



PATIENT

Lucy Storey

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16

WEIGHT

6.09 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Celene Hendricks

HOSPITAL NAME

Grove Small Animal
Hospital

REFERRING VET

Dr. Trevor Hendricks

INVOICE

75315

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History of weight loss and inappetence. Non responsive to cerenia and transdermal mirtazapine. Grade III/VI systolic murmur - no echo done to date.

Abnormal PE/Chem/CBC/UA Results: done 5/15/26 T4 1 (08-4) HCT 25 (29-48) Hgb 7.7 (9.3-15.9) amylase 1294 (100-1200) potassium 3.3 (3.4-5.6) Calcium 10.9 (8.2-10.8)

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** presented mildly thickened, slightly irregular cortices. Areas of capsular expansion noted, primarily in the left kidney. Left kidney measured 3.3 cm. Right kidney measured 3.0 cm.

Adrenal Glands

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

Spleen

The **spleen** measures 1.0 cm. It 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** was swollen and mildly heterogeneous with iso- to slightly hypoechoic nodular changes. The gallbladder and common bile duct were unremarkable other than minor overdistention and minor excessive debris.

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 and luminal content as unremarkable.

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.



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Other

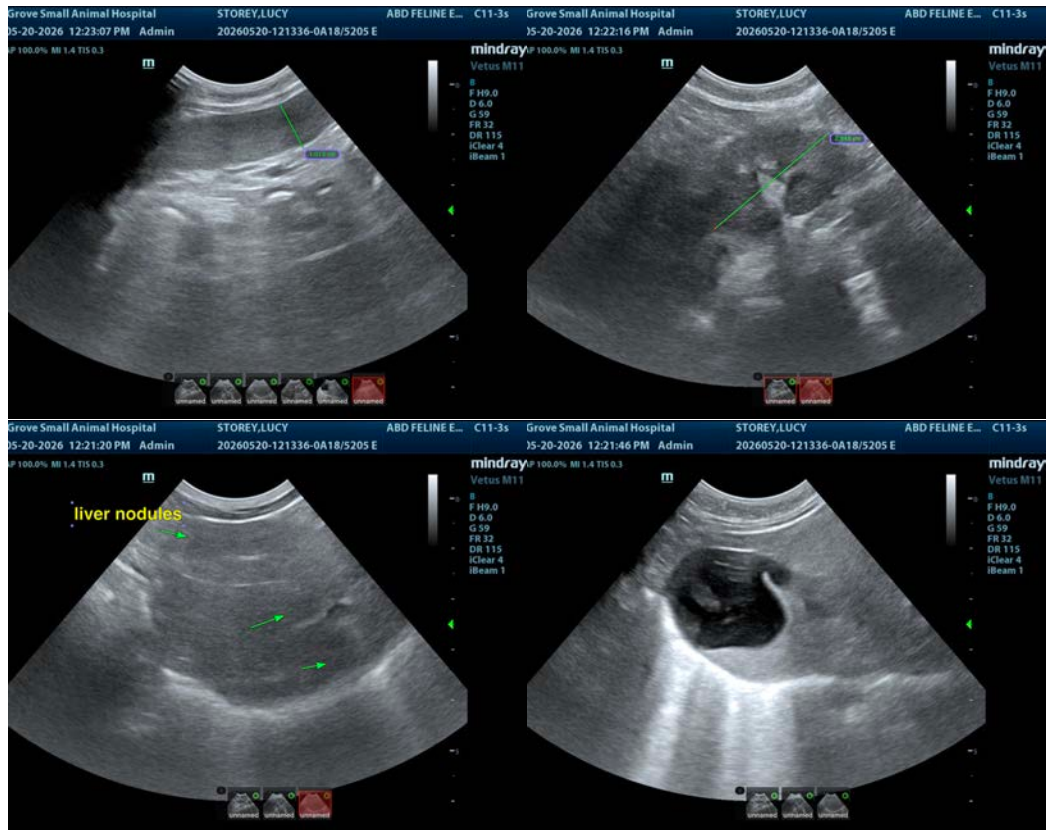
Comet tail lung pattern noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Nodular hepatomegaly.
- Age related renal changes versus emerging round cell neoplasia possible.
- Age related GI changes.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for round cell neoplasia in this patient. Ultrasound guided 25-gauge FNA spleen and liver warranted for further definition. CBC path review warranted. Some level of pancreatitis possible yet changes were more consistent with age related changes.





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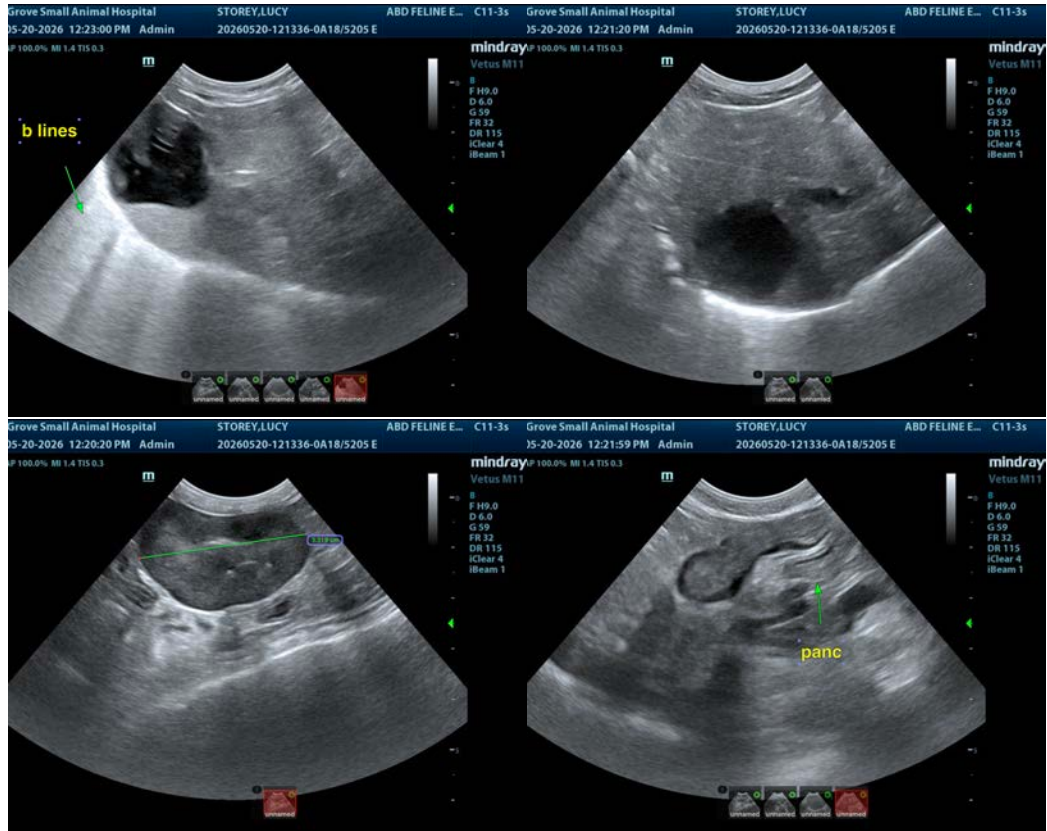
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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