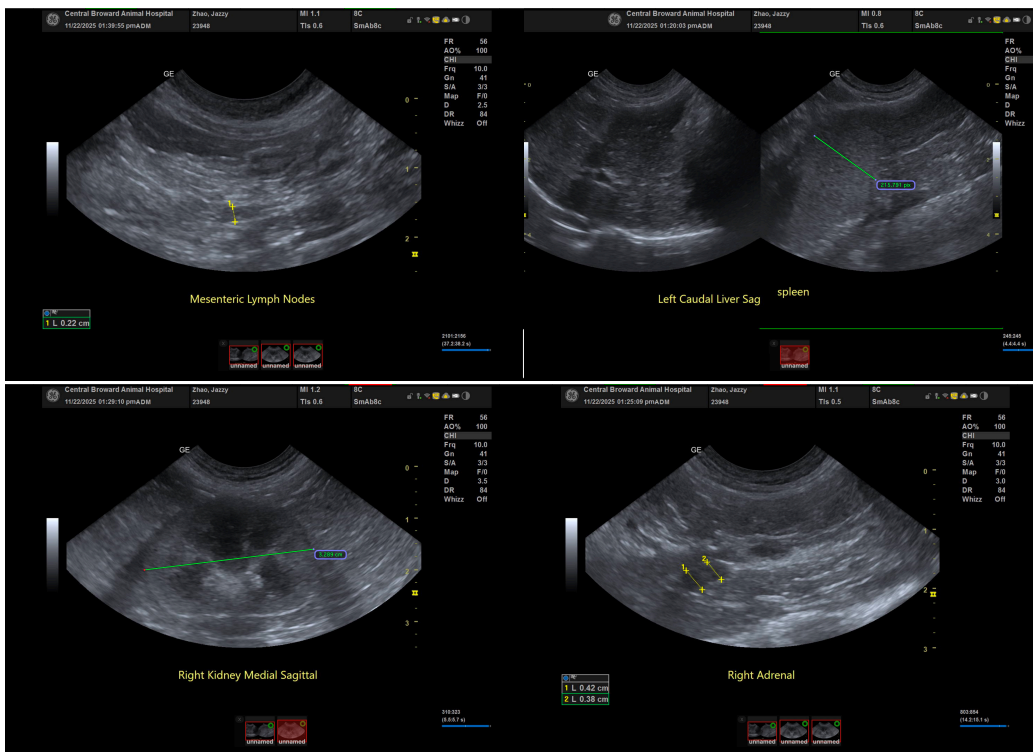
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Splenomegaly
- Geriatric abdomen otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

25-gauge FNA of the spleen is warranted to assess for emerging round cell neoplasia versus hypersplenism or reactive spleen. Mast cell disease is also a potential.





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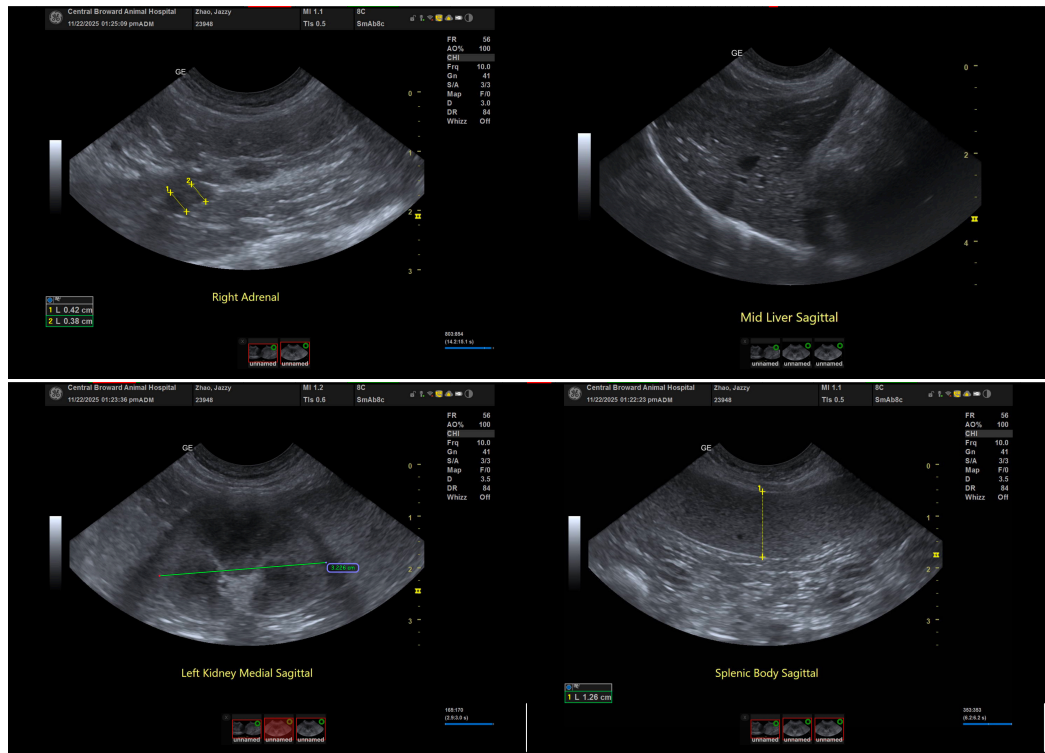
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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