



PATIENT

Flower Hoffman

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

15 years

WEIGHT

12.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley McCaughan

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Dr. McCaughan

INVOICE

72003

DATE

2/26/26

PRESENTING CLINICAL SIGNS

- Recheck from August 2025 and May 2025 - no vomiting but urinating outside of the box, constipation. HyperT4 stable
- Anemia of chronic disease - nonregen as of 2/2026. Overweight - weight gain due to prednisolone use. BCS 8/9. Constipation. HCT 23%, MCHC low, RBC 6; Retic Hb low, MCH low, mild monocytosis, mild eosinophilia, Free T4 by ED high - but is stable on methimazole per TT4. UA nsf

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 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 3.2 cm. The right kidney measured 3.6 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.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed hepatic remodeling. The liver revealed a nodule that measured 1.1 cm. Increased portal markings were noted. Vascular and biliary tracts were of normal volume with no evidence of congestion. Gallbladder calculi were noted. The largest calculus measured 1.0 cm with a grouping of calculi measuring 2.0 cm. Tortuous cystic duct was noted. The common bile duct was normal and measured 0.33 cm, yet some mucous debris was noted.



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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. The mesenteric lymph nodes were slightly enlarged and measured up to 0.5 cm.

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 caudal abdominal lipoma was noted in this patient. This is not pathological and measured 2.6 x 4.7 cm. Other areas of mesenteric fat remodeling and lipomatous formation are evident. This may be sequelae from prior episodes of steatitis, yet there was no evidence of significant disease present.

ULTRASONOGRAPHIC FINDINGS

Chronic hepatic remodeling with multiple gallbladder calculi.

Minor mucoduct with measurably normal luminal dilation.

Subjectively benign nodule in the left liver.

Caudal abdominal lipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile would be warranted to assess for hepatic dysfunction in this patient given the degree of remodeling. I am most concerned about liver function/dysfunction in this patient. An argument can be made for cholecystotomy and common bile duct lavage. Even though this is not a surgical urgency, proactive approach may be ideal along with liver biopsy especially if bile acids are elevated.

Compared to the prior sonogram, the concern for carcinomatosis is diminished as the prior presentation was likely a steatitis that has hence remodeled. I am most concerned about the liver in this patient at this time. The liver presentation is fairly similar to the prior sonogram, but the common bile duct does not appear dilated. This patient is likely passing calculi periodically. Therefore, the liver is likely sequelae from history of cholangiohepatitis and nodular hyperplasia nodule. However, some level of hepatic dysfunction may be present.

The mesenteric presentation is most consistent with remodeled mesentery and fat owing to prior



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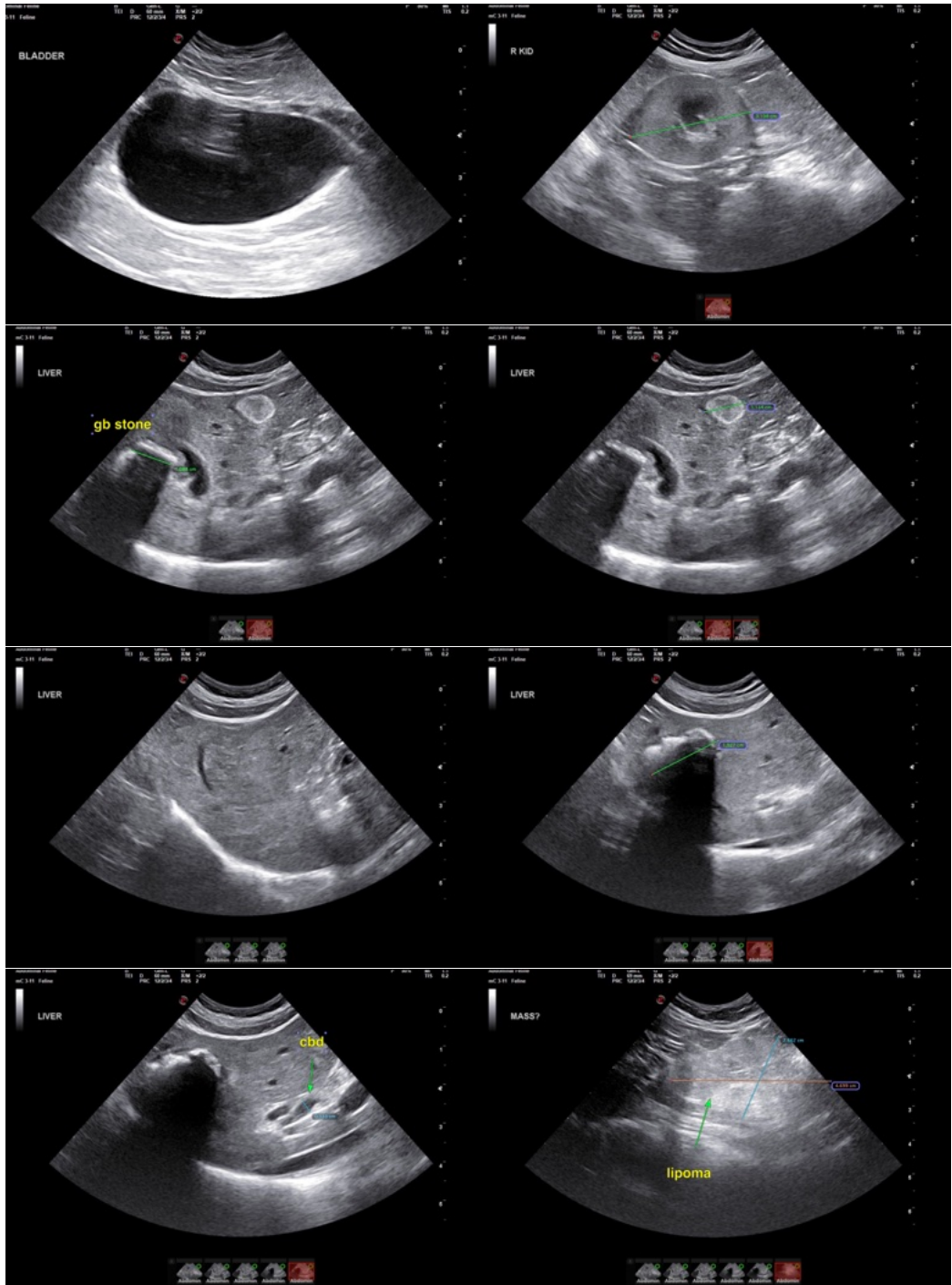
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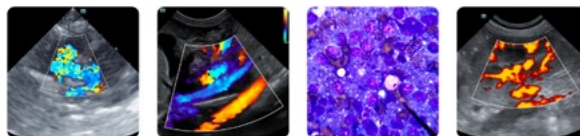
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episodes of steatitis or lipomatous formation. Probability of neoplasia is minimal at this time compared to the prior sonogram.





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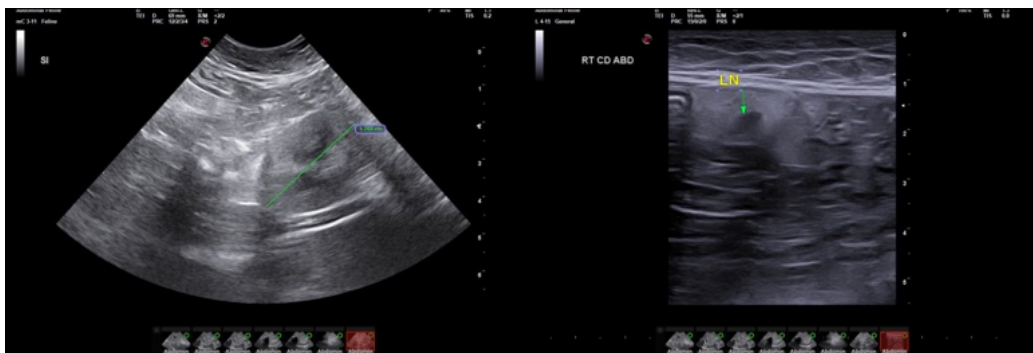
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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