

PATIENT

Luna Stamleigh

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

2 years

WEIGHT

2.99 kg

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS,
 CEO of SonoPath.com

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Veysey

INVOICE

69374

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Hx at Bishop Gate AH of mildly elevated liver enzymes, lack of weight gain from kittenhood. Continued "failure to thrive", O's own littermate brother who is normal size and weight while she continues to be small, and has not gained weight over past 2 years. Tried liver supplements from BGAH, but were unable to give. Continues to have good appetite, currently feeding RC HP kibble as was shown to be sensitive to chicken based diets (itching, hair loss, etc) which they thought may have been cause of lack of weight gain, but has now been on diet for 12+ months with no change. On presentation to MSAH Dec 4/25: - BCS 2/9 - Jaundiced - normal to increased appetite - hepatomegaly on abd palp - very yellow urine and stools - corneal opacities OU Current Medications Aventi Liver Supplement 1/4tab PO BID (Rx'd Dec 4, 2025)

Abnormal PE/Chem/CBC/UA Results: Previous BW from BGAH: Nov 20/2024 - AST 155 (10-100) - ALT 170 (10-100) - Amylase 1352 (100-1200) - CPK 662 (56-529) - RBC 10 (5.9-9.9) - Platelet 674 (200-500) Jan 10/2025 - Albumin 43 (25-39) - AST 175 (10-100) - ALT 274 (10-100) - ALP 136 (6-102) - K 5.7 (3.4-5.6) - Na:K 28 (32-41) - Amylase 1797 (100-1200) - CPK 776 (56-529) - RBC 11.3 (5.9-9.9) - MCV 36 (37-61) - Platelet 742 (200-500)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 right kidney measured 4.34 cm. The left kidney measured 4.4 cm.

Adrenal Glands

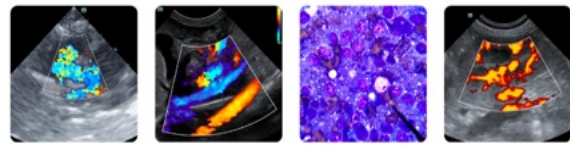
The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

Spleen

The **spleen** revealed severe splenomegaly measuring up to 1.9 cm in width with uniform parenchyma. There was no evidence of thrombosis.

Liver

The **liver** revealed severe hepatomegaly with diffuse, hyperechogenicity and attenuating sound beam. The portal vein to vena cava ratio was 1:1, which is a negative shunt predicting factor. The portal vein to vena cava both measured 0.4 cm. The gallbladder was collapsed and essentially empty.



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Gastrointestinal

The **gastrointestinal tract** was normal, yet displaced by the spleen and liver owing to the splenohepatomegaly. The stomach and intestines were 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 **pancreas** was slightly enlarged, uniform and hypoechoic. Low-grade inflammation is possible, yet not a primary issue.

Free Abdomen

Slight free fluid was noted in the midabdomen between the liver lobes.

ULTRASONOGRAPHIC FINDINGS

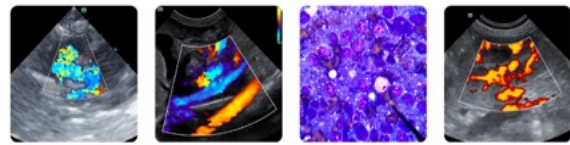
- Strong concern for splenohepatic infiltrative disease such as round cell neoplasia; however, combined lipidosis pattern was noted in the liver. Liver is significantly friable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full coagulation panel and 25-gauge FNA of the spleen and liver is indicated. However, there is risk of bleeding given the friability of the liver. I am less concerned about complications regarding the spleen. FNA of the liver is indicated for further definition. Otherwise, surgical biopsies would be necessary, yet full coagulation panel is essential prior to sampling. This is not a typical pattern. There was no evidence of portosystemic shunting. No primary or secondary evidence of shunting is present. Diffuse parenchymal disease is suspected. Prognosis is extremely guarded depending on sampling results.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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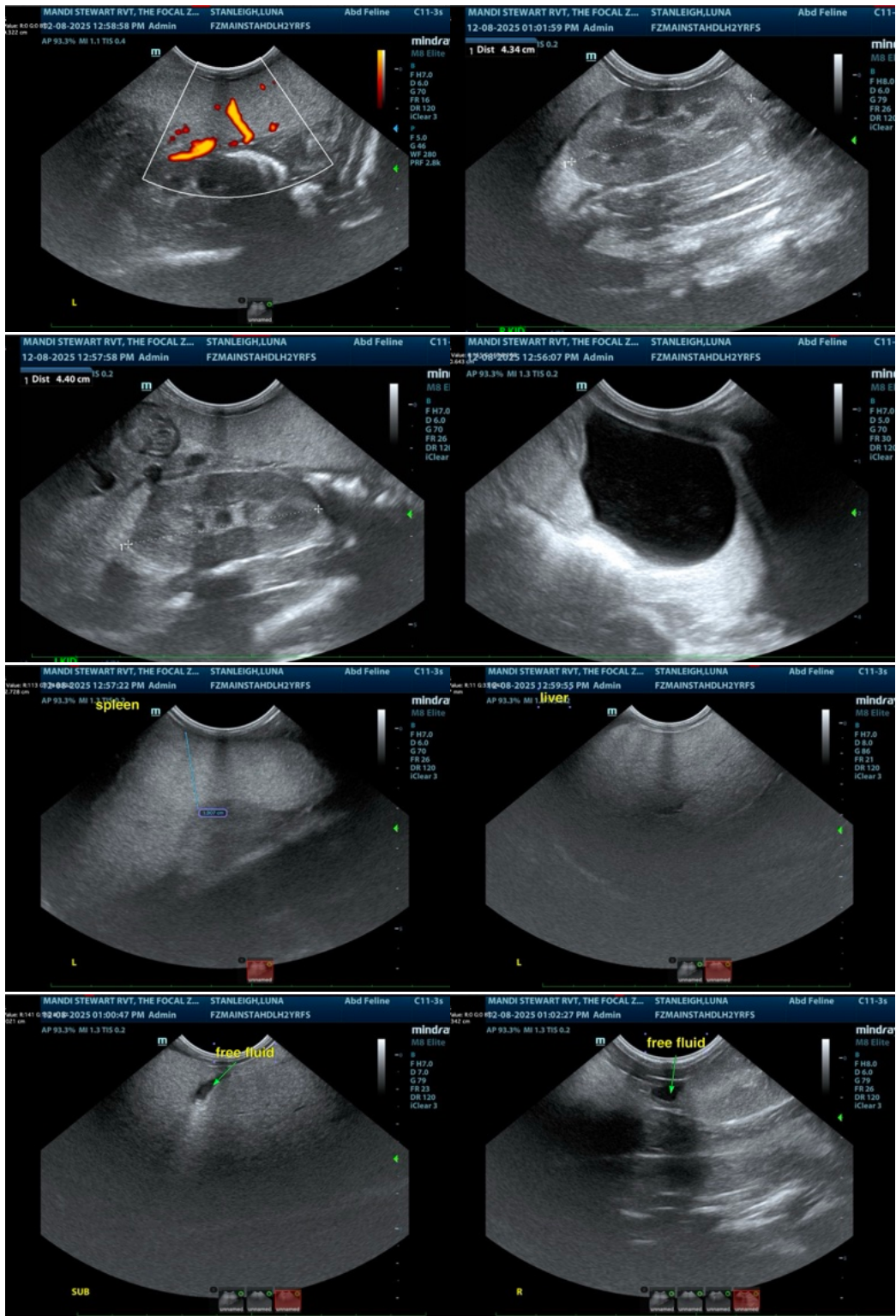
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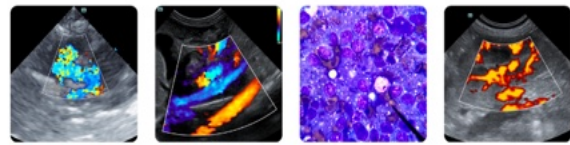
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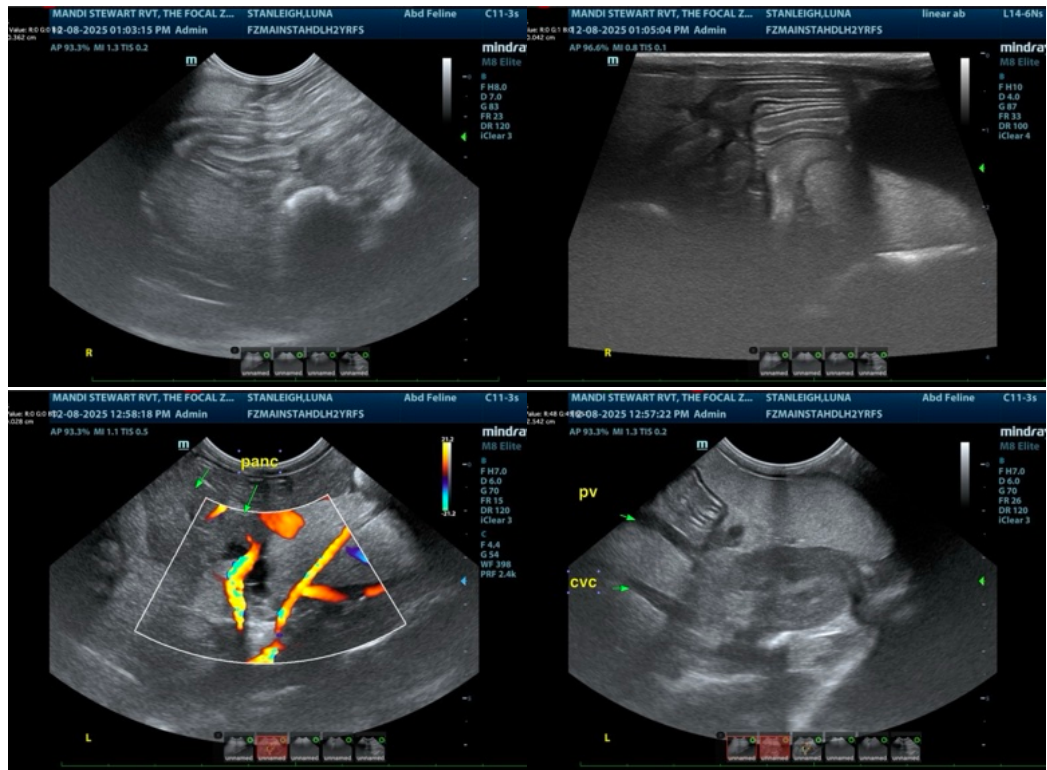
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com