



PATIENT

Luna Doll

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years 3 Months

WEIGHT

6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Keefe

INVOICE

35691

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- Pet was missing for 2 weeks. On exam pet has a palpable mass in caudal abdomen.
- BAR, thin BCS 4
- Firm approx 2 inch long mass palpated in caudal abdomen
- Felv/FIV/ HW neg
- Had Drontal doses 2/2
- Abnormal PE/Chem/CBC/UA Results: CBC/ Chem 17 / Lytes WNL, 2 view and. Rads- unable to visualize mass

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 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 3.45 cm. The right kidney measured 3.94 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 right adrenal gland measured 0.52 cm. The left adrenal gland measured 0.47 cm.

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 were noted.

Liver

The **liver** revealed coarse architecture and mild increased portal markings. A moderate amount of hepatic remodeling was noted. Vascularity appeared normal. The gallbladder was empty and mildly thickened. The common bile duct was normal.

Gastrointestinal



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The **stomach** was overdistended with chyme. Transit of chyme into the small intestine appeared to be normal. Some hard stool was noted in the colon.

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Pancreas

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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.

Feline

BREED

Free Abdomen

DSH

A moderate amount of **free fluid** was noted in the caudal abdomen.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Hepatic remodeling
- Postprandial GI presentation- a large amount of GI artifact was obscuring some visibility of the mid caudal abdomen.
- Undefined free fluid
- Hard stool in the colon
- Mildly thickened gallbladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Concern for potential neoplastic process in this patient, yet an overt mass is not evident. Ultrasound guided abdominocentesis of the free fluid is indicated, and sonogram at a complete NPO status, if possible. Prognosis is guarded. Diagnosis is open.

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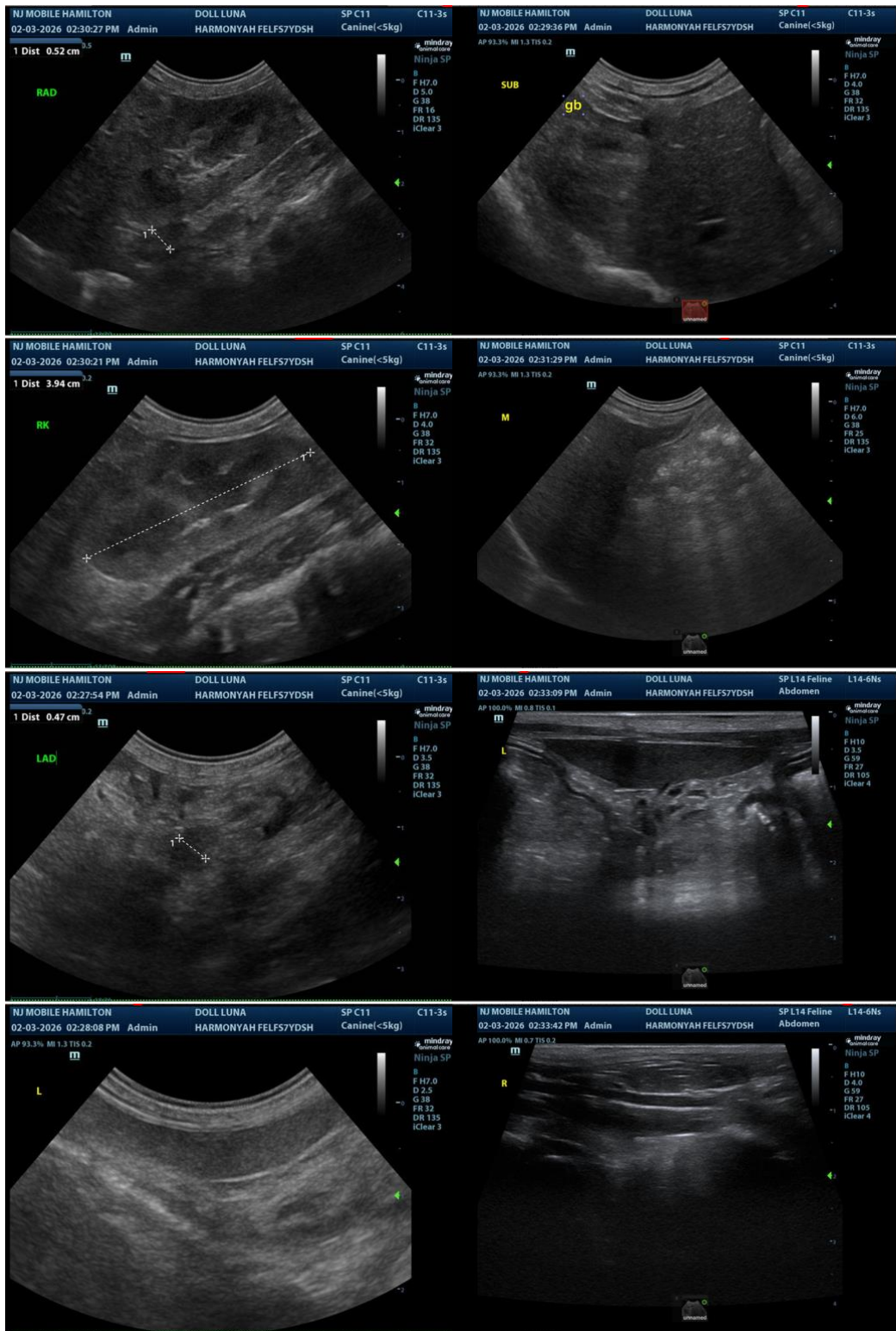
Dr. Keefe

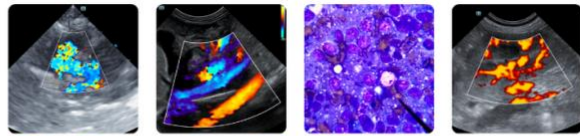
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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