



PATIENT

Edge Baker

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 ½ years

WEIGHT

9.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ginny Dodd DVM,
 DABVP (CFP)

HOSPITAL NAME

Steele Creek AH

REFERRING VET

Dr. Daniels

INVOICE

77975

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: H/O HCM and asthma, echo at CARE 3/26 showed concentric LV hypertrophy, advised clopidogrel, 5/18/26 presented with respiratory distress- gave lasix as rads suspected pulmonary edema 5/26- weight loss, poor appetite, unsure if meds, cardiac disease, or other cause BCS 4/9, no palpable masses, only one kidney palpated CBC- HCT 25%, RBC 4.9, Hgb 7.8, plt adequate, NrBC 2, abs neut 10008, bands 278, abd mono 1112, WBC 13.9, CHEM TP 9.2, glob 6.3, ALT 117, CPK 554, T bili 2.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.5 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. The right adrenal gland measured 0.38 cm. The left adrenal gland measured 0.37 cm.

Spleen

The **spleen** was enlarged with scalloping contour with micronodular changes measuring 1.2 cm in width.

Liver

The **liver** was mildly enlarged and swollen with scalloping contour. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder and common bile duct were unremarkable.



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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 and luminal content as unremarkable. The mesenteric lymph node was reactive and measured 1.0 x 0.5 cm.

Pancreas

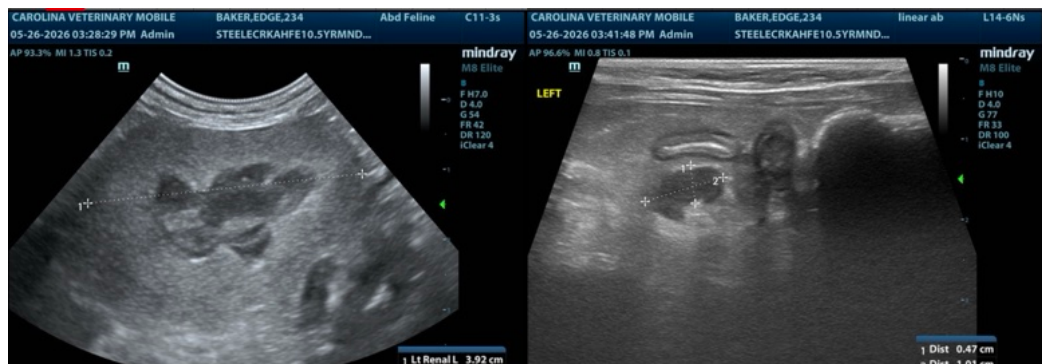
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Enlarged spleen with scalloping contour.
- Enlarged liver.
- Multi-focal lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilirubin elevation could be justified either from infiltrative hepatic disease or potential hemolytic disease depending upon CBC path review. However, given the lymphoproliferative pattern I would be concerned or potential paraneoplastic hemolytic disease as well. Coagulation panel, 25-gauge FNA of the spleen and liver is recommended as the next diagnostic step.





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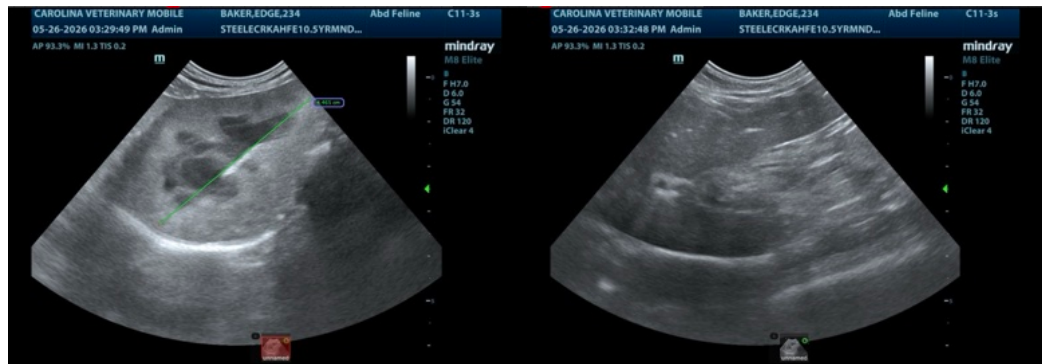
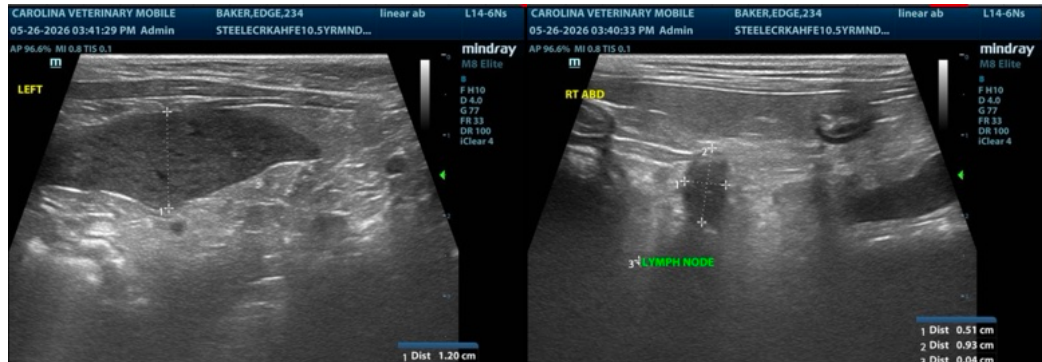
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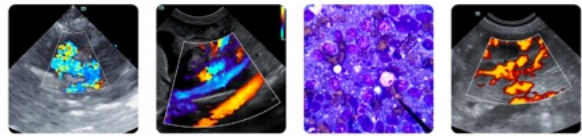
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The information and recommendations provided are based on the images presented by the



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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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com