



PATIENT

Iris Frid

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

7 Years

WEIGHT

6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg Animal
Hospital

REFERRING VET

Dr. Mary Pearce

INVOICE

16580

DATE

05/29/26

PRESENTING CLINICAL SIGNS

Presenting Complaint: Presents for progressive anorexia and weight loss. 2-3 weeks ago: Initial episode of bilious vomiting (yellow bile, no food). No subsequent vomiting episodes. Progressive decrease in appetite starting last week (Sunday/Monday). Complete food aversion by last Wednesday evening. ER visit last Wednesday: diagnosed with anemia and elevated WBC count with high monocytes. Received blood transfusion and overnight hospitalization at ER. ER blood work: critically anemic, elevated WBC, negative for Mycoplasma haemofelis. FeLV/FIV negative. Currently on doxycycline prescribed by ER veterinarian. Was on dexamethasone at ER with improvement but not continued at home. Maintains normal energy levels, grooming, urination/defecation. Eating minimal amounts of aromatic foods when warmed. Rejects oral Entyce (hypersalivation). Picky eater historically

PE: MM light pink, CRT <2sec. Heart and lungs auscult normally. No palpable masses. Thin BCS 2/9
CBC recheck: PCV dropped to 15.3%, WBC elevated to 26.6, bands suspected lymphocytes 7.65, mono 9.33. Invue diff attempted which flagged abnormal nucleated cells, manual diff on blood smear found 57% lymphocytes of varying size with larger number of blasts, 32% neutrophils (abnormal differential) 5/26/26: HCT 17.8%, WBC14.93. Chem 17 normal. ER did radiographs which were unremarkable. Received a blood transfusion at ER 5/21. HCT 15.5%, WBC 34.25, neut 13.29 bands suspected, lymph 9.74, mono 11.07. No notes available on blood smear. FeLV/FIV test negative. mycoplasma PCR test negative.

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 moderate cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous, and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 2.85 cm in length. The right kidney measured 2.96 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 0.4 cm width. The right adrenal gland measured 0.4 cm width.

Spleen

The **spleen** presented enlarged with scalloping contour measuring 1.4 cm width with mild heterogenous parenchymal changes.

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The **liver** presented swollen with mildly irregular contour and increased portal markings. The gallbladder and common bile duct were unremarkable.

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

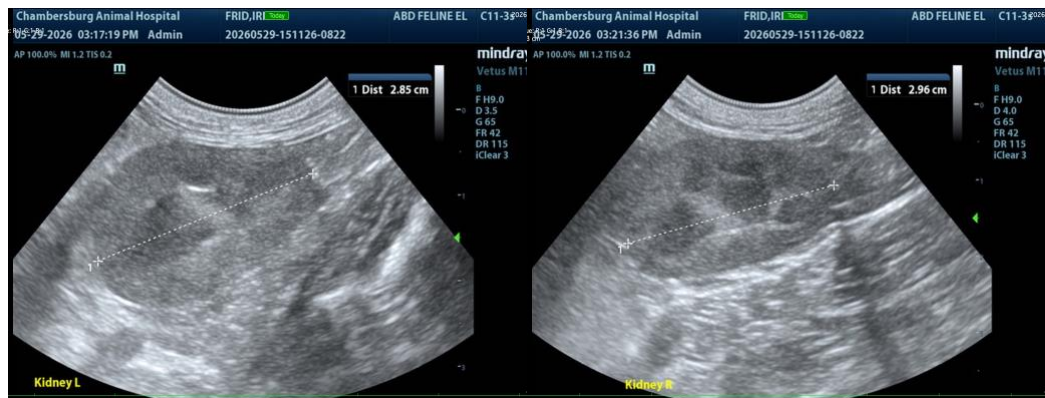
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenohepatomegaly- strong concern for round cell neoplasia.
- Moderate chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen and liver is recommended. CBC path review +/- bone marrow aspirate, given the anemia to assess for bone marrow disease. Reactive spleen and hepatic remodeling are possible yet less likely. Prognosis is guarded depending upon cytology, CBC path review and bone marrow aspirate results.





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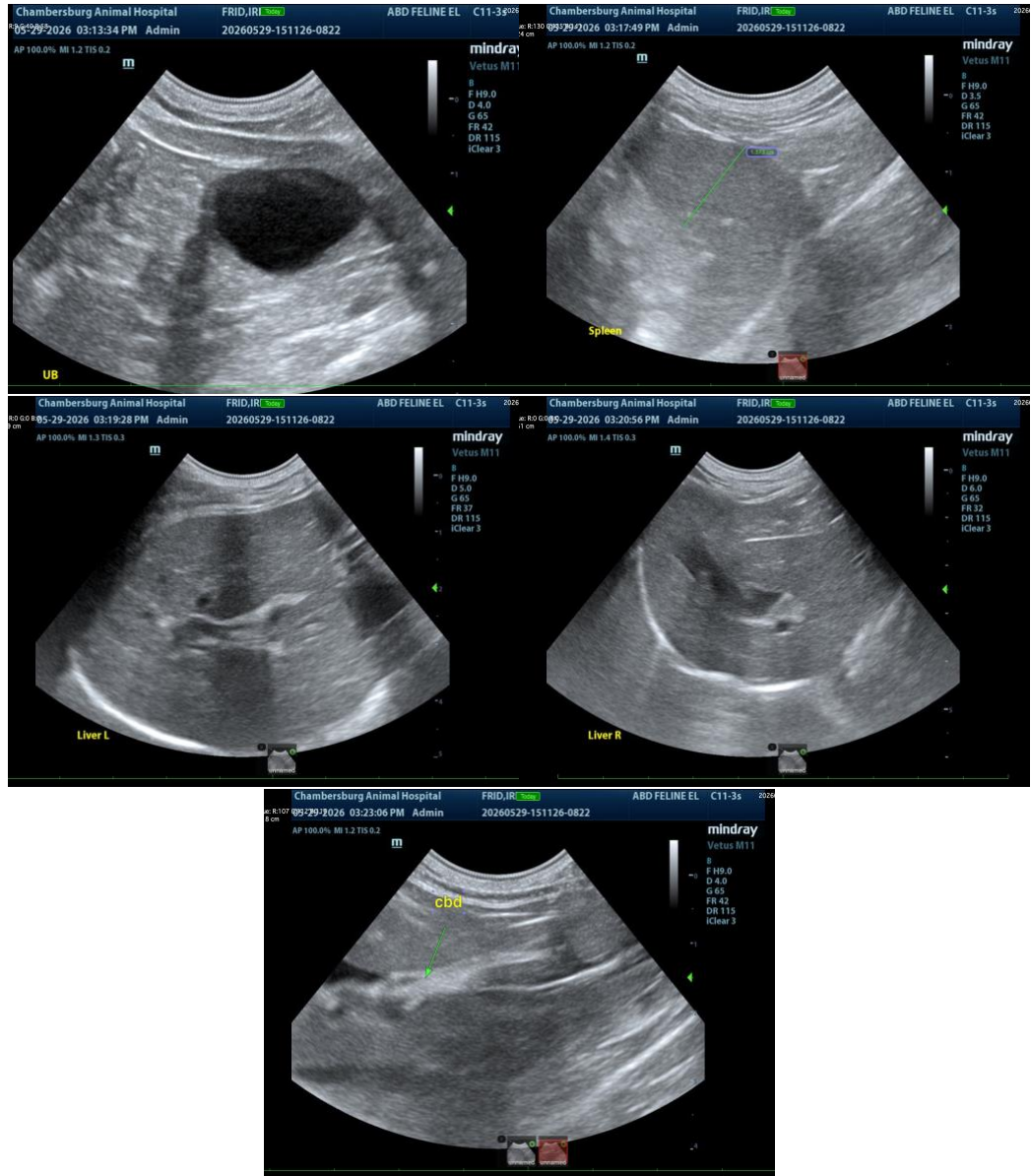
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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