



PATIENT

Sammy Galasso

PRESENTING CLINICAL SIGNS

Icteric, elev. liver values, anorexic, dehydrated, PSL lipase elev. T4 low. Mirtazapine

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

Neutered Male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 and no evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.27 cm in length.

AGE

10 Years

Adrenal Glands

WEIGHT

11.8 pounds

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 0.40 cm width. The right adrenal gland measured 0.40 cm width.

INTERPRETED BY

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

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. Subtle micronodular changes were noted. The spleen measured 1.25 cm width.

IMAGING PERFORMED BY

Kerri Becker

Liver

HOSPITAL NAME

Loving Care VH

The **liver** presented swollen, hypoechoic and irregular. Moderate to severe hepatomegaly was noted. Double layered gallbladder which was not over distended.

REFERRING VET

Dr. Steele

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.

INVOICE

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Pancreas

DATE

12/04/25

The **pancreas** revealed hypoechoic irregular parenchyma and undulating contour. Mild enhanced surrounding mesentery suggests for edema and pancreatitis.

Free Abdomen



PATIENT

Pleural effusion was noted through the diaphragm.

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ULTRASONOGRAPHIC FINDINGS

SPECIES

- Splenohepatic infiltrative patterns with concurrent pleural effusion.
- Chronic active pancreatitis presentation.
- Normal GI tract.
- Age-related renal changes.

Feline

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DSH

Ultrasound guided (with a 25-gauge needle) FNA of the spleen and liver is warranted as well as thoracic radiographs and echocardiogram to assess for source of pleural effusion. Strong concern for metastatic thoracic disease given the hepatosplenic presentation and clinical history. Round cell neoplasia is suspected. Pleurocentesis and cytospin is also warranted.

SEX

Neutered Male

AGE

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WEIGHT

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 IVUS

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HOSPITAL NAME

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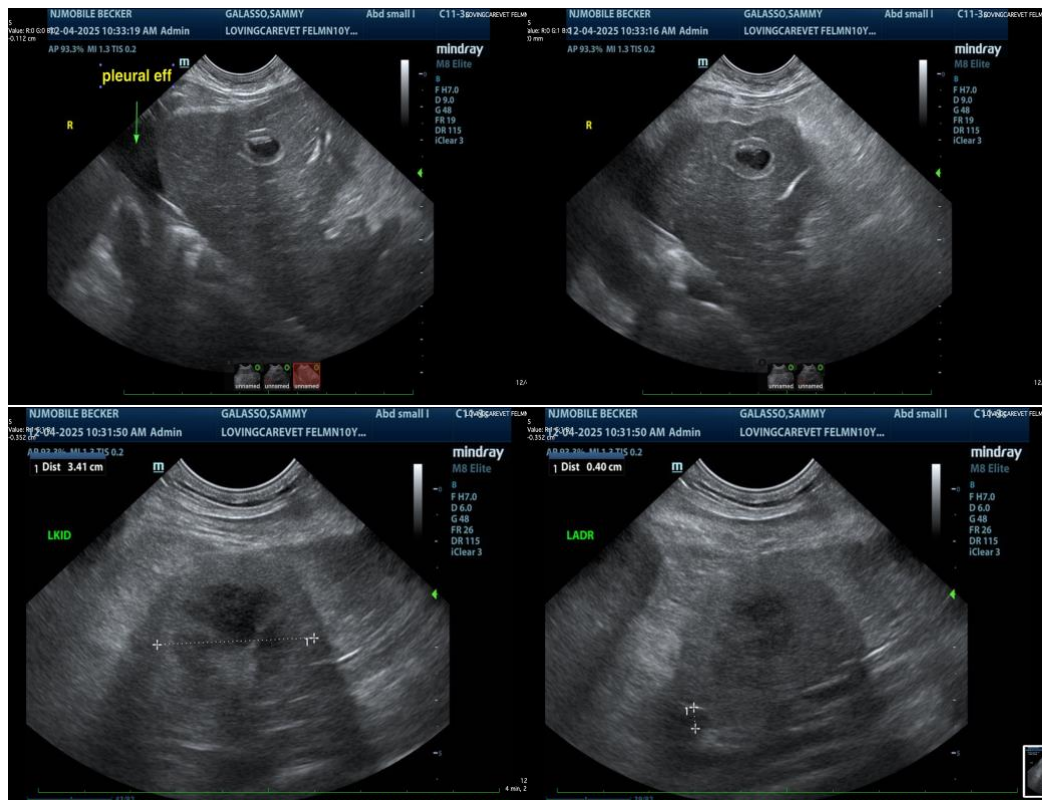
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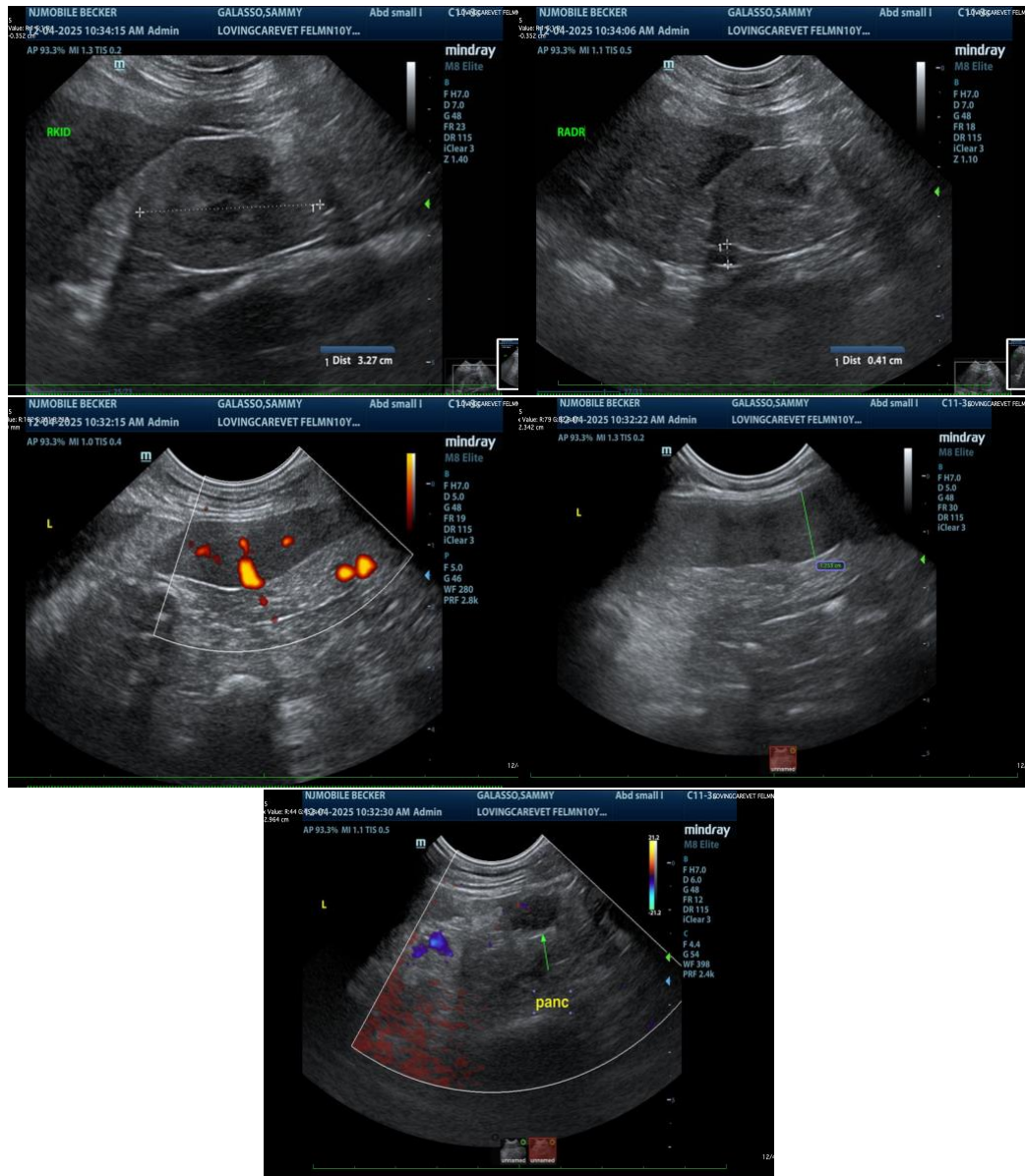
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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