

**PATIENT**

Sophie Hart

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years 8 Months

**WEIGHT**

2.8 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Pet Stat Animal  
Urgent Care

**REFERRING VET**

Dr. Payne

**INVOICE**

14090

**DATE**

03/05/26

**PRESENTING CLINICAL SIGNS**

- Concerning liver enzymes

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Slight pinpoint mineralizations were noted. The left kidney measured 3.16 cm in length. The right kidney measured 3.63 cm in length.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.33 cm width. The right adrenal gland measured 0.46 cm width.

**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** in this patient revealed multiple hypoechoic ill-defined nodular changes with disruption of architecture and free fluid consistent with aggressive diffuse and hepatic neoplasia. The hepatic lymph nodes were also enlarged. The gallbladder and common bile duct were unremarkable. No recognizable normal hepatic tissue was noted with largely comprised of coalescing target lesions.

**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. No associated abnormal lymphatic activity was noted.

**Pancreas**



**PATIENT**

Sophie Hart

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years 8 Months

**WEIGHT**

2.8 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Pet Stat Animal  
Urgenct Care

**REFERRING VET**

Dr. Payne

**INVOICE**

14090

**DATE**

03/05/26

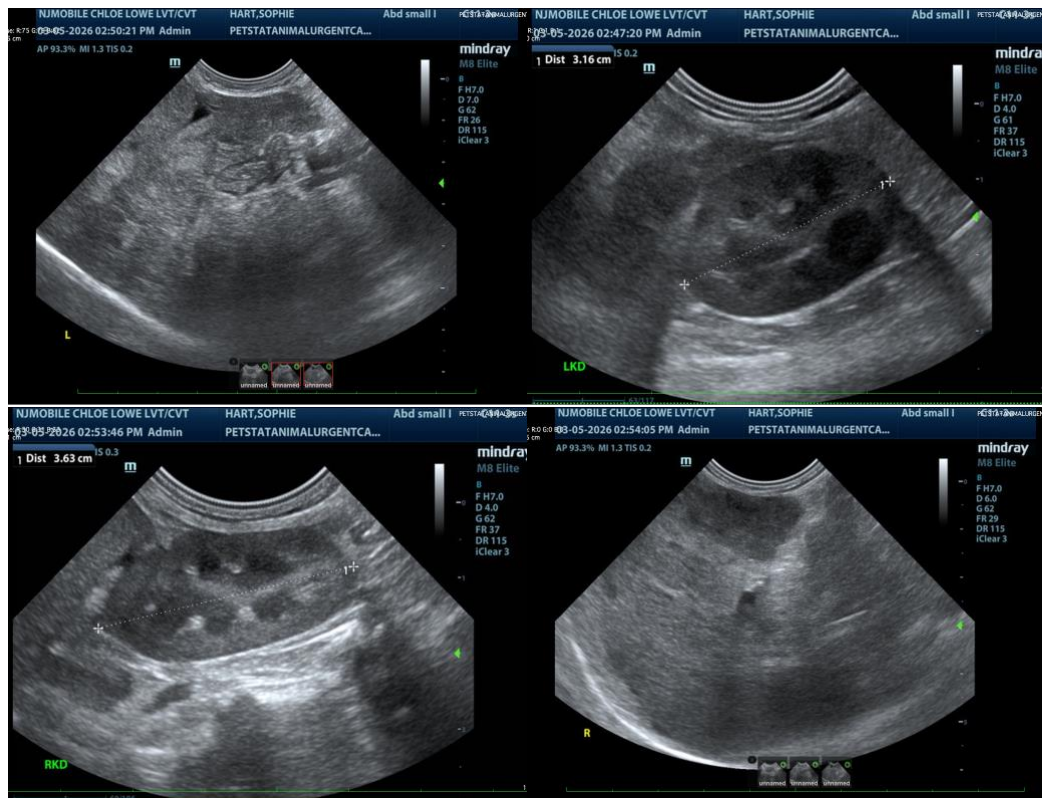
The left **pancreatic** limb revealed a hypoechoic nodule measuring 1.9 cm x 1.0 cm. The pancreatic duct was dilated. The pancreas revealed nodular irregular changes as well and may represent a primary pathology in addition to the left-sided nodule.

**ULTRASONOGRAPHIC FINDINGS**

- Age-related renal changes with mineralizations.
- Pancreatic nodule with heterogenous changes.
- Aggressive infiltrative hepatic pattern.
- Free fluid.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hepatic +/- pancreatic neoplasia is suspected. 25-gauge FNA of the pancreatic nodule and liver is indicated for further definition, however, prognosis is poor. The free fluid is likely secondary to portal hypertension or lymphatic obstruction.





**PATIENT**

Sophie Hart

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years 8 Months

**WEIGHT**

2.8 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Pet Stat Animal  
 Urgenct Care

**REFERRING VET**

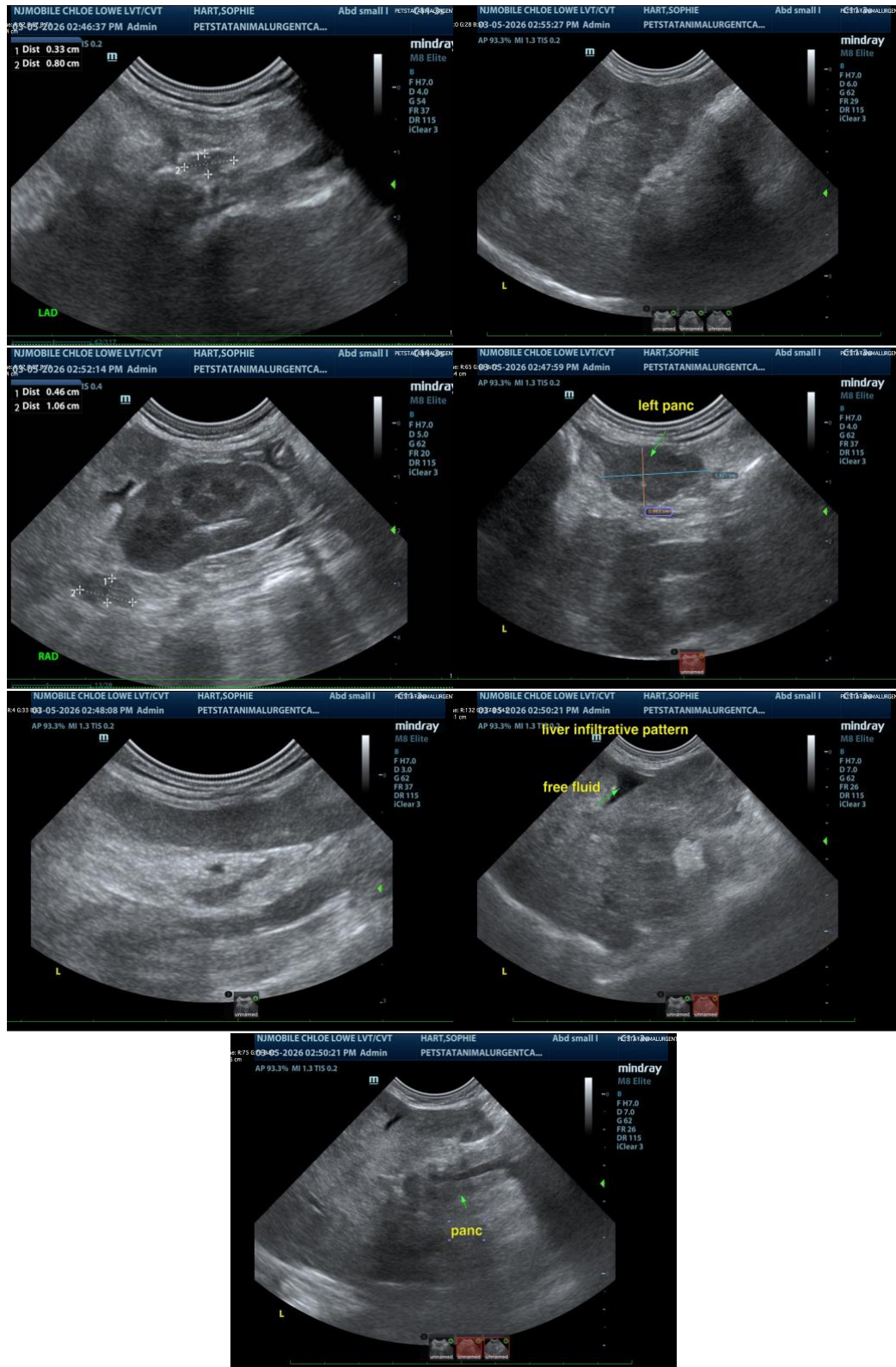
Dr. Payne

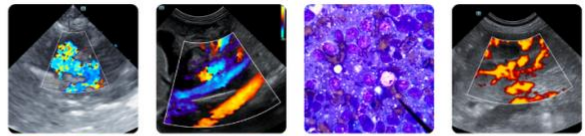
**INVOICE**

14090

**DATE**

03/05/26





**PATIENT**

Sophie Hart

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.

**SPECIES**

Feline

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,**

**BREED**

DSH

CEO, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)

**SEX**

Spayed Female

**AGE**

12 Years 8 Months

**WEIGHT**

2.8 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Pet Stat Animal  
Urgent Care

**REFERRING VET**

Dr. Payne

**INVOICE**

14090

**DATE**

03/05/26