



PATIENT

Kitty Marquez

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

6.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Tiffany Boomer

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

Dr. Tracy Eure

INVOICE

12740

DATE

12/18/25

PRESENTING CLINICAL SIGNS

NEW PATIENT TO US ON 12/16/25---CAME FROM ANOTHER CLINIC WHO HAD RECOMMENDED THAT P GO TO ER FOR U/S---SO THEY CALLED US TO SEE IF WE COULD DO IT. PDVM RECS INDICATE THAT P WENT IN FOR NOT EATING WELL FOR 3 WEEKS. (ABOUT 90% REDUCTION OF APPETITE PER O) VOMITING AFTER EATING. O NOTICED JAUNDICE AT THAT POINT AS WELL (12/12/25) WE SAW P ON 12/16 AT WHICH TIME P WAS STILL NOT EATING WELL AND VOMITING. WE DID SQF AND CERENIA INJECTION AND BROUGHT BACK 2 DAYS LATER WHEN WE HAD AVAILABILITY FOR U/S.

Abnormal PE/Chem/CBC/UA Results: PREVIOUS DVM RECS INDICATE ELEVATED ALT, ALP, TBILI. MILD INCREASE IN MONOS. MILD DECREASE IN HEMOGLOBIN. ALSO, MILD REDUCTION OF BUN, CREA, CHLORIDE AND POTASSIUM.

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 mild 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. Slight mineralizations were noted in the kidneys. A cortical infarct was noted in the right kidney. The left kidney measured 3.5 cm in length. The right kidney measured 3.2 cm in length.

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 left adrenal gland measured 0.30 cm width. The right adrenal gland measured 0.34 cm width.

Spleen

The **spleen** presented mildly enlarged with slight irregular contour measuring 1.5 cm. The spleen was folded upon itself.

Liver

The **liver** presented with diffusely hyperechoic to falciform fat with attenuating signal. The portal vein was slightly engorged and tortuous potentially owing to portal hypertension. The gallbladder was unremarkable. Slight calculus was noted at the neck of the gallbladder. The common bile duct was unremarkable.

Gastrointestinal

The **pylorus** was mildly thickened with a minor amount of fluid filled gastric lumen. The small intestine and colon were unremarkable.



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Pancreas

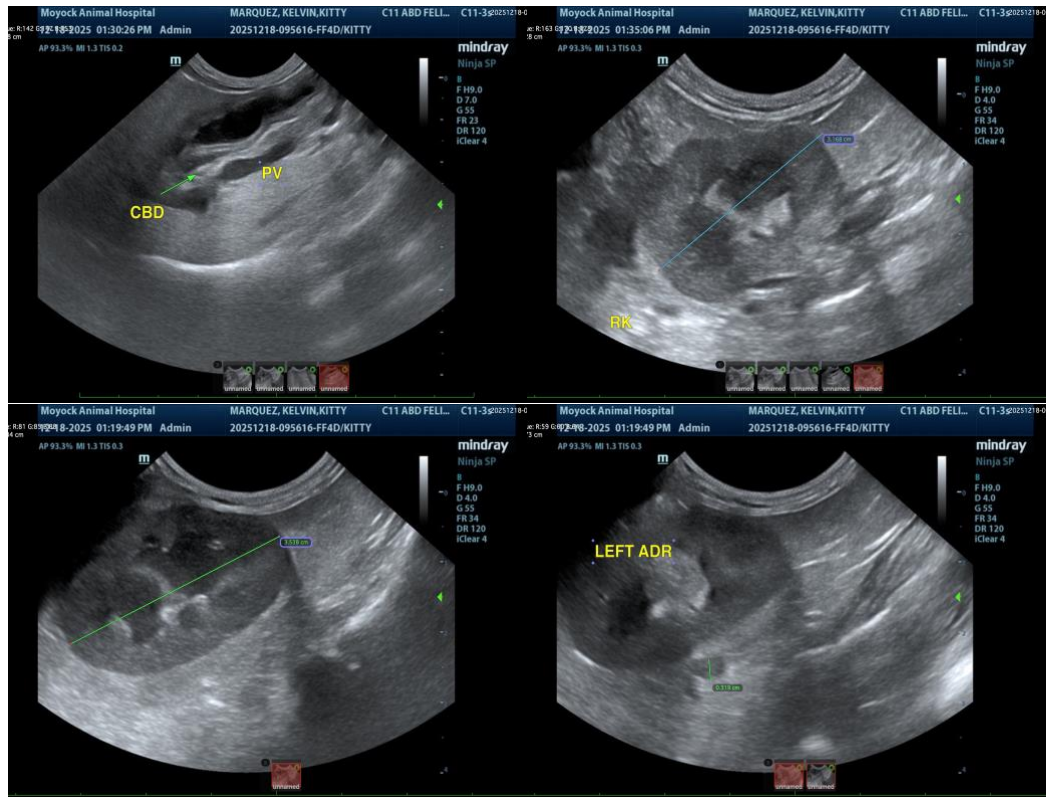
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

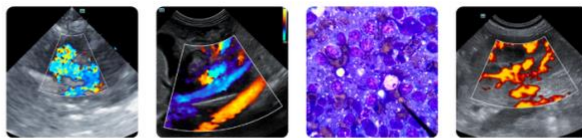
ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with slight mineralizations.
- Splenohepatomegaly- reactive spleen, lipidosis versus round cell neoplasia.
- Geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full coagulation panel and 25-gauge FNA of the spleen and liver is indicated to rule out underlying round cell neoplasia. Prognosis is guarded.





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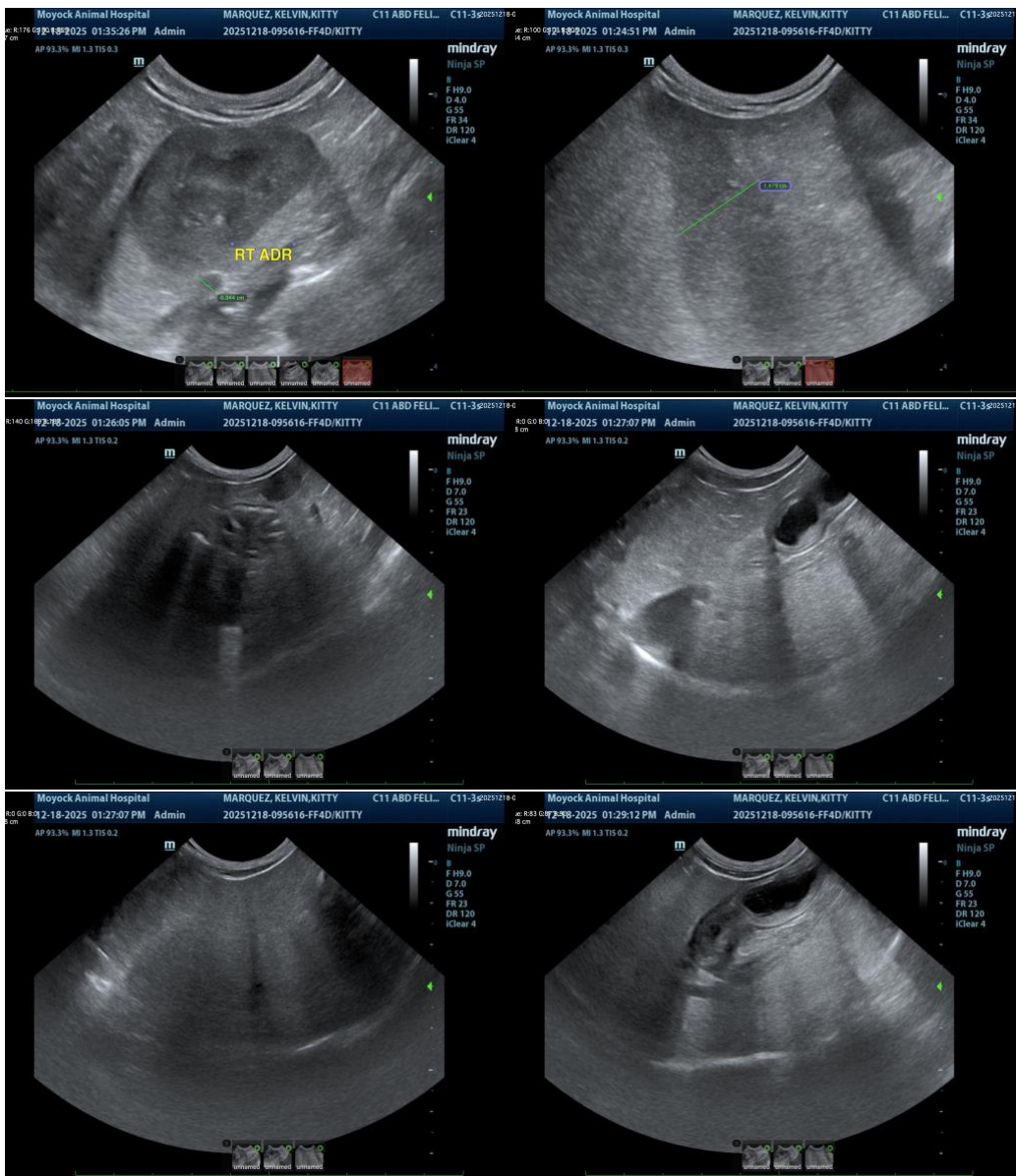
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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