



## PATIENT

Clara Blackman

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

15.5 Years

## WEIGHT

2.3 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Dr. Lisa Miller

## INVOICE

74844

## DATE

4/30/26

## PRESENTING CLINICAL SIGNS

\*P has not been eating well for about 1 month. P would eat small amounts of dry food and sometimes wet food. P was seen at rdvm on 4/23 for annual wellness exam. Owner at that time talked to rdvm about P appetite. P continued with hyporexia and then worsening. P was eating only very small amounts of can food. P had follow up at rdvm on 4/27. blood work was done. P found to have very high liver and thyroid values. P started on transdermal methimazole. on 4/27 P was given sq fluids and cerenia injection. P yesterday ate very small amount of cooked chicken and canned tuna. Today P only licked at a churu tube. P is nauseous. P vomited one time today. Concern for hepatopathy, cholangiohepatitis, anorexia, neoplasia, gi disease, other.

Abnormal PE/Chem/CBC/UA Results: PE: subtle pain 1/4; BCS 4/9 rdvm 4/27: T4: high; elevated liver values 4/30 Shores: cbc unremarkable; chem: creatinine 0.5 L, globulin 4.9 H, cholesterol 215 H, ALT >1,000 H, ALP 620 H, t bili 0.6 H; epoc: TCO2 14.0 L, K+ 3.2 L, lactate 6.71 H

## 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** 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. Left kidney measured 4.1 cm. Right kidney measured 3.8 cm.

### Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

### 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 coarse architecture and slight increased portal markings. Slight echogenic gallbladder wall yet largely unremarkable. Normal vascularity. No evidence of masses or suspicion of neoplasia. Common bile duct measured 2.0 mm.



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## 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 malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted. Luminal artifact noted in the pyloric outflow measuring approximately 1.4 cm. This may be retention of ingesta, hair accumulation, or possible small foreign body. This should be monitored for passage or dissolution.

## Pancreas

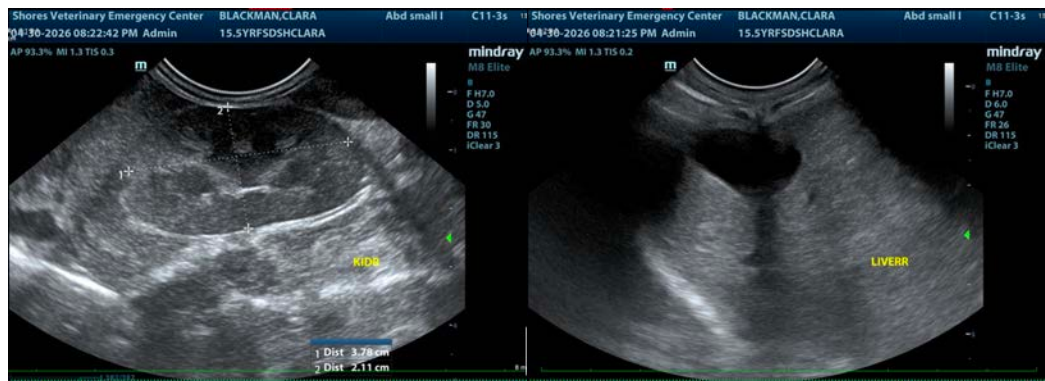
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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

- Mild cholangiohepatitis liver pattern.
- Age related renal, GI, and pancreatic changes.
- Possible ingesta, hair, or small foreign body in the pyloric outflow.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable abdomen. No overt evidence of neoplasia. 25-gauge FNA of the liver with cytology and culture indicated. Infectious agents such as toxoplasmosis and bartonella should be considered as an underlying issue.





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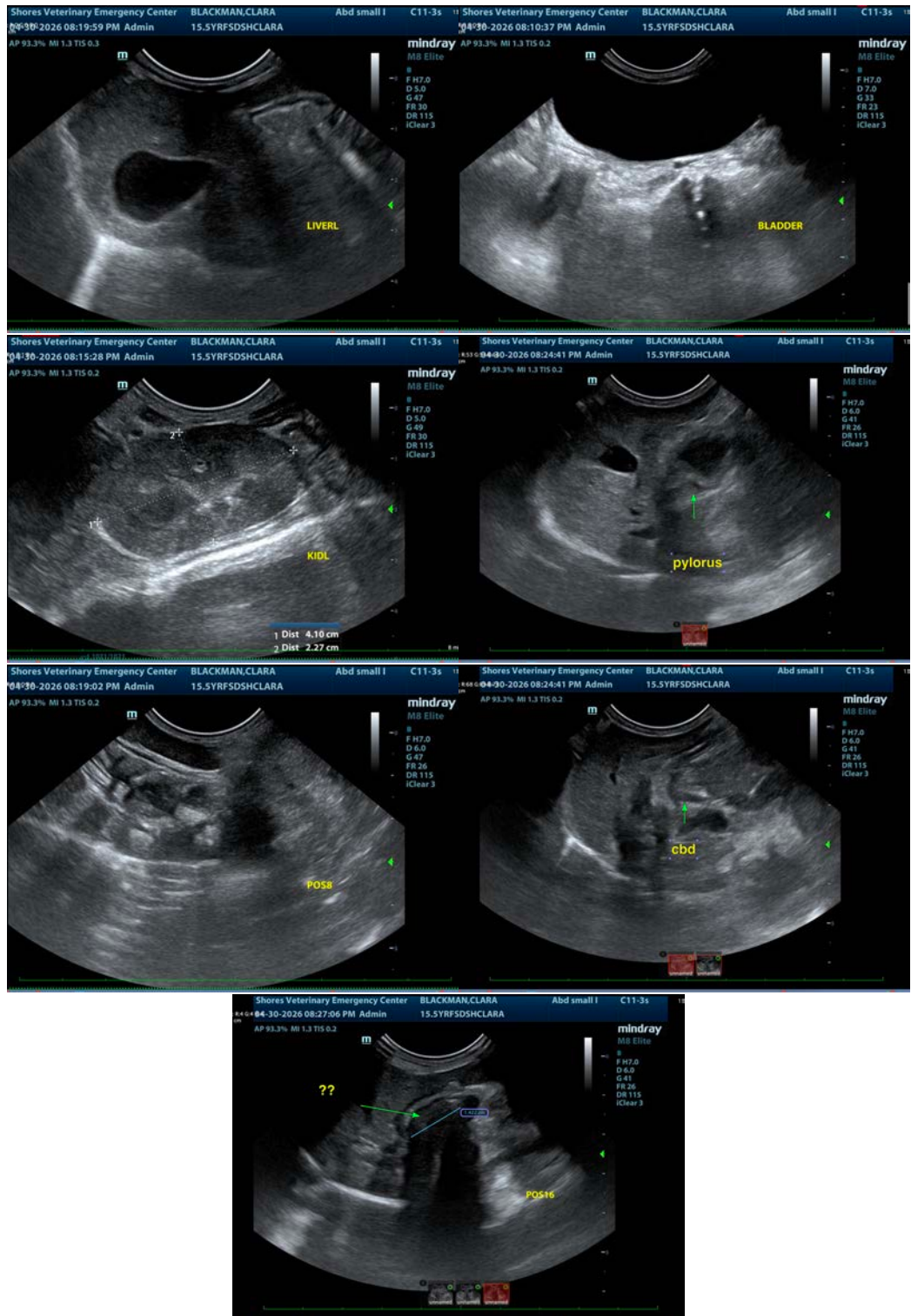
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
CEO, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)