



## PATIENT

Sweetie Latin

## SPECIES

Feline

## BREED

DLH

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

7.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Dr. Emily Brydon

## INVOICE

14272

## DATE

03/12/26

## PRESENTING CLINICAL SIGNS

- P previously seen at rDVM on 2/25 and 3/2 for accidents outside of the box of both stool and urine. Found eye infection on 2/25. Owner has pet on a diet currently and cleans back end often due to pet's weight. Still having accidents in the house and recently not as interested in food over the last 24 hours. Seen at Shores on 3/10 for vomiting, listless, P defecated on floor a few times, and unsure if P urinating. Outpatient treatment for gastroenteritis with emeprev, metronidazole, and proviable.
- P recheck today. P anorexic and owner having difficulty medicating, decreased amounts of urination and defecation. O did start a multi vitamin supplement (oimmal 15 in 1 multivitamin) starting 2/25 for skin per her rDVM recommendations and p seemed to decline since then. admitted for supportive care: ivf, buprenorphine, emeprev, unasyn, pantoprazole.
- concern for UTI, pancreatitis, gastroenteritis, azotemia, weight loss, other

PE: weight loss: 1/20 21.6lbs; 2/25 18.18lbs, 3/2 17.87lbs; 3/12 16.94lbs (7.7 kg); 1/4 pain; BCS 8/9; abd tense/hard to palpate rdvm CBC: WBC 18.85 (H), Neu 16.31 (H), Mono 0.68 (H) Plt 693 (H); Chem: Lipa 1553 (H); UA: WBC, RBC; Rads: Spondylitic lesion at LS junction, no bladder stones 3/12 Shores: cbc wbc 22.57 H, neu 20.00 H, lym 0.70 L, mono 1.67 H chem: BUN 84.1 H, phos 8.4 H, lipase 111 H epoc: ica++ 1.16 L, hct 27% L; (manual pcv 30%) fPL: >50 abnormal rads: bladder large (p did urinate after taken) u/a: clear, yellow; protein +(30), pH 6.0, occult blood 3+ (250, non-hemolyzed), usg 1.036, leukocytes 1+ (75); rbc 21-100/hpf, wbc<5/hpf, bacteria none to rare

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 areas of mineralization were noted with cortical remodeling and minor infarcts. The left kidney measured 4.21 cm in length. The right kidney measured 4.05 cm in length.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### Spleen

The **spleen** revealed multifocal target nodules.

### Liver

The **liver** revealed multifocal hypoechoic nodules and masses deviating the gallbladder dorsally owing to mass effect with slight areas of free fluid. Coalescing target lesions were present throughout the liver.



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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. No associated abnormal lymphatic activity was noted.

**Pancreas**

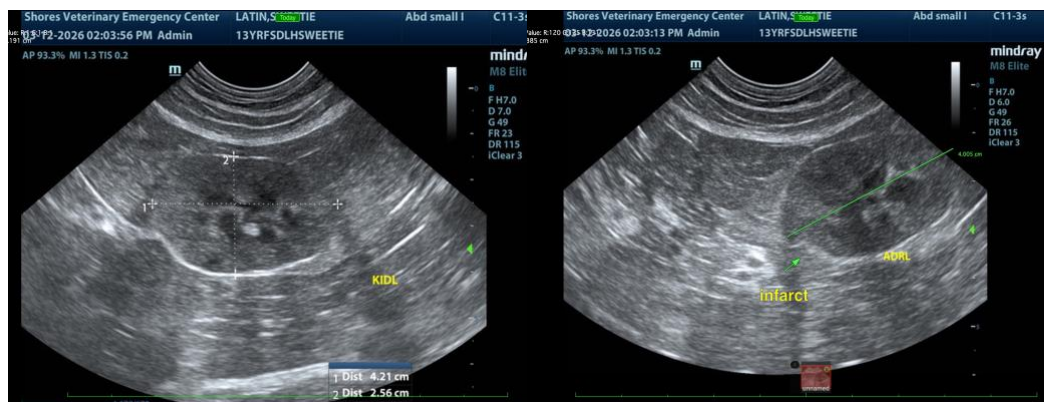
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Age-related renal changes with mineralization and infarcts.
- Diffuse hepatic neoplastic pattern with target lesions.
- Nodular spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

25-gauge FNA of the liver and spleen after coagulation panel is indicated to confirm splenohepatic neoplasia. Round cell neoplasia is suspected with hemangiosarcoma thought less likely.





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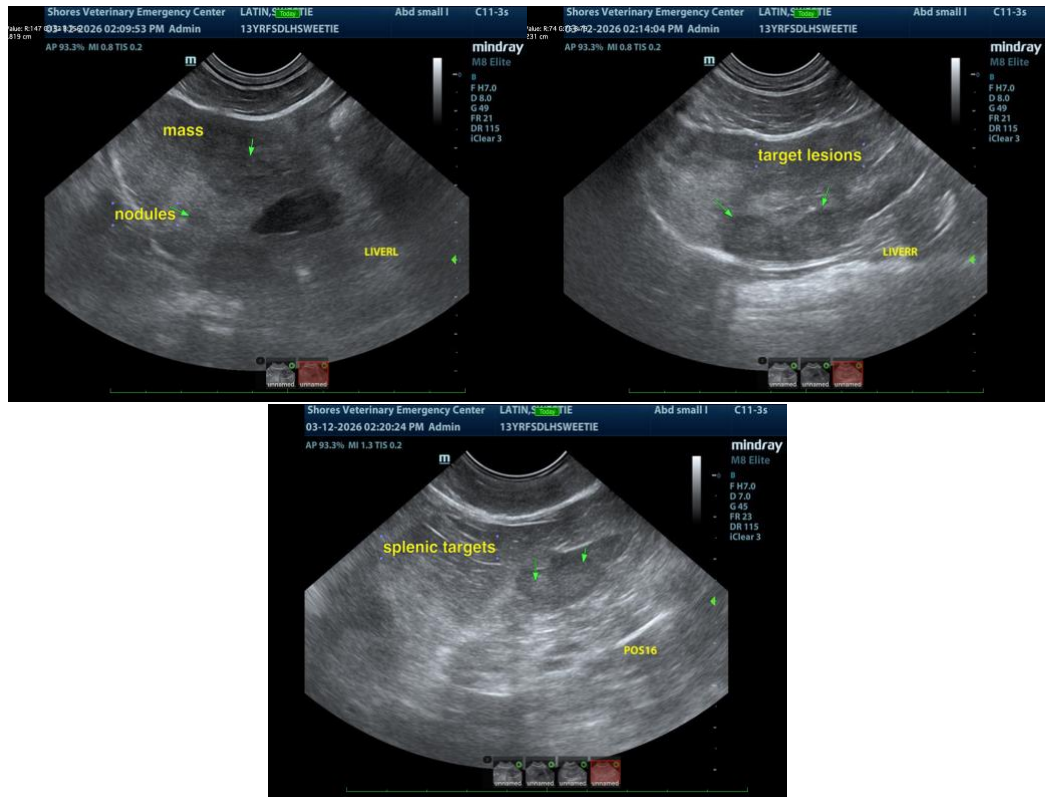
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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