



PATIENT

Cinder Ferree

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

8.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Moon

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Moon

INVOICE

71142

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- Anorexic for 2 days (unsure of exact duration), severely hyporexic for 5 days previously. Anorexia/nausea not responsive to maropitant or topical mirtazapine. P very difficult to give oral medications, long term maintenance would significantly decrease p and o's QoL
- Ultrasound performed on patient sedated with 0.2ml dexmedetomidine
CBC/Chem normal 1/30 Mild cardiac enlargement on radiographs, abdomen appears 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. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.5 cm. The right kidney revealed slight areas of mineralization and were non-obstructive. The right kidney measured 3.7 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. The left and right adrenal gland measured 0.4 cm each.

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. The spleen measured 0.8 cm in width.

Liver

The **liver** revealed slight isoechoic to heterogenous parenchymal changes. Vascular and biliary tracts were of 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



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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 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

A trace amount of free fluid was noted between the liver lobes as well as pleural effusion.

Nodular, undifferentiated tissue proliferation noted in the pleural space.

Heart

Rapid view of the heart revealed no evidence of volume overload. Trace pericardial effusion was noted, yet not without tamponade effect.

ULTRASONOGRAPHIC FINDINGS

Dual cavity neoplasia is suspected, such as lymphomatosis or similar.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pleurocentesis and cytospin of the thoracic fluid is recommended to assess for exfoliating neoplasia.

FNA of the liver could be considered for further definition as some heterogenous changes were noted. The prognosis is very guarded.



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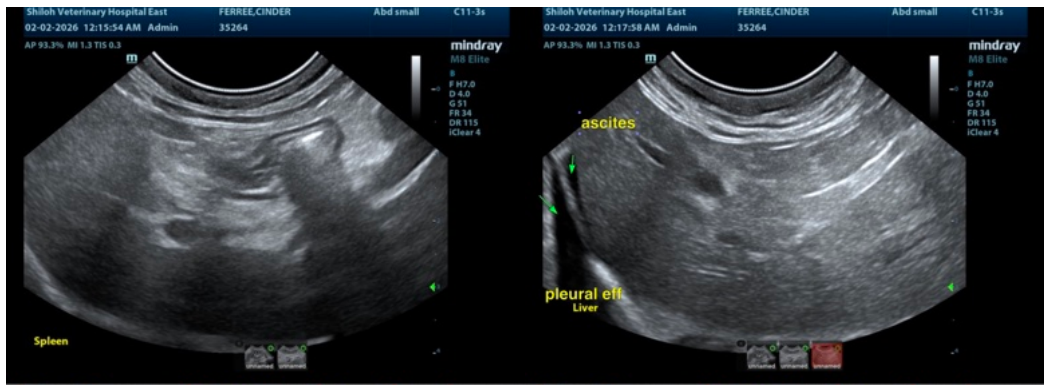
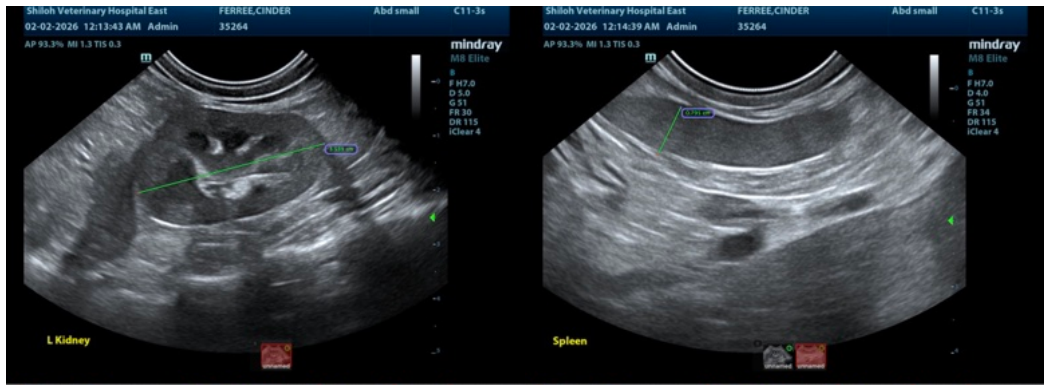
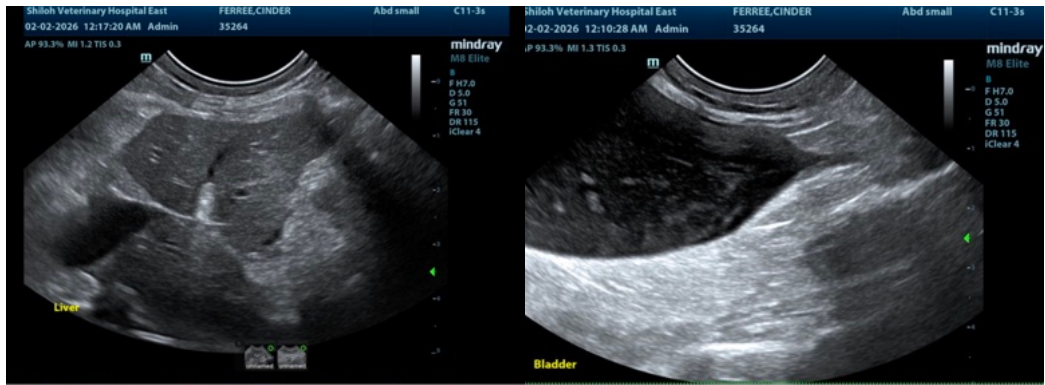
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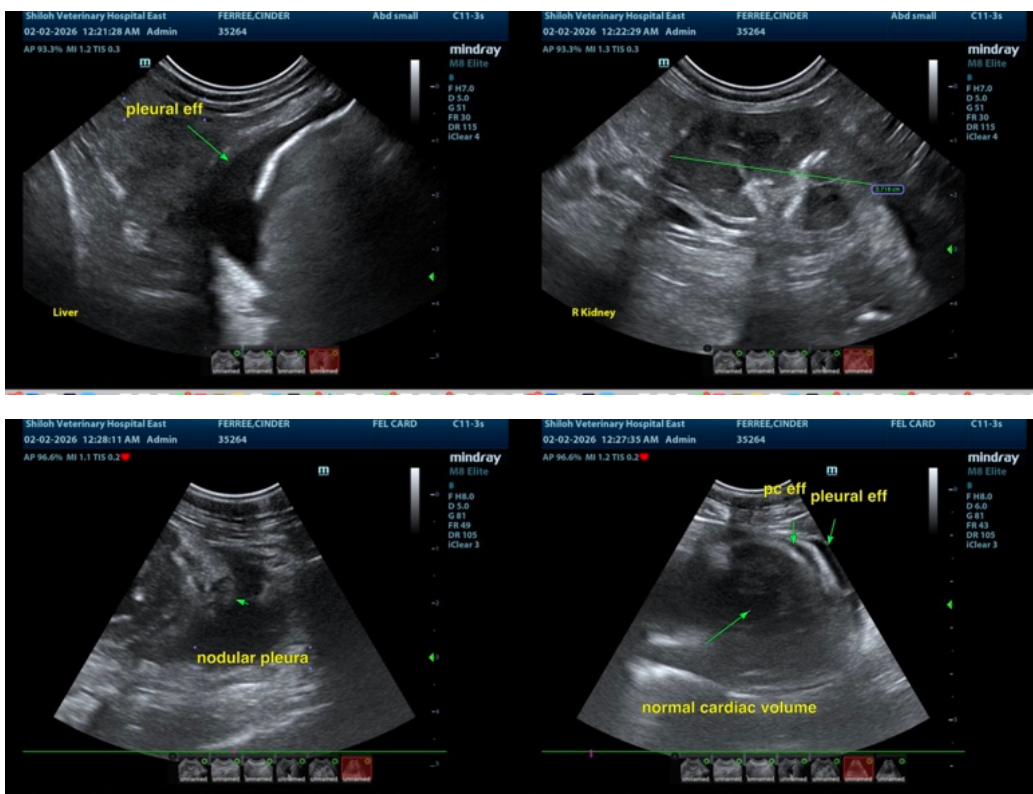
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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