



PATIENT

Woody Bloom

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 ½ years

WEIGHT

17.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alex McFeely, DVM

HOSPITAL NAME

Centre AH

REFERRING VET

Dr. McFeely

INVOICE

77721

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: -Not eating well for about 10-14 days
-Mildly increasing ALP still within normal limits, normal ALT
-Radiographs show normal liver silhouette, but pulmonary bronchiolar interstitial pattern
-Dark tarry stool/no vomiting
Abnormal PE/Chem/CBC/UA Results: Mildly elevated AlkP 71 and albumin 4.2 5/12/26

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 was noted. Ureteral papillae were normal.

The **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 left kidney measured 3.5 cm. The right kidney measured 4.0 cm.

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.

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 was noted.

Liver

The **liver** revealed heterogenous, multi-focal, nodular changes. There is a strong concern for a neoplastic process. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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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.

Pancreas

The **pancreas** revealed heterogenous parenchymal changes and slight free fluid.

Free Abdomen

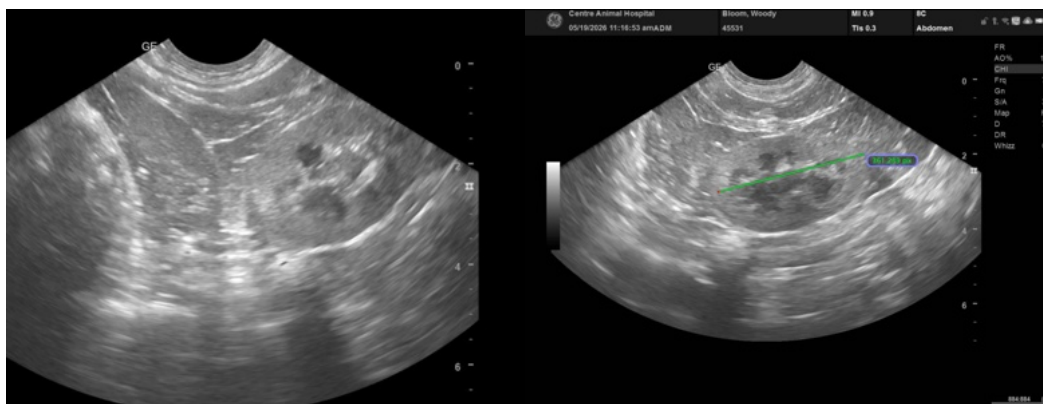
Slight areas of free fluid were also noted.

ULTRASONOGRAPHIC FINDINGS

Nodular hepatic changes with free fluid, strong concern for a neoplastic process. Abscessation and hyperplasia is possible, yet less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the liver is recommended. Ultrasound-guided abdominocentesis and cytospin of the free fluid is recommended. Sampling is essential in this patient. The prognosis is extremely guarded depending upon cytology results of the liver and free fluid.





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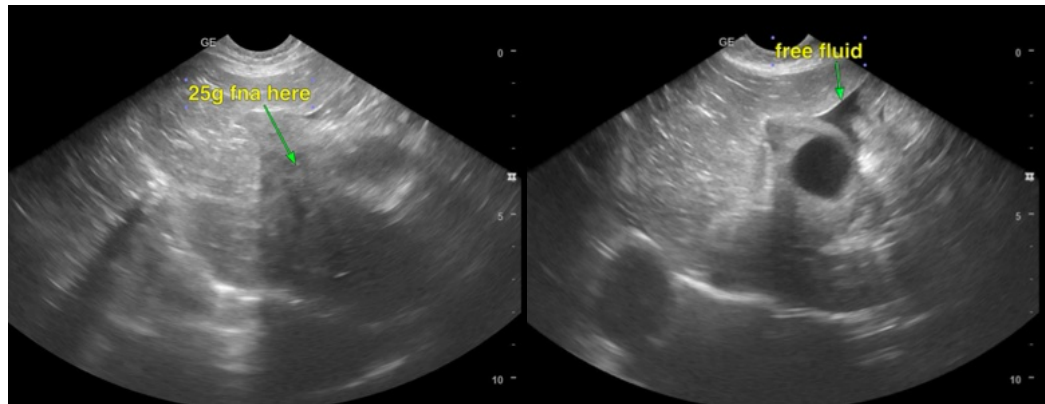
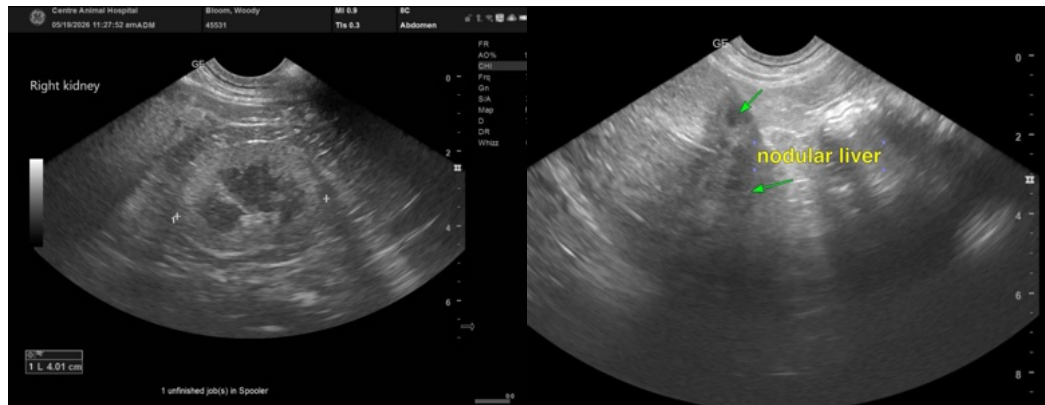
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com