



## PATIENT

Garnet Cook

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

13 years

## WEIGHT

4.3 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Harmon

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Dr. Harmon

## INVOICE

71401

## DATE

2/10/26

## PRESENTING CLINICAL SIGNS

- O states that P started hiding and not wanting to move much. P seems very painful when O tried to touch P in chest or abdomen. P is still eating but O has to bring P to food. P is more vocal when O tried to pick up. No c/s/v/d. P is only wanting to lay in lateral position.
- Garnet is an indoor-only cat, and she does have a history of chronic Herpesvirus, per family. She also has mast cell tumor diagnosis near her bladder, currently medically managed with a steroid, per family. Previous history of food allergies.
- CBC: HCT 40.8, WBC 48.79 (H), Neut 39.78 (H), suspect bands, lymph 6.93 (H), mono 1.59 (H), PLT 330. Chem17: Glucose 230 (H), Creat 1.5, BUN 13 (L) ePOC: Sodium 146 (L), potassium 3.4 (L), BUN 13 (L), Glucose 223 (H), CT 38 cPL: 2.6 (WNL)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.88 cm. The right kidney measured 3.7 cm.

### Adrenal Glands

The regions of the **adrenal glands** appeared unremarkable.

### 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 was noted.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Multi-focal, hyperechoic nodules were noted in the liver. This is most consistent with cystadenomas measuring up to 1.6 cm and 0.8 cm. However, emerging carcinoma cannot be ruled out. Other nodular changes were noted in the liver. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of



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normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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*

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery. This is suggestive for pancreatitis.

## ULTRASONOGRAPHIC FINDINGS

Multi-focal, nodular liver.

Potential underlying pancreatitis.

Otherwise, unremarkable abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the liver nodules and general parenchyma is indicated for further definition. These are likely benign. However, multi-focal hepatic neoplasia cannot be completely ruled out. Subxiphoid palpation is recommended to assess for any pain in the region of the pancreas. Empirical management for pancreatitis and assessment of pain related disease elsewhere such as orthopedic pain, CNS or thoracic disease should be considered.



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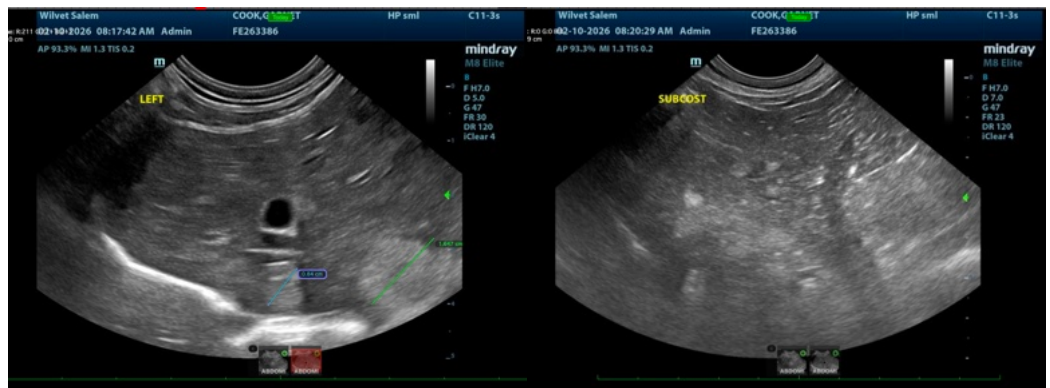
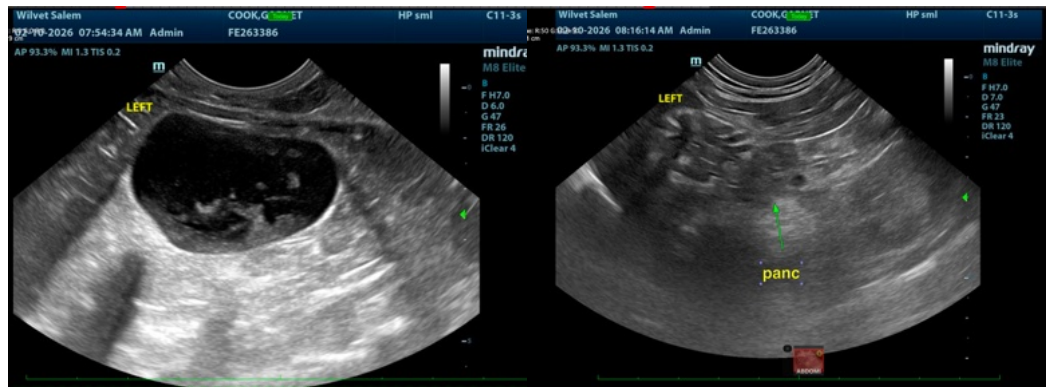
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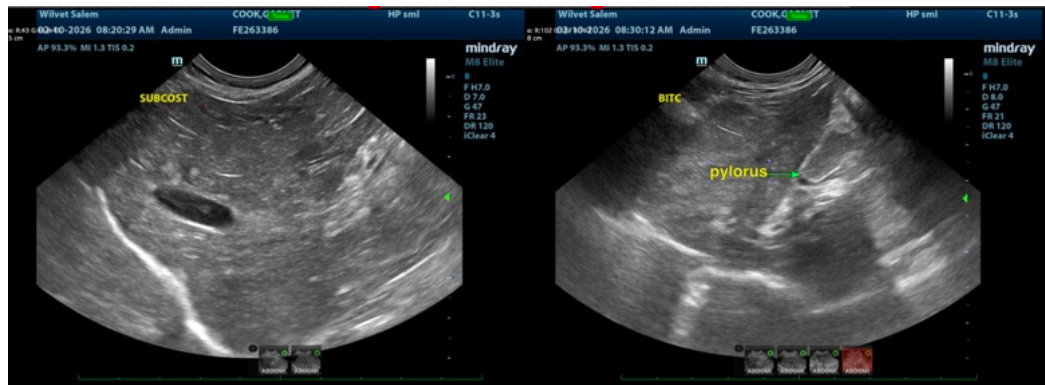
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)