



## PATIENT

Valentine Goldstein

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

15 years

## WEIGHT

12.2 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Klein

## HOSPITAL NAME

Alison AH

## REFERRING VET

Dr. Klein

## INVOICE

77769

## DATE

5/20/26

## PRESENTING CLINICAL SIGNS

History: Pt presented for vomiting "white foam" 4x weekly, decreased appetite and weight loss. Pt has lost approx 5 lbs in 1 year. Energy is decreased but seems appropriate for species and age. CBC/Chem/T4 overall unremarkable with the exception of the potassium being slightly elevated ( 5.8 mmol/L {3.7-5.2 wnl}), elevated platelets (729 k/uL {wnl 100-440}).

## 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 3.9 cm. The right kidney measured 3.7 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Some isoechoic nodules were noted in the liver and measured up to 1.2 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Minor coalesced bile was noted in the gallbladder.



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## *Gastrointestinal*

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. The distal small intestine was largely unremarkable with minor thickening. Hard stool was noted in the colon. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## *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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## *Free Abdomen*

A large amount of abdominal fat was noted in this patient. Some mesenteric remodeling was noted in the mesenteric root.

Slight areas of free fluid were noted.

## ULTRASONOGRAPHIC FINDINGS

Heterogenous liver.

Mesenteric remodeling.

Potential stool impaction.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for an underlying neoplastic process in this patient. There were no overt masses present. Supportive care and assessment for maldigestion would be appropriate. Ultrasound-guided FNA of the liver nodules would be ideal. A recheck sonogram is recommended in a week to assess for any progression or regression of the presentation.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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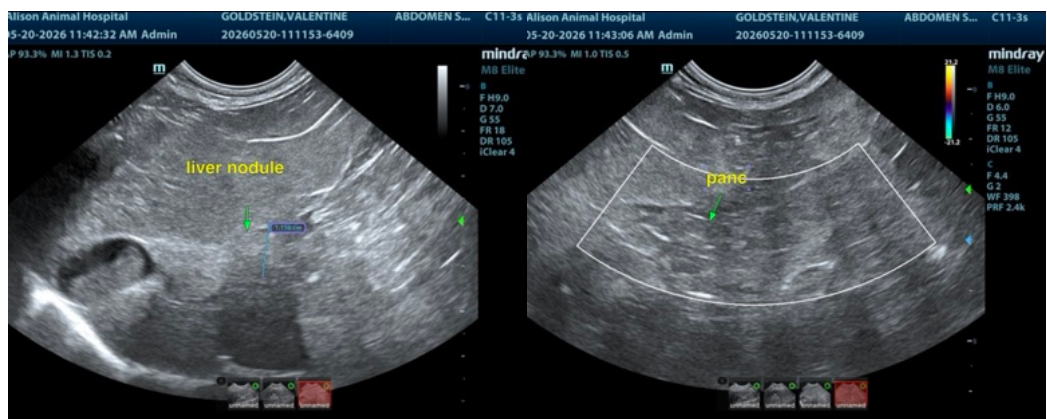
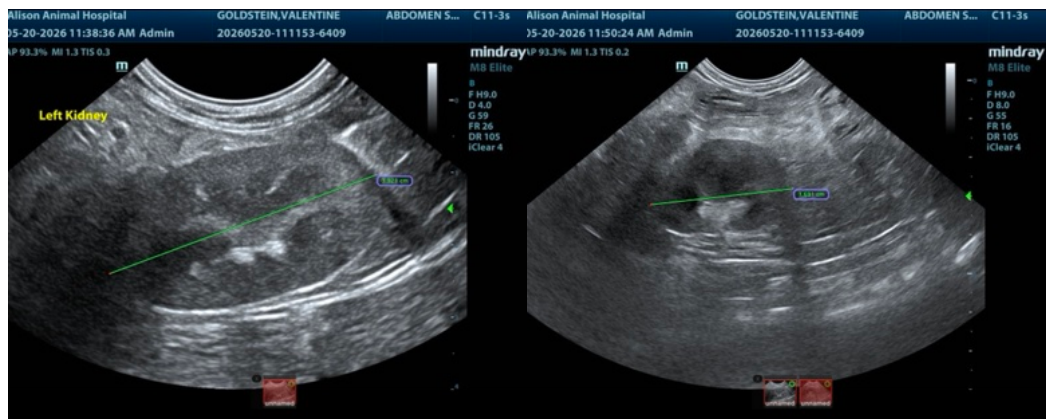
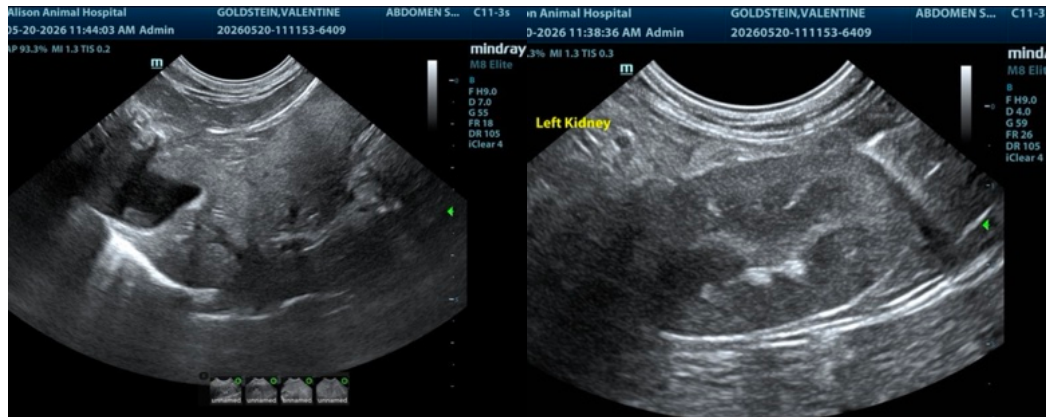
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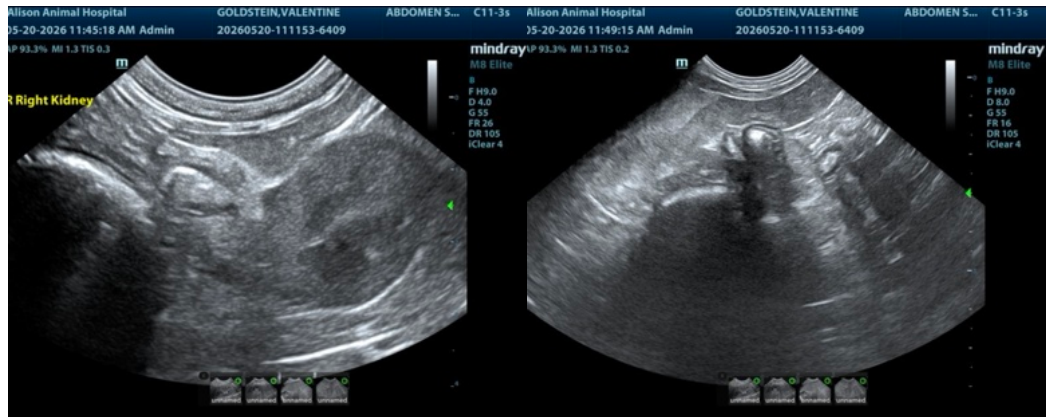
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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