

PATIENT

Penelope Scott

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

4.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging, LLC

REFERRING VET

Dr. Eric Howlett

INVOICE

73636

DATE

3/13/26

PRESENTING CLINICAL SIGNS

Presented yesterday for pre-op mass removal - cutaneous mass on neck stable until approx 1 month ago, then had rapid growth (now approx large grape size). Cat was icteric on presentation. Vomiting in past 24 hours. Appetite off.

Abnormal PE/Chem/CBC/UA Results: 3/12/26: HCT = 24%; WBC = 28.8 (neut = 25.5; Mon = 0.6; Bas = 0.1); platelets = 568k. Blood for chemistry did not read in house (too icteric) -- so had to send to reference lab and still pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Anechoic urine noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 2.5 cm with pelvic mineralization noted. Right kidney measured 2.97 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was irregular in contour and hypoechoic, yet volume contracted.

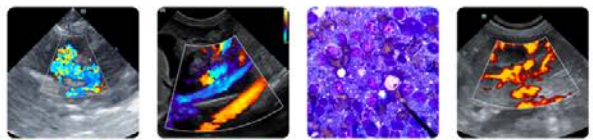
Liver

The **liver** was swollen and irregular in contour. Slight free fluid noted between the liver lobes. Gallbladder wall was echogenic, consistent with fibrosis and mild overdistention.

Hepatic lymph nodes were enlarged and distorted.

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.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat.

Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

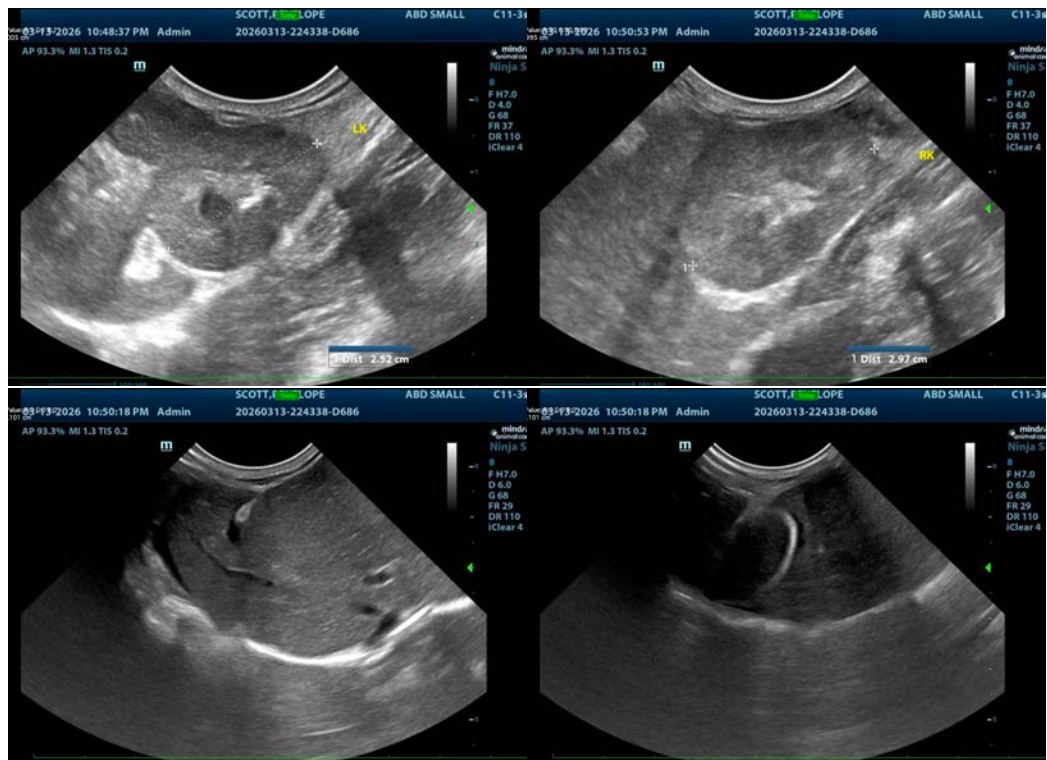
Hepatic lymphadenopathy obscured portions of the pancreas.

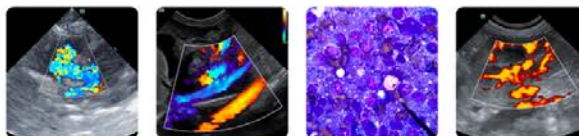
ULTRASONOGRAPHIC FINDINGS

- Swollen, irregular liver.
- Hepatic lymphadenopathy.
- Irregular, volume contracted spleen.
- Variable GI thickening.
- Mildly thickened urinary bladder.
- Age related renal and pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for infiltrative hepatic disease such as round cell neoplasia potentially involving the spleen. Prognosis is guarded. Full coagulation panel and 25-gauge FNA of the spleen and liver indicated.





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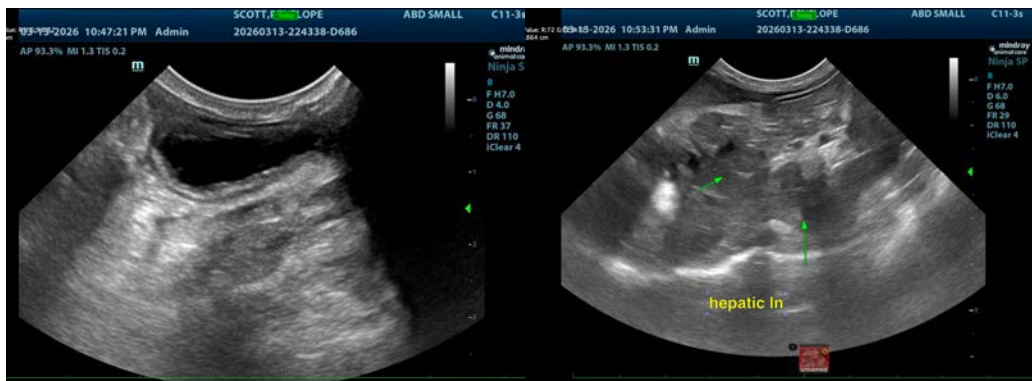
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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