



PATIENT

Lilly Gold

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15

WEIGHT

10

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire AH, Parker

REFERRING VET

Dr. Betsy LaCroix

INVOICE

35924

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Patient went to ER for a UTI and they noticed that part of her bladder appeared thickened. She had an ultrasound 11/12 and her liver appeared to have a "swiss cheese" appearance and a few possible slightly enlarged lymph nodes. Her liver bw at the beginning of November was completely unremarkable. Occasional vomiting PT/PTT- wnl today.

Abnormal PE/Chem/CBC/UA Results: Moderate tartar, LS disease, very slight heart murmur, Cardio BNP was wnl BUN 47, T4 3.7. HCT today was 30.17% No appreciable abdominal pain.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was largely normal with the exception of a slight dorsal polyp or attached debris, measuring 0.56 cm.

The **right kidney** 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. The right kidney measured 3.9 cm.

The **left kidney** revealed moderate degenerative changes and corticomedullary calculi. The left kidney measured 2.7 cm. Pyelectasia was noted in the left kidney, measuring 0.56 cm, likely owing to scarring.

Adrenal Glands

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

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** presented diffuse coalescing hypoechoic microcystic changes, consistent with cystadenomas both in the right and left liver. Mild potential for biliary carcinoma. Ultrasound guided FNA was performed without complication. However, these types of presentations do not tend to exfoliate well. 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.

Pancreas



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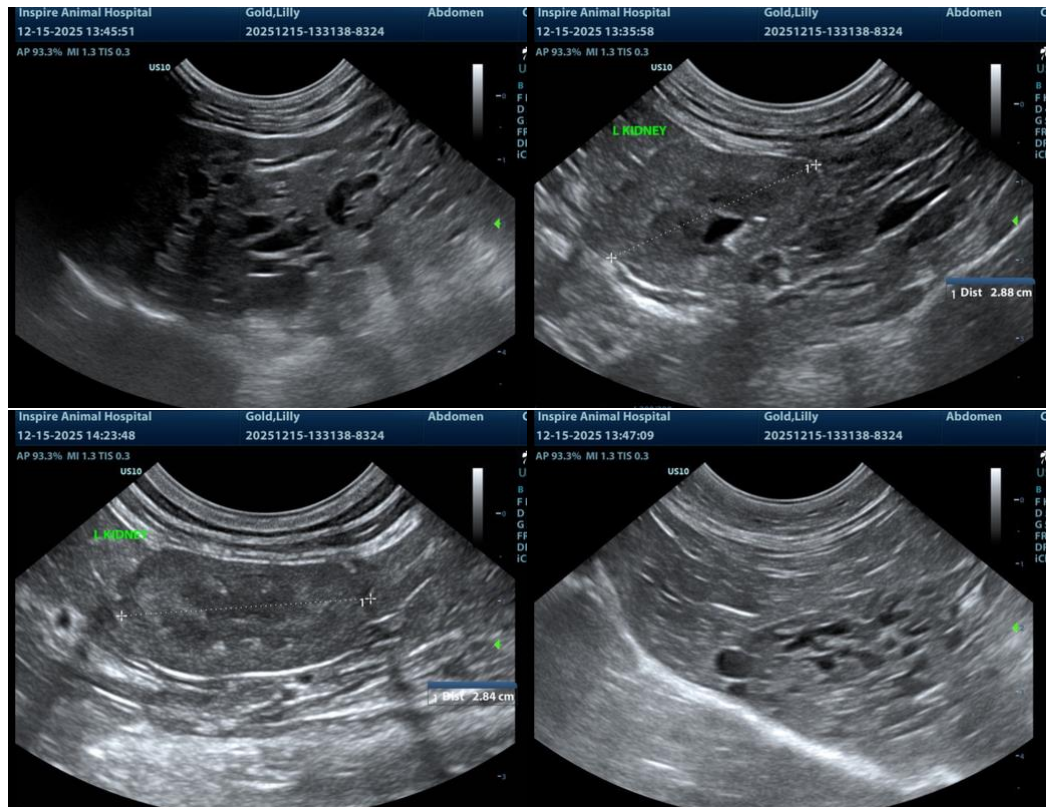
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Cystadenomatous liver presentation
- Minor bladder polyp or coalesced debris
- Moderate chronic renal changes in the left kidney and minor in the right kidney, with pyelectasia in the left and nonobstructive mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation would be ideal upon the liver changes, to assess for potential resectability, but resectability is doubtful. These are likely cystadenomas, which are benign, however, biliary carcinoma could not be ruled out. Full urinary work up is warranted if not already performed. Power doppler assessment of the bladder polyp or coalesced debris is recommended to differentiate one from the other.





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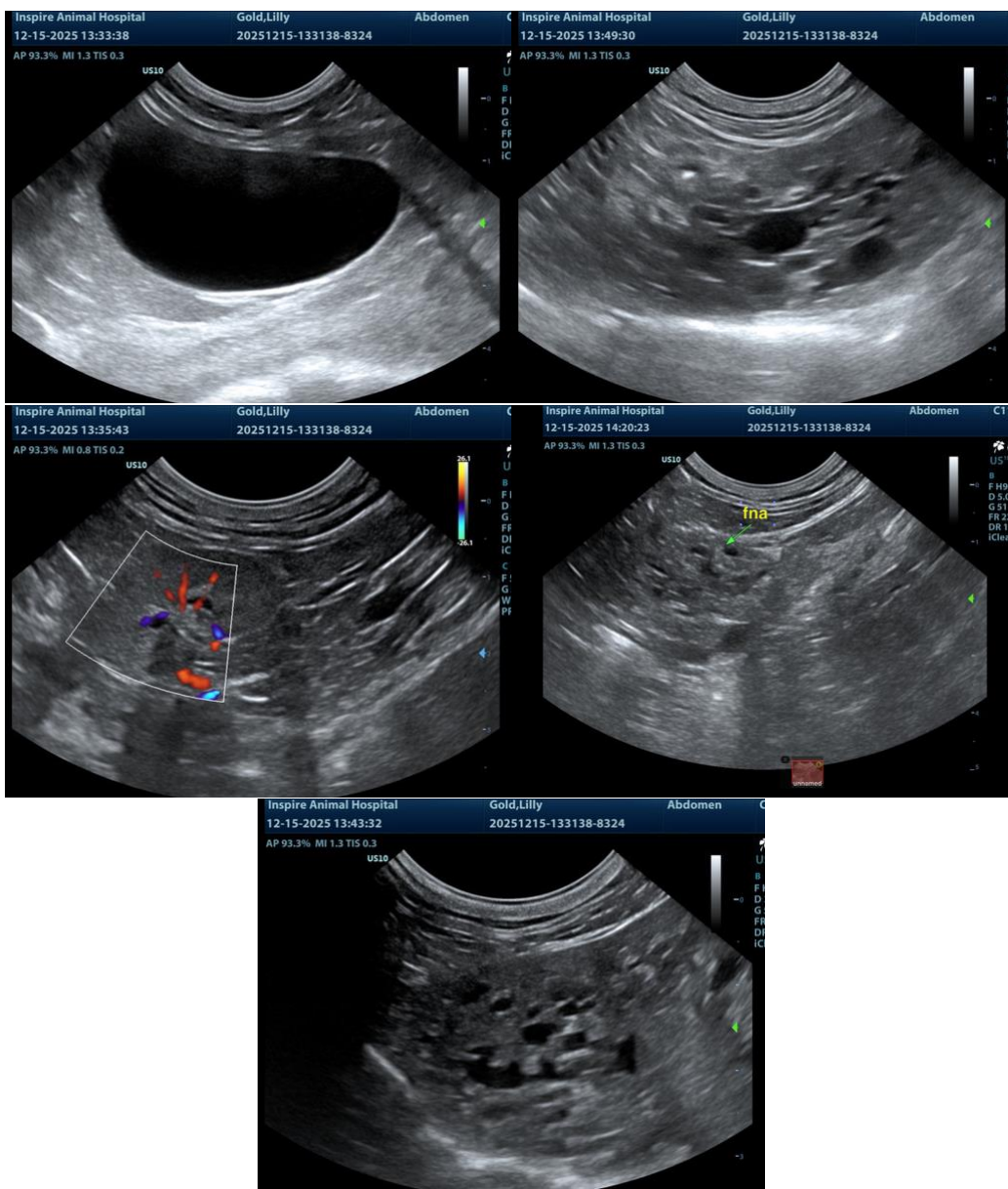
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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