



## PATIENT

Minnie MacDonald

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

7.3 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski

## HOSPITAL NAME

Apex Veterinary  
Services

## REFERRING VET

Save Emergency

## INVOICE

72994

## DATE

2/13/26

## PRESENTING CLINICAL SIGNS

Minnie presented for acute onset of severe vomiting (clear liquid/bile), hypersalivation, lethargy, and hiding behavior beginning this morning. Owner initially suspected a hairball but found extensive clear vomitus at home. Patient defecated in an unusual location and was crying and hiding.

Abnormal PE/Chem/CBC/UA Results: Vitals: T: 36.5°C, HR: 120 bpm, BP: 89/67 (MAP 71), MM pink, CRT <2 sec Hypersalivation present Exam Findings: Markedly obese (BCS 9/9) Lethargic Pain on cranial abdominal palpation Heart sounds muffled but pulses strong CBC Marked hemoconcentration: RBC 14.05 HCT 68% Hgb 201 g/L Leukocytosis (22.01) with neutrophilia and bands Lymphocytosis Eosinopenia Chemistry Hyperglycemia (22.15 mmol/L) Hypercholesterolemia Hypokalemia (3.4 mmol/L) Additional Testing Fructosamine: Normal Ketones: Negative ProBNP: Normal

## 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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. Right kidney measured 4.29 cm. Left kidney measured 3.92 cm.

### 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. Right measured 0.50 cm. Left measured 0.47 cm.

### 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.

### Liver

The **liver** was slightly heterogeneous with multifocal hyperechoic nodular changes. Minor increased portal markings noted. Minor echogenic gallbladder wall noted.

### Gastrointestinal

The **stomach** was fluid filled with normal wall thickness. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.



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**Pancreas**

The **pancreas** was edematous and nodular in the right and left limbs with enhanced surrounding mesentery.

**Free Abdomen**

Slight free fluid noted between the liver and pylorus.

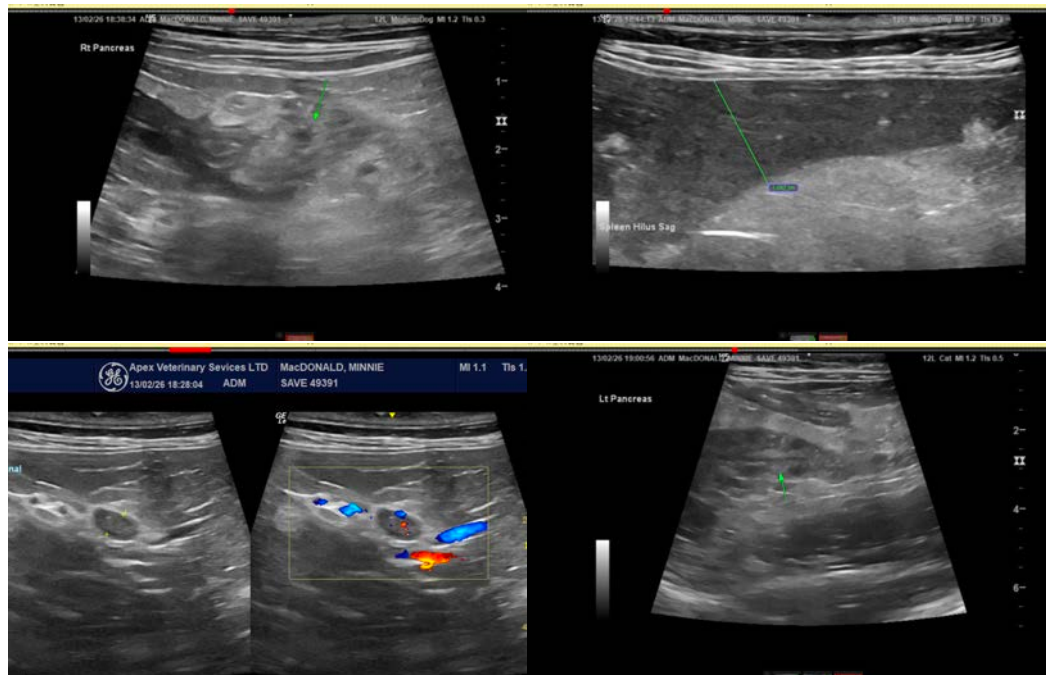
**ULTRASONOGRAPHIC FINDINGS**

- Gastritis.
- Aggressive pancreatitis.
- Hepatic remodeling.
- Micronodular spleen.
- Slight free fluid.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Concern for potential emerging round cell neoplasia spleen and liver. FNA of the spleen, liver, and pancreas recommended in this patient with management for gastritis and pancreatitis in the meantime. Emerging carcinomatosis/lymphomatosis is possible. No evidence of foreign bodies. However, some striating mucus debris noted in the gastric lumen. Recheck sonogram in 48-72 hours if clinical signs persist. Broad-spectrum antibiotics, IV fluid support, pain management all indicated. Prognosis is guarded depending upon cytology results and response to therapy.

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.





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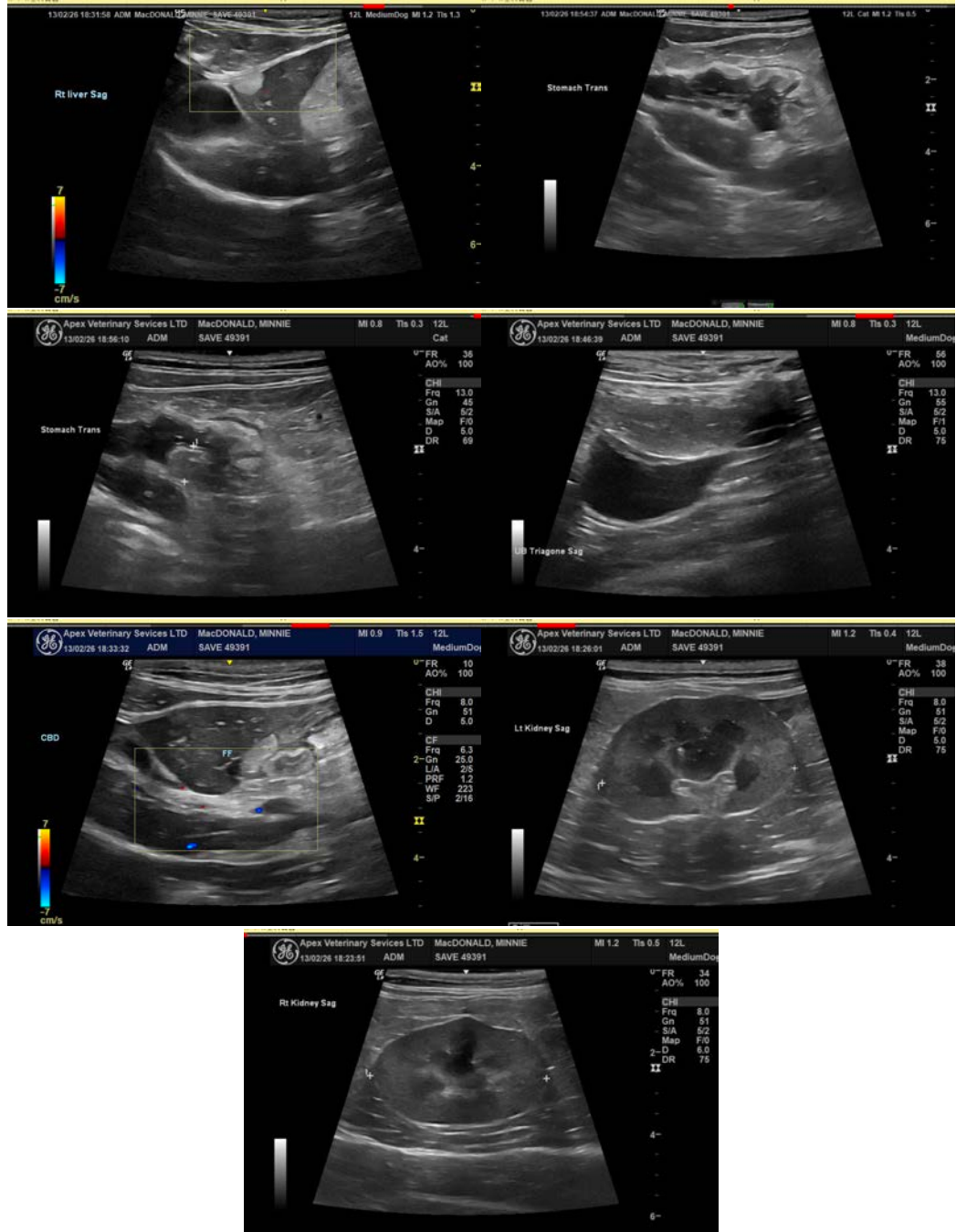
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)