



**PATIENT**

Myrcella Mould

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years 9 Months

**WEIGHT**

9 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

All Creatures Great &  
Small Denville

**REFERRING VET**

Dr. Ashmore

**INVOICE**

72693

**DATE**

12/18/25

**PRESENTING CLINICAL SIGNS**

wt loss of 2 pounds/anorexia/diarrhea  
Abnormal PE/Chem/CBC/UA Results: Bili - 1.7 (HN 0.4) ALT - 172 (HN 100)

**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** were swollen and irregular in contour with loss of structural detail. Slight subtle hypoechoic micronodular changes noted. Left kidney measured 4.13 cm. Right kidney measured 4.73 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. Left measured 0.33 cm.

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

**Spleen**

The **spleen** was enlarged (up to 2.0 cm) with scalloping contour and moth-eaten appearance.

**Liver**

The **liver** was enlarged, hypoechoic and irregular with increased portal markings and surrounding free fluid. The gallbladder was 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**

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.

**Free Abdomen**

Ascites noted in the mid caudal abdomen. Reactive mesentery noted throughout the mid abdomen. Pleural effusion noted through the diaphragm.



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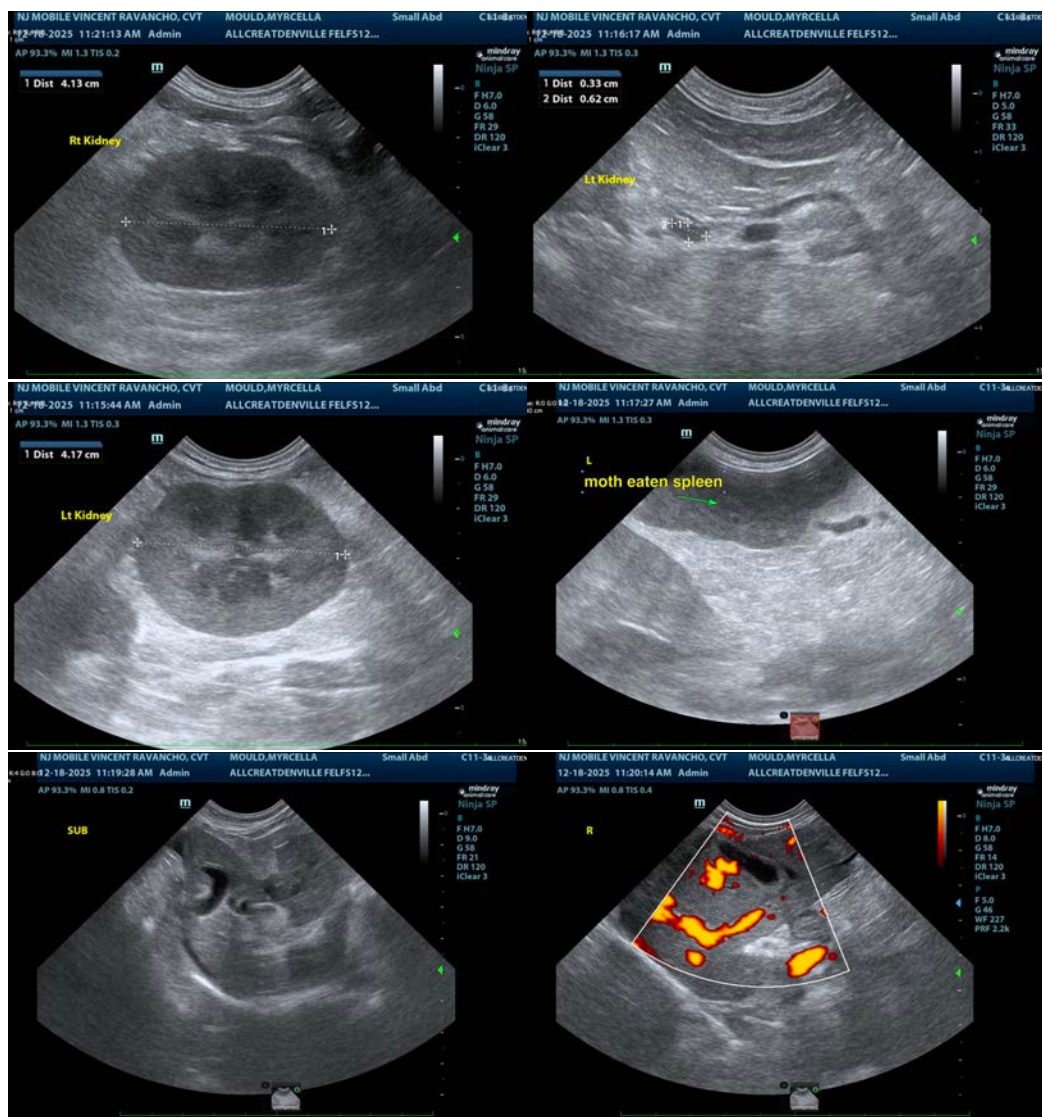
12/18/25

**ULTRASONOGRAPHIC FINDINGS**

- Spleno-hepatic infiltrative pattern with probable renal involvement.
- Secondary abdominal inflammation.
- Ascites and pleural effusion.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA spleen and liver recommended for further definition, yet multicentric round cell neoplasia is suspected. Mast cell disease, lymphoma or similar suspected. Progressive splenitis, hepatitis possible yet less likely.





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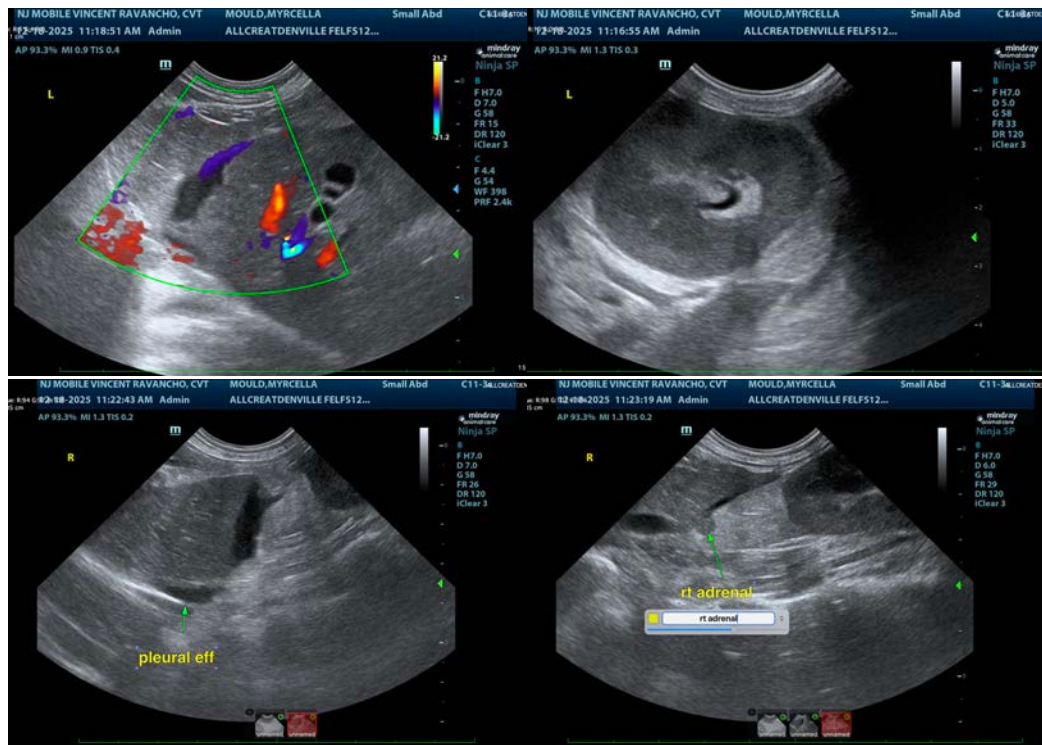
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)