



## PATIENT

Daisy Scardino

## SPECIES

Feline

## BREED

American Shorthair

## SEX

Spayed female

## AGE

14 years

## WEIGHT

10.32 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Jones

## HOSPITAL NAME

Northwind AH

## REFERRING VET

Dr. Jones

## INVOICE

68986

## DATE

11/25/25

## PRESENTING CLINICAL SIGNS

History: -Presented for lethargy that began on Monday morning. -increased water consumption on Sunday night -patient is still eating, but in smaller amounts than usual. -hiding in a cat bed under the owner's bed, which is abnormal -Appeared wobbly when walking. -No vomiting has been observed

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**\*\*The images were exceptionally dark.**

### *Urinary System*

The **urinary bladder** presented minimal amount of urine at the time of the sonogram with minor concentric thickening.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm. The right kidney measured 3.0 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.

### *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 was noted.

### *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 was over distended. Multi-focal, biliary calculi were noted throughout the parenchyma of the liver. Common bile duct calculi also appeared to be present and extended into the termination of the common bile duct.



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### *Gastrointestinal*

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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The cranial abdomen revealed a mixed, hypoechoic, intestinal mass. The mass measured 3.0 cm and appeared to be deriving from the jejunum. Regional inflammation was also present. Variable areas of small intestinal thickening were noted elsewhere in the abdomen. Slight areas of free fluid was noted.

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### *Pancreas*

## SEX

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.

Spayed female

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### **ULTRASONOGRAPHIC FINDINGS**

There are two separate issues in this patient.

## WEIGHT

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Fairly aggressive intestinal mass in the midabdomen, multi-focal biliary calculi and partially obstructive common bile duct calculi.

## INTERPRETED BY

Swollen liver, cannot rule out hepatic involvement of the intestinal neoplastic process.

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Bladder wall thickening.

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### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening ultrasound-guided FNA of the liver and intestine is indicated. Suspect intestinal lymphoma, cholangiohepatitis or hepatic lymphoma with concurrent biliary calculi. Prognosis is very guarded depending upon eventual response to chemotherapy. The biliary calculi are in surgical position; however, it depends on the liver enzyme results in this patient.

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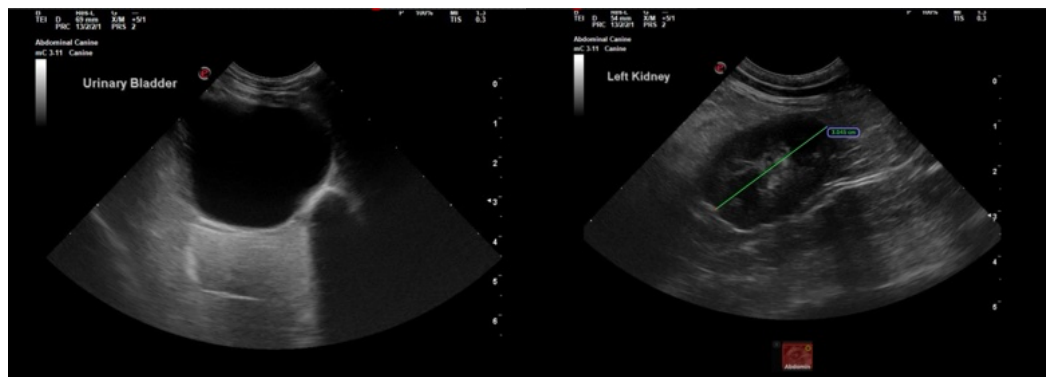
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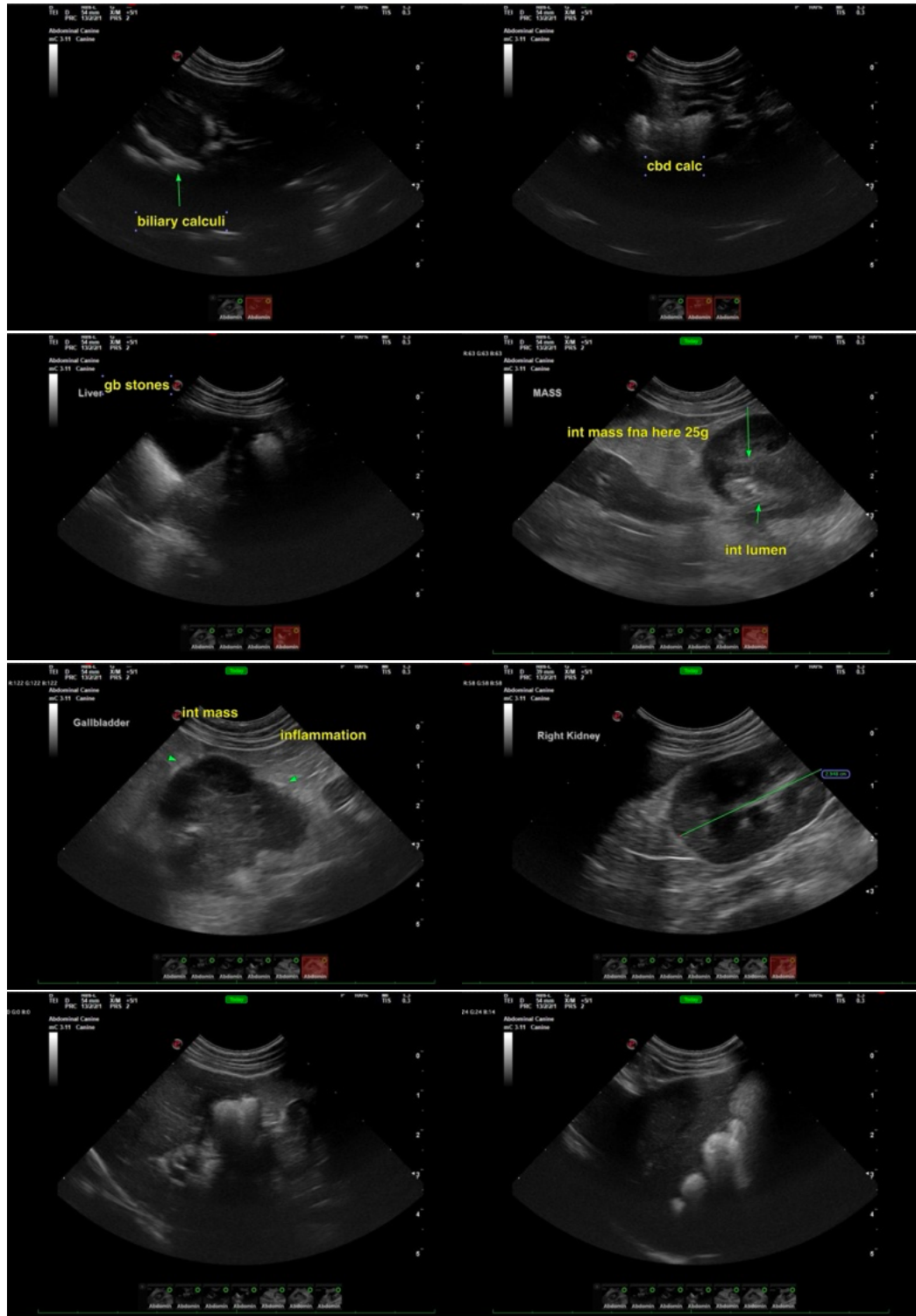
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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