



## PATIENT

Calypso Ramsey

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

4.9 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mary Pearce

## HOSPITAL NAME

Chambersburg Animal  
Hospital

## REFERRING VET

Dr. Kara Alt

## INVOICE

72373

## DATE

12/5/25

## PRESENTING CLINICAL SIGNS

P was diagnosed with hyperthyroidism in 2024, and is currently receiving methimazole, thyroid level has been stable/normal on this medication. The owner reports that Calypso is eating well but has continued to lose weight. Her appetite remains normal. She is fed as much as she wants, typically at least two small cans daily. Calypso is on Revolution for parasite prevention. A history of a squinty right eye has been noted, present for her entire life. The owner works from home, allowing frequent feeding throughout the day. Calypso is active and behaves normally, exhibiting no signs of distress or lethargy. Calypso has a history of dental issues, including several missing teeth and previous extractions. Recently BW found severe liver value elevations. P was started on Ursodiol, and then Denamarin was also added. P presents for ultrasound for further investigation and liver FNA.

Abnormal PE/Chem/CBC/UA Results: PE: periodontal disease, significant weight loss/cachexia, light pink MM. 8/13/24: Lymph 5.9, mono 0.53, ALT 316, AST 227, ALP 236, total T4 5.4. Methimazole started. 10/12/24: TT4 1.1 8/9/25: HCT 29.9%, WBC 20.8, neut 17.68, mono 1.06, baso 0.1, PLT 608. ALT 2,560, AST 1,262, ALP 794, GGT 1, tbili 0.7, unconj 0.4, conj 0.3. TT4 1.5. Started Ursodiol (o declined Denamarin). 10/31/25: Chem only - K 5.6, ALT 2,589, AST 2,008, ALP 1,028, tbili 0.9, unconj 0.6, conj 0.3. 12/5/25: CBC HCT 24.6%, nonregenerative, WBC 16.23, bands suspected, mono 1.12, PLT 731.

## 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 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. Right kidney measured 3.5 cm. Left kidney measured 3.5 cm. Pinpoint mineralizations noted. Degenerative changes were moderate.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. Left measured 0.38 cm. Right measured 0.42 cm.

### Spleen

The **spleen** was mildly enlarged at 1.3 cm in width.



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**Liver**

The **liver** presented multifocal expansive coalescing masses measuring approximately 6.0 cm as a grouping with swollen irregular contour. Mass effect upon the gallbladder noted, deviating the gallbladder ventrally. Focal areas of free fluid noted, and nodular hepatic changes.

**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

**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**

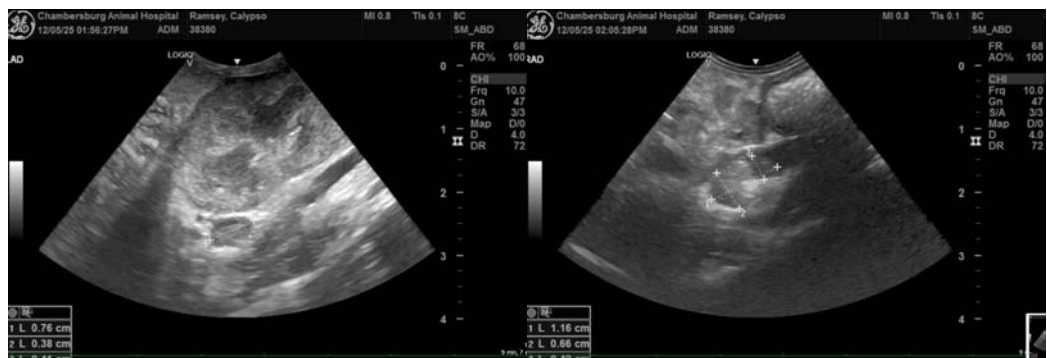
Cranial abdominal lymph nodes were enlarged and rounded.

**ULTRASONOGRAPHIC FINDINGS**

- Multicentric neoplasia involving primarily the liver, yet lymph node, spleen, potentially intestinal involvement possible.
- Age related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided NFA performed without complication. Prognosis is poor.





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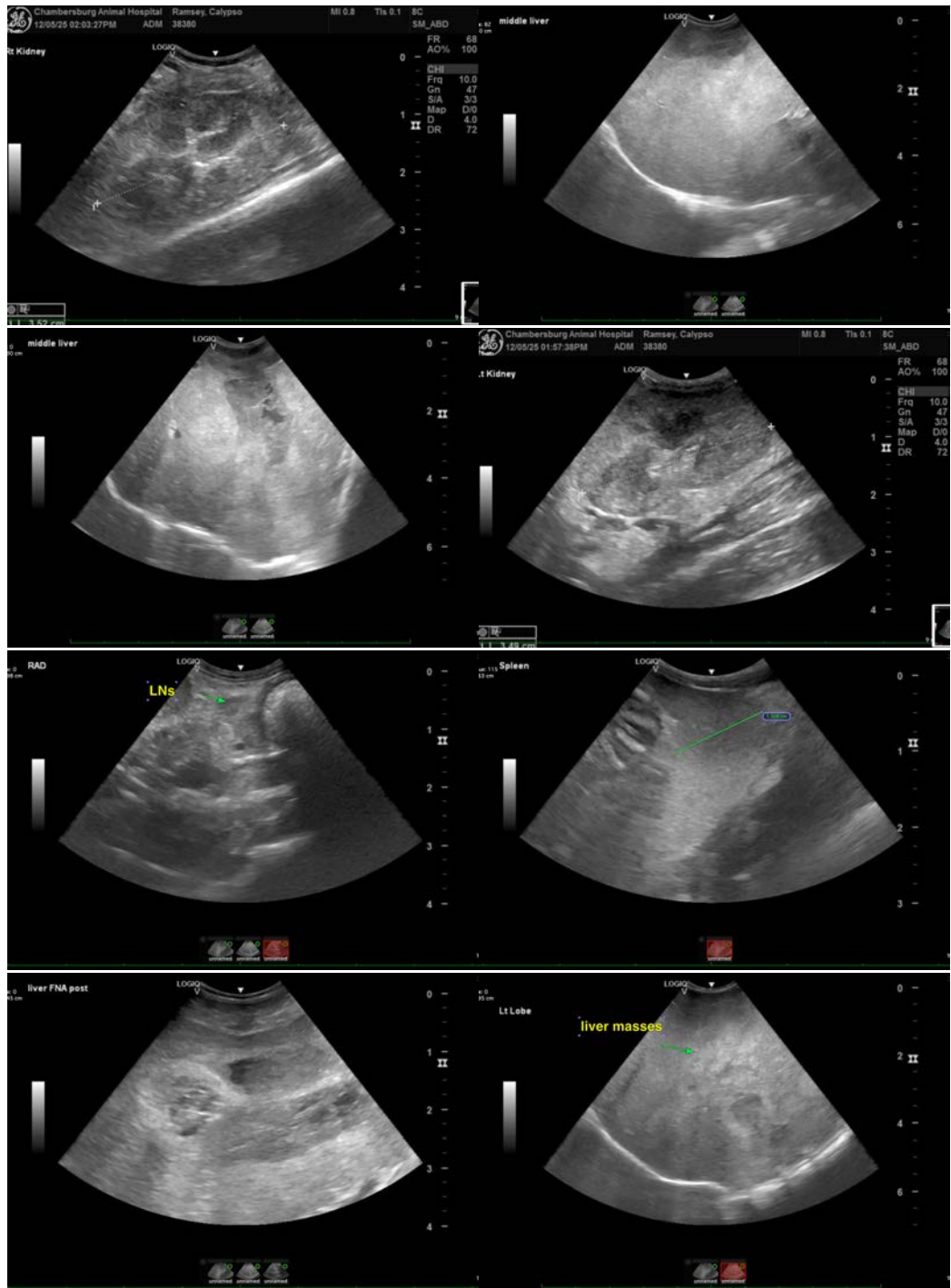
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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