



PATIENT

Misty Carter

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

17 Years

WEIGHT

5 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Monroe Road AH

REFERRING VET

Dr. Jones

INVOICE

35730

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History: P presented for not eating, increased respiratory effort, bloodwork unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed apical polypoid change, measuring 0.35 cm x 1.0 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 right kidney measured 3.9 cm. The left kidney measured 3.71 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 adrenal gland measured 0.47 cm. The right adrenal gland measured 0.34 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. This is a mild change. The spleen measured 0.75 cm.

Liver

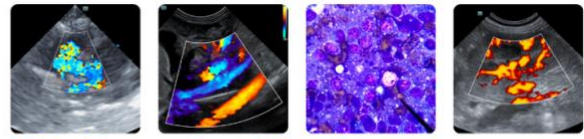
The **liver** was heterogenous with iso- to hypoechoic nodular changes. No evidence of passive congestion, yet ascites was present. The gallbladder and common bile duct were unremarkable. Hepatic vein dilation was noted with passive congestion pattern.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. This is a mild change.

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.



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Free Abdomen

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Transdiaphragmatic view revealed undifferentiated caudal thoracic lung masses, measuring up to 2.7 cm. Pleural effusion was also noted through the diaphragm.

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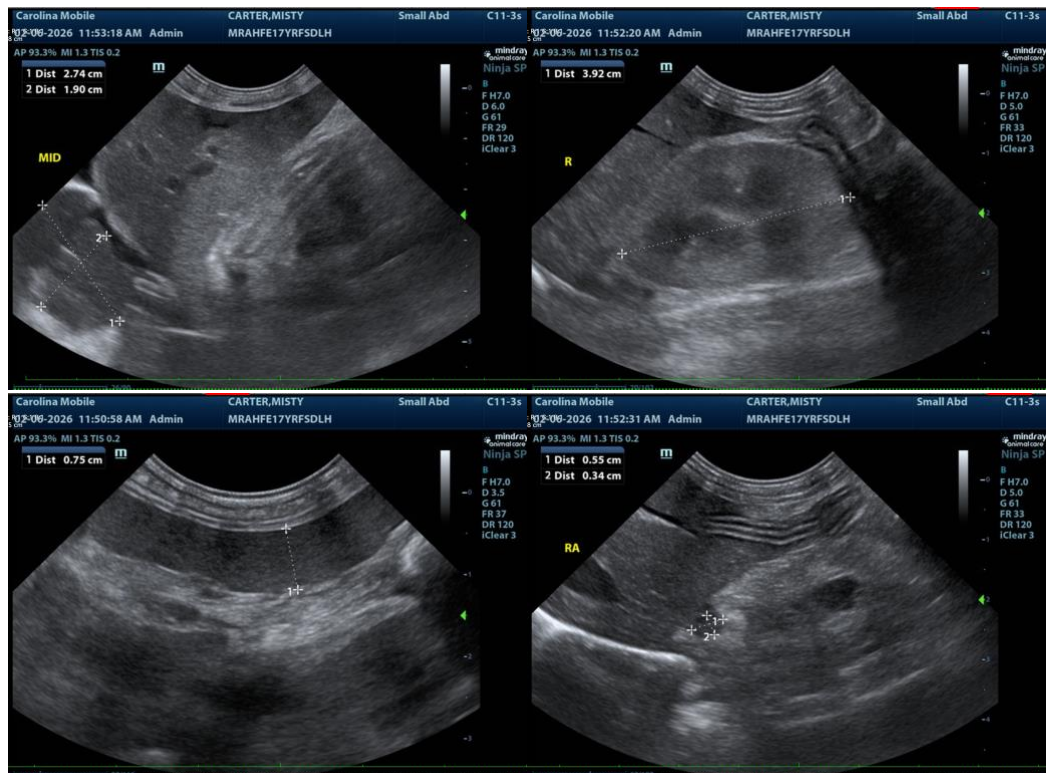
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ULTRASONOGRAPHIC FINDINGS

- Caudal thoracic masses of lung origin- multicentric neoplasia involving thorax and passive congestion with secondary ascites and probable hepatic involvement.
- Heterogenous liver- strong concern for neoplastic event within the organ.
- Apical bladder polyp (likely incidental finding)- carcinoma versus polypoid hyperplasia.
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor.





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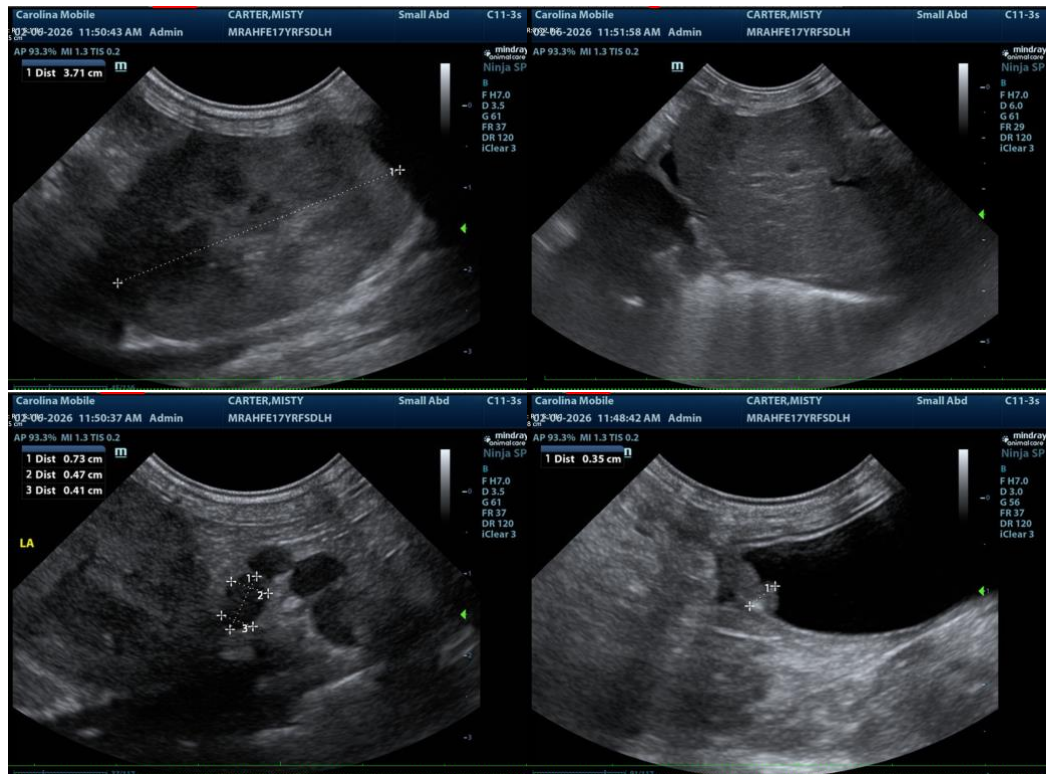
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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