



PATIENT

Licorice Bergrin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years 4 Months

WEIGHT

21 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hershaw Akbawy

HOSPITAL NAME

Lincoln Avenue Cat
and Dog Hospital

REFERRING VET

Dr. Hershaw Akbawy

INVOICE

35603

DATE

11/22/25

PRESENTING CLINICAL SIGNS

History of vomiting over one year Responds well to Metochlopromide Once it stops the vomiting come back.

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. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform 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. This is a moderate change. The left kidney measured 4.3 cm. The right kidney measured 4.3 cm.

Adrenal Glands

The **left adrenal gland** was 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.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** was mildly enlarged (1.25 cm); if the patient was sedated, this may be normal. If any weight loss is present, 25-gauge FNA is indicated.

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. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable, however, some reactive mesentery and variably thickened small intestine was noted. The colon was unremarkable.



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Pancreas

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The left base of the **pancreas** was hypoechoic and irregular with enhanced surrounding fat. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

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Free Abdomen

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Interstitial nephrosis pattern
- Prominent irregular pancreas- suspect pancreatitis
- Mildly enlarged mesenteric lymph nodes
- Reactive mesentery
- Variably thickened small intestine
- Age-related hepatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

21 Pounds

Splenic FNA is indicated. Differentials for the spleen include reactive spleen, sedation induced splenomegaly versus emerging round cell neoplasia. There is concern for emerging round cell neoplasia in this patient. Full thickness intestinal and lymph node biopsies may be the best option in this patient, focusing on areas of reactive mesentery upon the small intestine, as well as lymph node, however, screening FNA of the spleen and accessible lymph node may be appropriate as well. Prognosis is guarded. Inflammatory bowel, lymphadenitis and minor pancreatitis versus emerging round cell neoplasia are both possible.

INTERPRETED BY

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IMAGING PERFORMED BY

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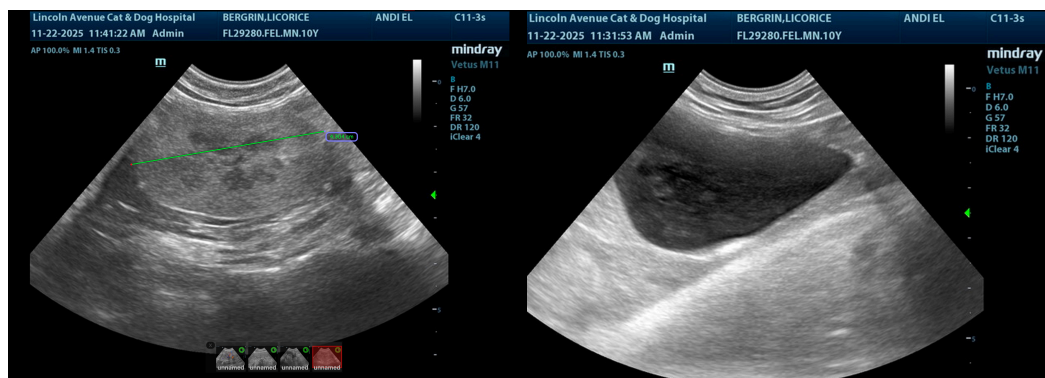
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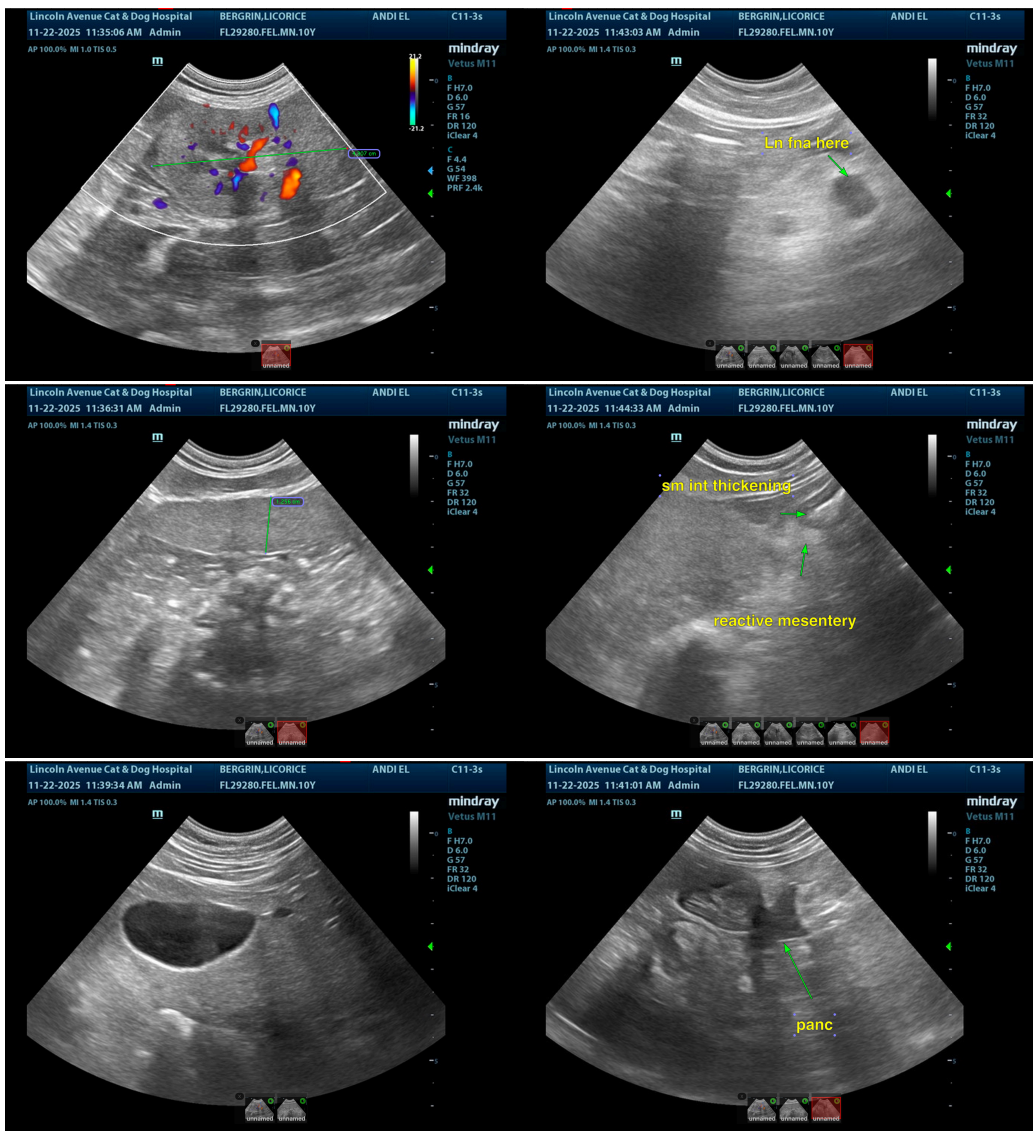
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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