



## PATIENT

Kevin Getty

## SPECIES

Feline

## BREED

Bengal

## SEX

Neutered male

## AGE

4 ½ years

## WEIGHT

8.1 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Anthony Smatt

## HOSPITAL NAME

The Pets I Love

## REFERRING VET

Dr. Szpicek

## INVOICE

68894

## DATE

11/20/25

## PRESENTING CLINICAL SIGNS

History: A month ago owner noticed patient seemed off, had open sores on body, fur looked splotchy and thinning. Owner isn't noticing barbering. doesn't seem pruritic owner noticed weight loss x ~ 1 month duration. weighed 9 lbs 10/17/2025 . o thinks at one point he was ~ 12 lbs Extremely hungry - never interested in human food but now is constantly begging. Other pets in household are normal (1 cat / 1 dog) not pruritic or losing hair. No notable diarrhea or vomiting Patient has heart murmur on Exam and tachycardic

Abnormal PE/Chem/CBC/UA Results: blood work sent to the lab - pending

## 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. Slight, hyperechoic medullary rim sign was noted. The right kidney measured 4.3 cm.

### Adrenal Glands

The **adrenal glands** were not visualized.

### 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** in this patient presented multi-focal expansive masses with diaphragmatic deviation. Masses were throughout the liver, some of which were cavitated. Nodular changes were noted throughout the liver with target appearance. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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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. 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.

**Free Abdomen**

Free fluid was noted in the abdomen.

**ULTRASONOGRAPHIC FINDINGS**

Diffuse hepatic neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

25-gauge FNA is indicated for further definition. This is most consistent with diffuse, metastatic hepatic neoplastic pattern. Granulomatous disease or fungal disease is possible, yet less likely. The prognosis is poor.





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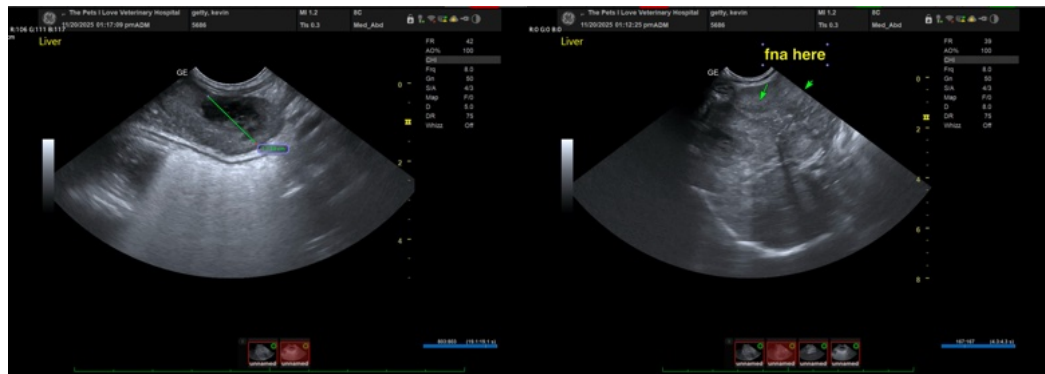
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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