

PATIENT

Mona Barnhardt

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

19yr

WEIGHT

3.26kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kim Nystoruk, RVT

HOSPITAL NAME

Riverside Small
Animal Hospital

REFERRING VET

Dr. Alex Neumann

INVOICE

24158

DATE

03/10/2026

PRESENTING CLINICAL SIGNS

- Patient not eating/lethargic/ hiding at home past 48 hours. Appetite on/off prior
- Mucous/bloody diarrhea found in carrier today at appt. O said having hard dry stools at home
- 400gram weight loss since Aug 2025
- History of early kidney disease - O attempted feeding kidney diets but patient wouldn't eat them
- Treating with palliative care of maropitant, gabapentin, sub cutaneous fluids.
- Abnormal PE/Chem/CBC/UA Results:
 - Gr 2/6 heart murmur noted today, mm: pale pink, tacky, 2 sec, 5-7% dehydration, T: 37.8 'C Free fluid noted on cysto collection

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 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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted.

The left kidney measured 3.0 cm.

The right kidney measured 2.92 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.

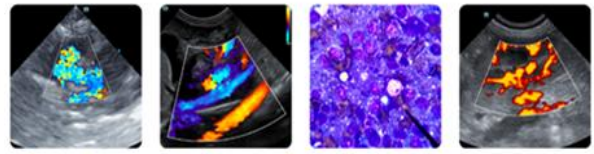
The right adrenal gland measured

The left adrenal gland measured

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.

Liver



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Nodular liver changes present. A hypoechoic nodule present measuring 1.5 cm medial to the gallbladder.

Gastrointestinal

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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.

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Pancreas

Undifferentiated mixed hypoechoic pancreatic mass was noted. Regional lymph nodes enlarged.

SEX

FS

Free Abdomen

Free fluid present.

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ULTRASONOGRAPHIC FINDINGS

- Multicentric pancreatic neoplasia with lymph node involvement
- Free fluid owing to a carcinomatosis type presentation
- Potential hepatic metastatic disease.

WEIGHT

3.26kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

FNA of the mass could be considered for further definition. However, prognosis is poor. This is not resectable as it extends into the regional omentum and multiple lymph nodes and hepatic lesions are consistent with likely metastatic disease.

IMAGING PERFORMED BY

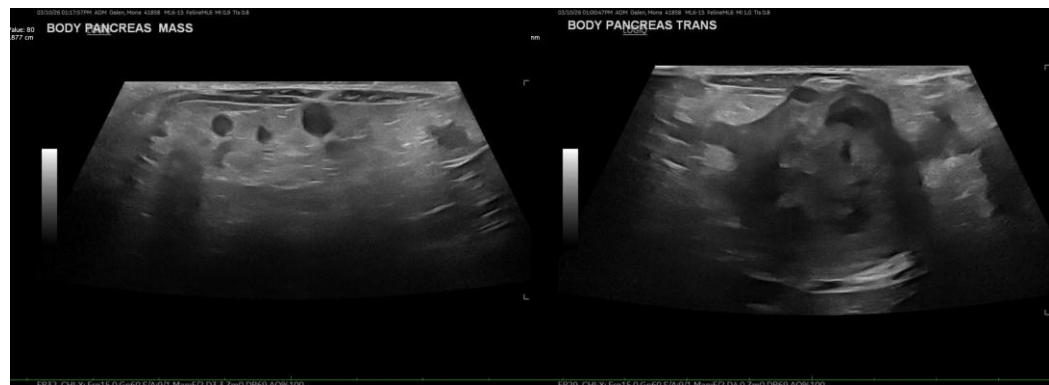
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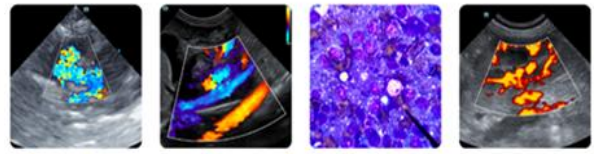


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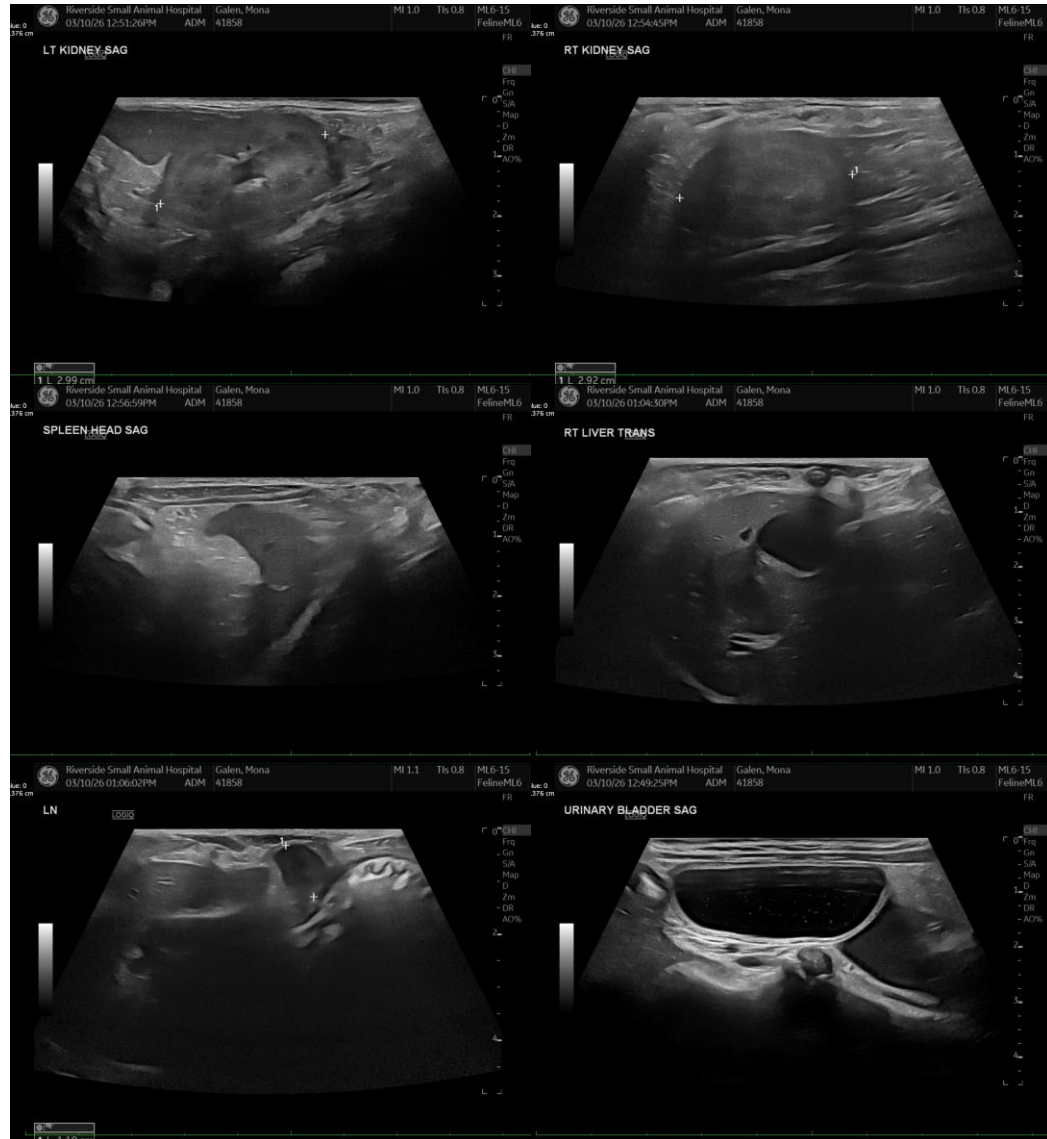
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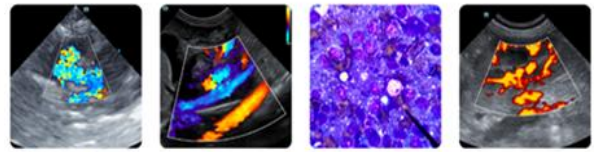
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com



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