



## PATIENT

Holly Ocooch MHS

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

8 Pounds

## 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

36300

## DATE

3/20/26

## PRESENTING CLINICAL SIGNS

Patient presented 3/20/26 comatose, icteric, hypothermic (92°F), and severely hypoglycemic (blood glucose 23 mg/dL). In-house chemistry revealed ALT 371 U/L, ALKP 526 U/L, total bilirubin 12 mg/dL, glucose 17 mg/dL, potassium 3.6 mmol/L (trending low), and low total protein. Urinalysis performed; urine brown, turbid, malodorous. IV dextrose bolus and infusion, active warming, IV potassium, and IV antibiotics (ampicillin-sulbactam, enrofloxacin) administered. Kept overnight.

## 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 were noted. Ureteral papillae were normal.

The **kidneys** were swollen with slight pyelectasia and hyperechoic fat, suggestive for inflammation. The left kidney measured 4.0 cm. The right kidney measured 4.1 cm.

### *Adrenal Glands*

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. Both adrenal glands measured 0.5 cm each.

### *Spleen*

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

### *Liver*

The **liver** was enlarged and hyperechoic with progressively shadowing free fluid noted between the liver lobes. The gallbladder and common bile duct were unremarkable. No evidence of posthepatic obstruction.

### *Gastrointestinal*

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Some reactive mesentery was noted associated with the GI tract.

### *Pancreas*

The **pancreas** was hypoechoic and irregular with enhanced mesentery.

### *Free Abdomen*

**Free fluid** was noted in the abdomen.



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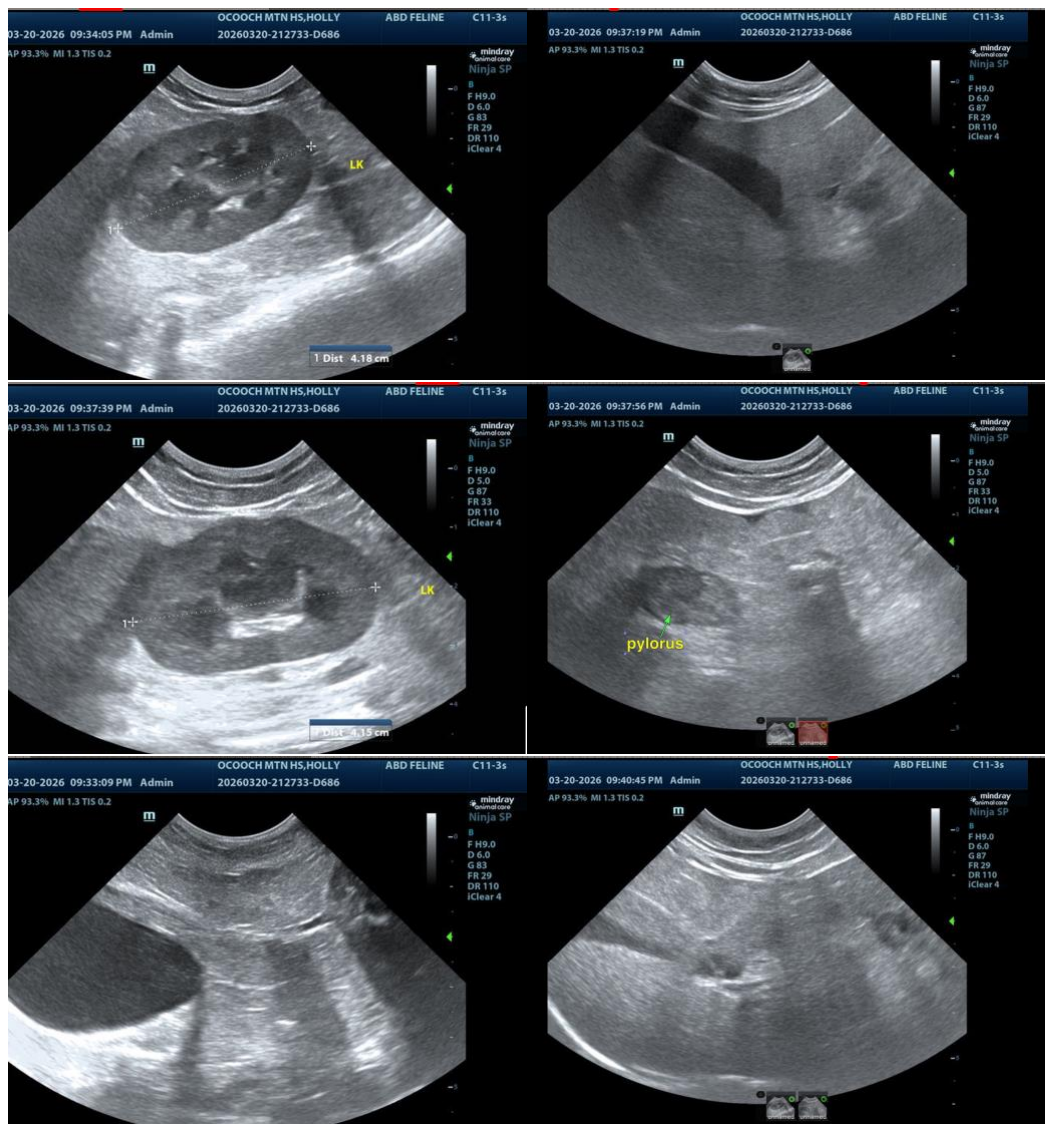
3/20/26

## ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly – hepatic lipidosis versus occult neoplasia, such as lymphoma
- Nephritis pattern
- Enteritis pattern
- Pancreatitis
- Volume contracted spleen
- Stressed adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying toxic or infectious disease should be considered in this patient. IV fluid support and pain management (if necessary) are warranted. Full urinary work up, full coagulation panel, and eventual 25-gauge FNA of the liver are indicated. Prognosis is extremely guarded.





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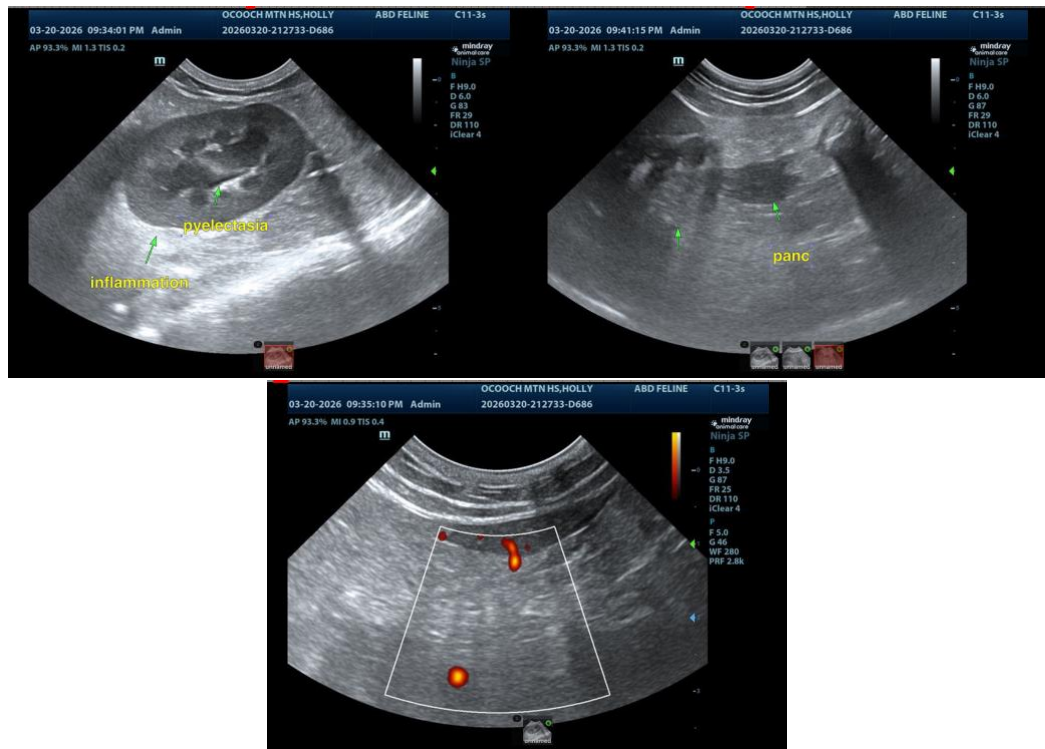
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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