



PATIENT

Bella Legg

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

16 Years 9 Months

WEIGHT

7.26 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenni Tudini, MRCVS,
SDEP Cert (Abd)

HOSPITAL NAME

East Aurora Veterinary
Hospital

REFERRING VET

Dr. Noah Seward

INVOICE

73911

DATE

3/21/26

PRESENTING CLINICAL SIGNS

Patient has been eating and drinking well but there is concern that patient is continuing to lose weight in spite of this. Known CK D and stable, PU/PD. Patients mother developed GI lymphoma and so owner was wanting to be proactive with further imaging

Abnormal PE/Chem/CBC/UA Results: There was some presumptive firmer feces in cranial aspect of the colon. Subjectively, in the caudal-middle abdomen (more ventrally) there seemed to be a more thickened area of intestine. Some enlarged LNs could not be ruled out, BCS 2/9 with generalized muscle loss - CBC: WNL - Biochem: SDMA 23 (0-14) Crea 2.5 (0.9-2.3), BUN 41 (16-37), Sodium 159 (147-157), CK 499, 64-440). BNP 417 (0-100) - T4 WNL, Free T4 2.8 (0.7-2.6) - Urine and fecal pending - FNA performed on liver tissue that appeared irregular during scan pending

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. Blood flow appeared to be adequate on power doppler assessment. Right kidney measured 3.3 cm. Left kidney measured 3.15 cm with slight mineralizations.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. Left measured 0.42 cm. Right measured 0.27 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed three separate masses. A mass in the left medial liver measured 2.0 cm, which impinges upon the gallbladder. A mass in the mid cranial liver measured 3.2 cm. A mass in the left cranial liver measured 2.5 cm. The mid dorsal liver revealed a hypoechoic nodule measuring 1.0 cm. Nodular changes noted elsewhere in the liver.

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



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malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Some spastic bowel was noted.

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.

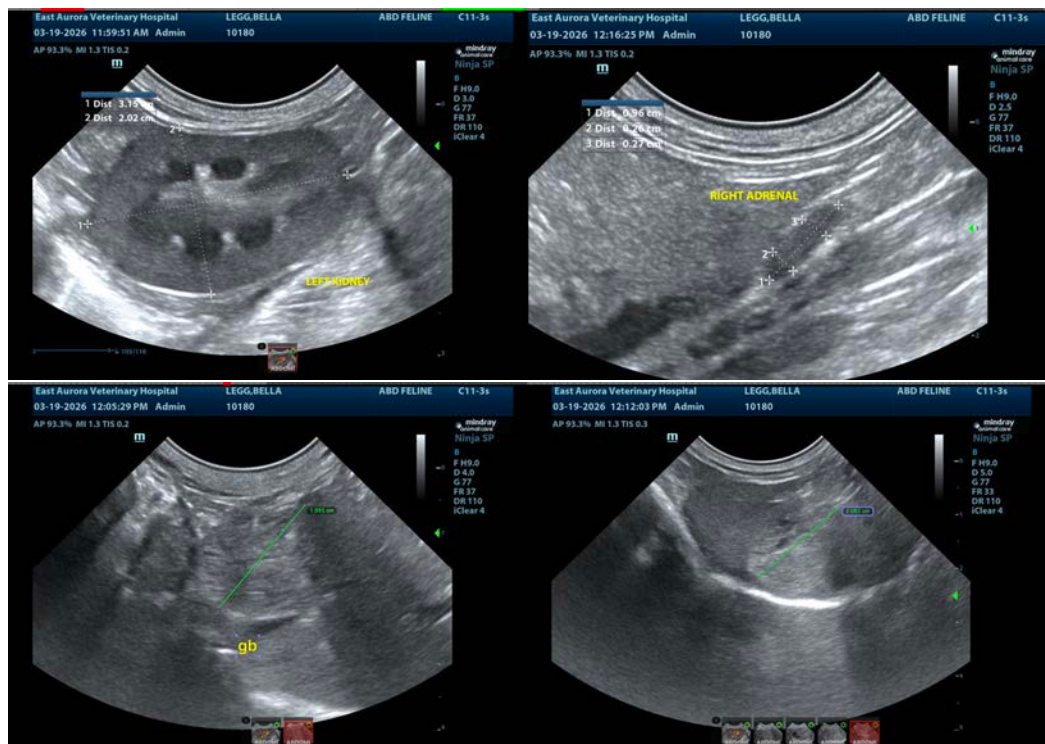
ULTRASONOGRAPHIC FINDINGS

- Multifocal hepatic masses and concurrent nodule.
- Bilaterally swollen adrenal glands, likely stress related.
- Age related renal, GI, and pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the parenchymal portions of the masses and nodule recommended for further definition. Given the multiple masses, this does not appear to be a surgical presentation. These may be benign cystadenomas and would not cause any clinical signs such as weight loss. However, I cannot rule out low grade carcinoma. Prognosis is guarded.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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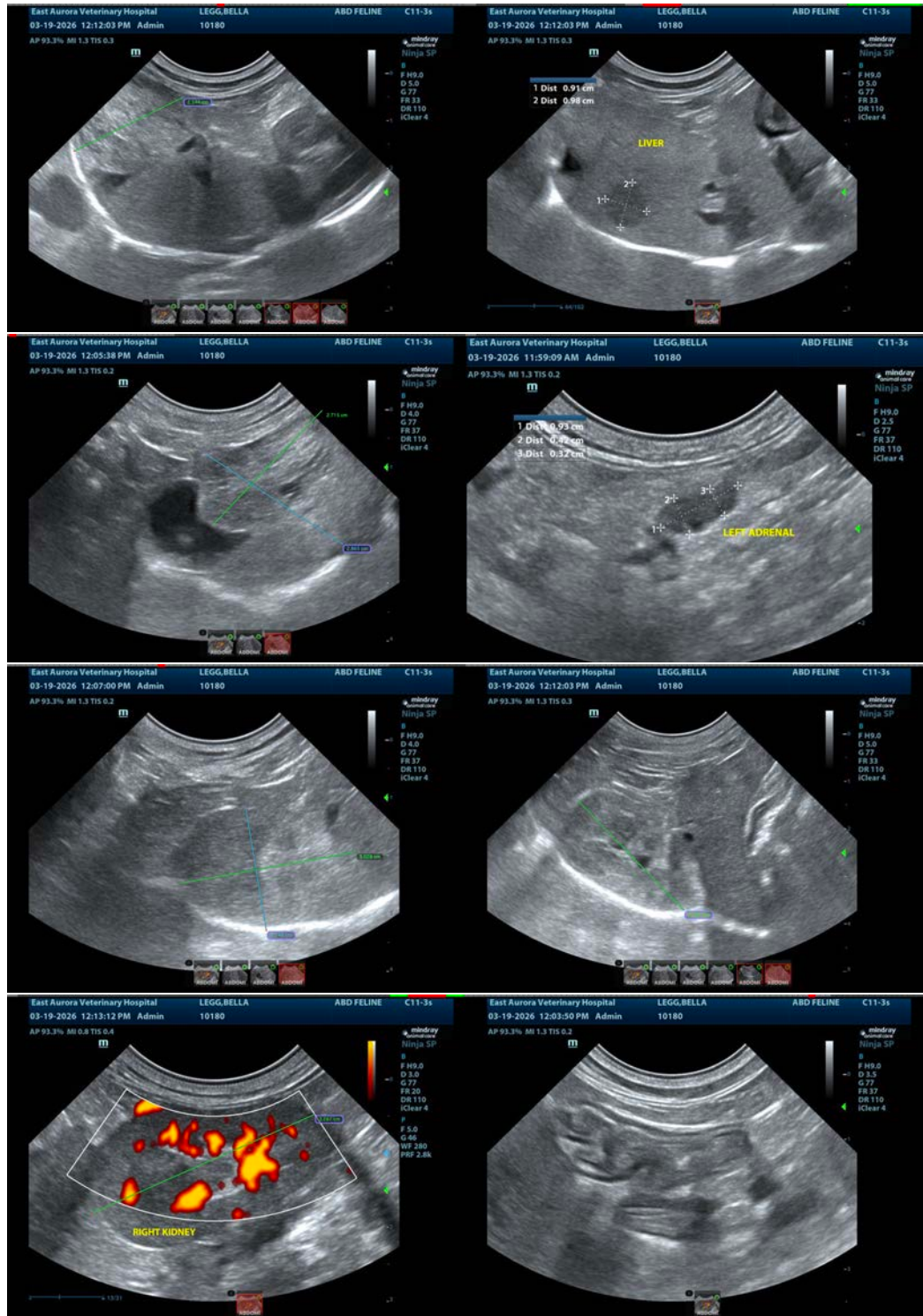
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referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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