



PATIENT

Lisa Boyd

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

7.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Smatt

INVOICE

71403

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- Patient presented on 2/2 weight loss and decrease appetite x few wks duration. midabdominal mass was found, confirmed on u/s and aspirated . cytology and bloodwork sent antech.
- r/o pancreatitis fpli abnormal
- r/o liver disease, hepatic lipidosis, neoplasia
- r/o cholangiohepatitis
- r/o IBD vs lymphoma
- r/o infx vs inflammation
- Current meds unasyn, cerenia, mirataz, ursodiol (started 2/8) , gaba
- AST 326 on 2/2 ALT 827 was 804 on 2/6, 735 on 2/2 ALKP 315 was 313 on 2/6 419 on 2/2 GGT 22 was 11 on 2/6 and 2/2 Tbili 4.7 was 3.4 on 2/6 , 3.5 on 2/2 lytes wnl CBC shows neutrophilia 29080 , was 18,200 on 2/6 , was 20,713 on 2/2 monocytosis 3940, was 3220 on 2/6 , 3497 on 2/2 fpli elevated 6.4 on 2/6 abnormal - pancreatitis

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 measured 3.6 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was enlarged and irregular measuring 1.66 cm and was folded upon itself caudally.

Liver

The **liver** was swollen, hypoechoic and irregular. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A mixed, hypoechoic 2.0 cm was noted cranial to the urinary bladder. The mass appears to be deriving from the small intestine.

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

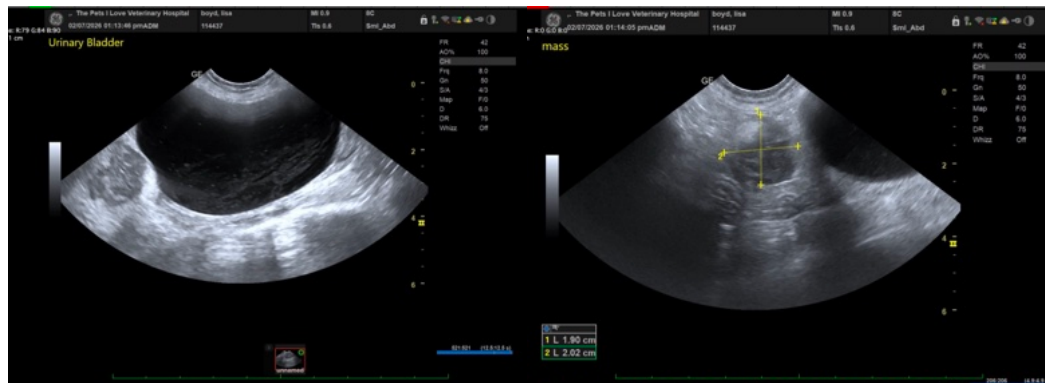
A significant amount of inflammation was noted associated with the spleen, liver, intestinal tract.

ULTRASONOGRAPHIC FINDINGS

Multi-centric round cell neoplastic pattern involving intestinal mass, spleen and liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Round cell neoplasia is suspected. I recommend reevaluation of cytology obtained +/- PARR lymphoma or resubmission of samples involving the intestinal mass, spleen and liver given the multi-focal infiltrative pattern. The prognosis is poor.





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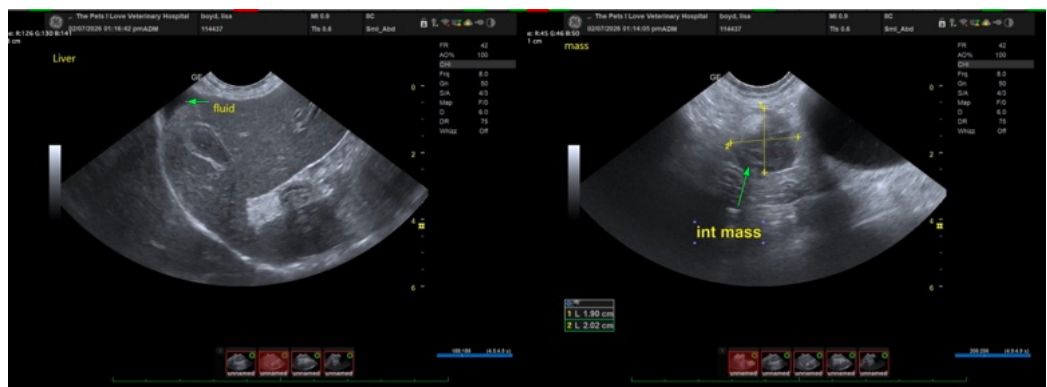
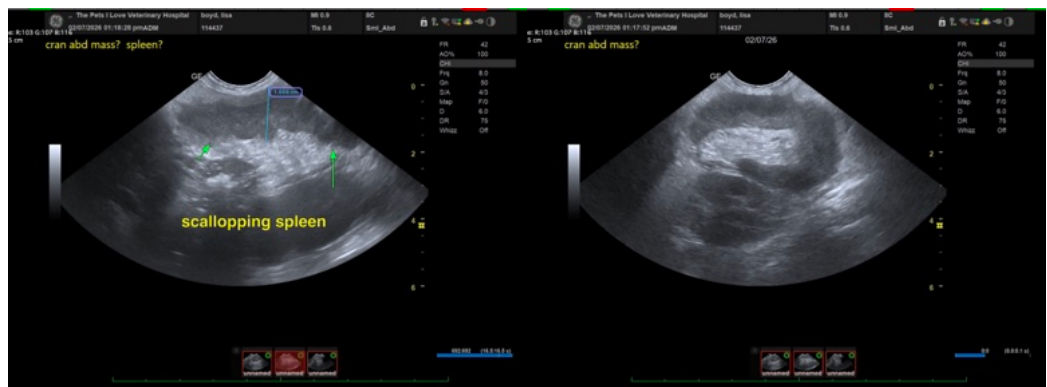
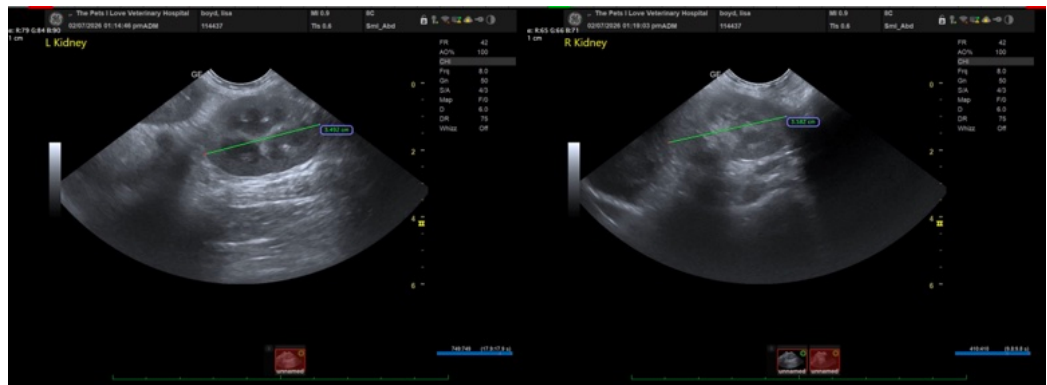
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com