



PATIENT

Lloyd Ocooch
Mountain Humane
Society

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

9.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Kara Hutter

INVOICE

14739

DATE

03/30/26

PRESENTING CLINICAL SIGNS

- Shelter kitty - Feline leukemia positive. Lethargic and inappetent starting approx 4 days ago - not responsive to supportive care/treatments such as Cerenia, ondansetron, mirtazapine, sq fluids. Some diarrhea noted. Febrile in hosp today (approx 104 F)

Abnormal PE/Chem/CBC/UA Results: 3/30/26 - ALT = 11; TBIL = 0.6; GLU = 176; K+ = 5.9; HCT = 26.3%; NEU = 25.7; schistocytes seen on manual review. Some abdominal fluid pulle d- yellow; sticky; viscous. Further effusion testing 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 with a minimal amount of urine present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **right kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.6 cm in length.

The **left kidney** was enlarged and swollen with slight irregular contour measuring 4.38 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** presented mildly enlarged and hypoechoic with swollen contour. The hepatic lymph nodes were slightly enlarged. The gallbladder and common bile duct were unremarkable.

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. The epigastric lymph nodes were enlarged.

Pancreas



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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.

Free Abdomen

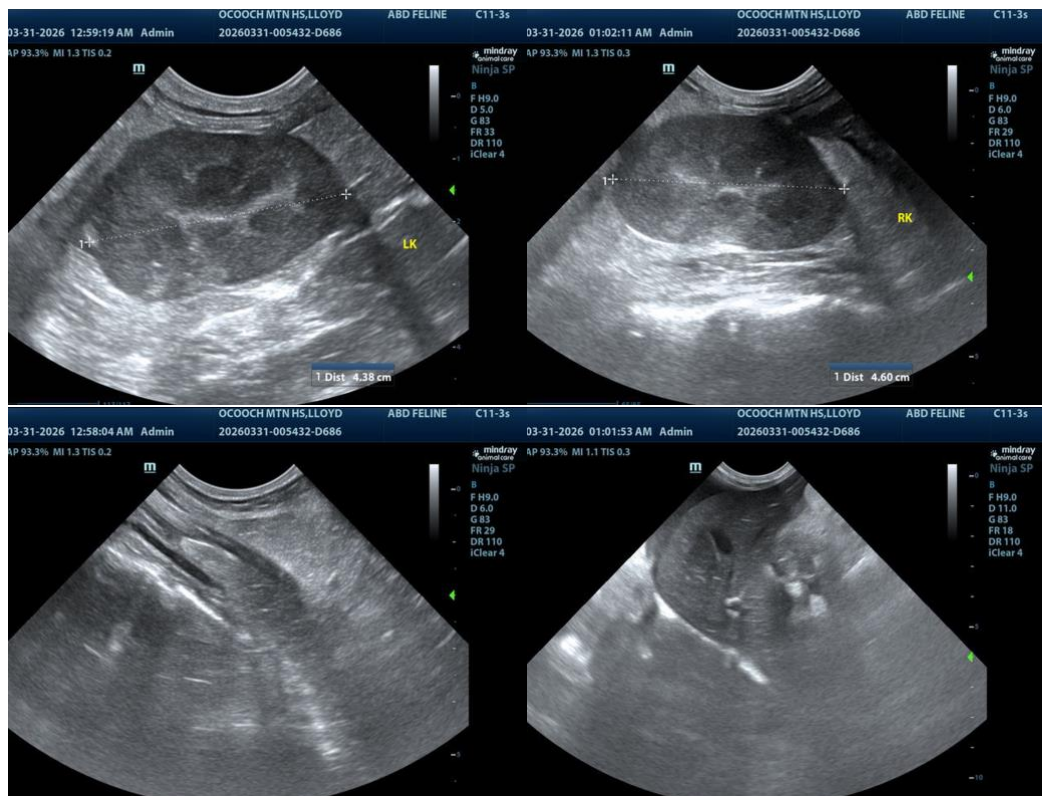
A large amount of free fluid was noted in the abdomen. Proliferation was noted in the mid abdomen with coalesced omentum and mesenteric lymph node proliferation.

ULTRASONOGRAPHIC FINDINGS

- Abdominal effusion with nodular omentum and proliferated tissue.
- Swollen left kidney and liver.
- Mesenteric lymphadenopathy.
- Scalloped spleen- strong concern for multicentric round cell neoplasia or FIP.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, liver, lymph nodes +/- renal cortex are all indicated and/or abdominocentesis and cytopsin for further definition with immediate slide preparation.





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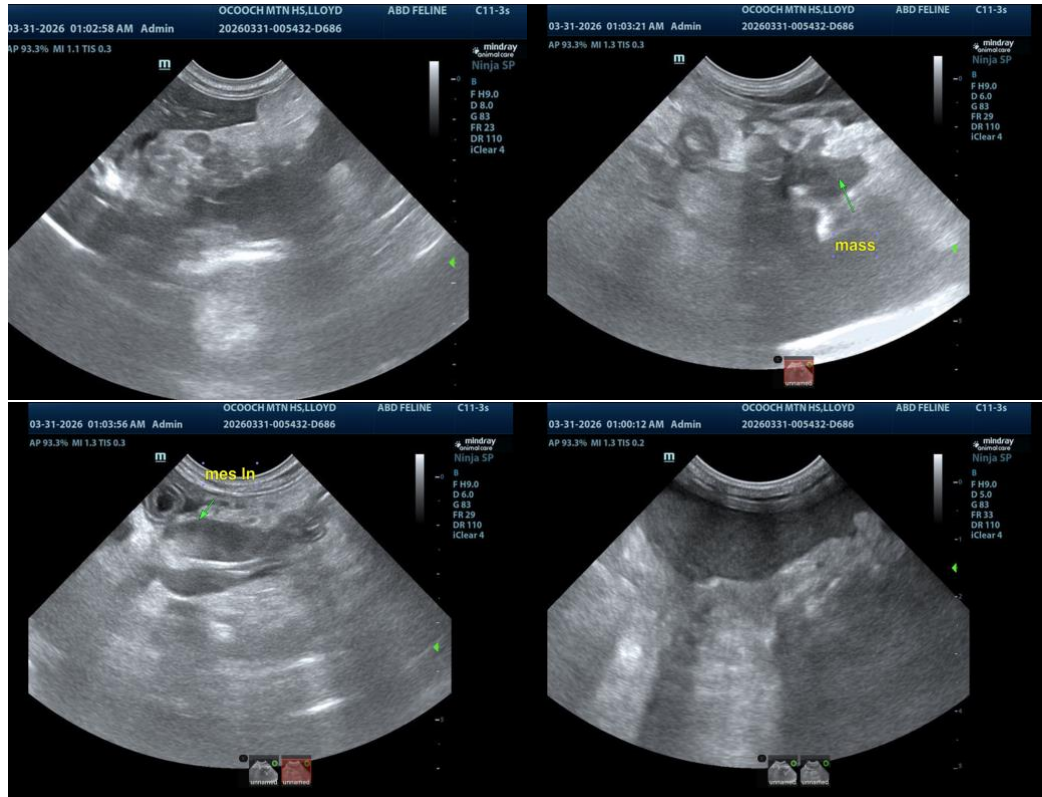
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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