



PATIENT

Nicky Eisenhardt

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Roche

INVOICE

73512

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- Bloating belly. History of hepatic lipidosis in 2022, fine since
- Muscle wasting with pot belly ventral dermatitis WBC 28, AST 74, CPK 789, Glu 49

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 mild amount of sand and 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 4.4 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** in this patient was not visualized and is likely volume contracted and displaced dorsally.

Liver

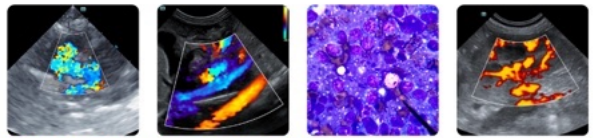
The **liver** revealed diffuse, nodular, irregular parenchymal changes with target lesions. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal Tract and Pancreas

The upper **gastrointestinal tract** was unremarkable, yet it was enveloped by the pancreatic mass and nodular omentum that was coalescing in the cranial abdomen and enveloped the upper gastrointestinal tract.

Free Abdomen

A large amount of anechoic fluid was noted.



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ULTRASONOGRAPHIC FINDINGS

Diffuse abdominal neoplasia involving the pancreas and liver.

Secondary ascites owing to lymphatic obstruction.

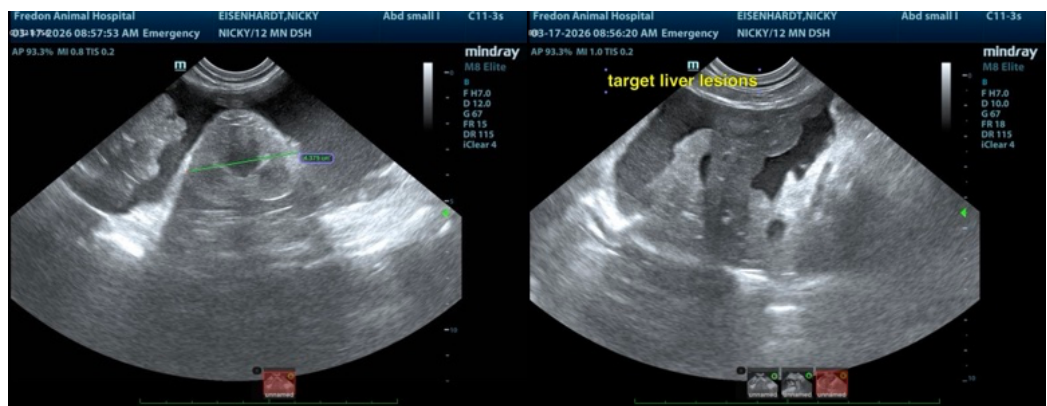
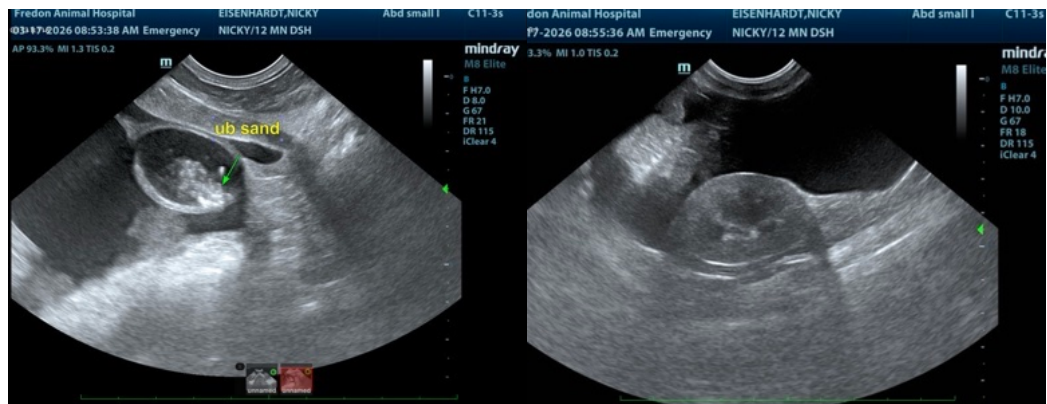
Age related abdominal changes otherwise.

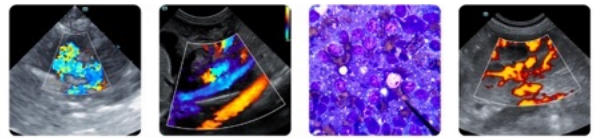
Bladder sand.

Volume contracted spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Carcinomatosis, lymphomatosis type presentation likely deriving from the pancreas.





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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

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