



PATIENT

Buddy Lenhoff

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 ½ years

WEIGHT

16.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelsey Burgess, LVT

HOSPITAL NAME

North Winds VS

REFERRING VET

Dr. Babinec

INVOICE

71826

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- First presented Oct 2025 for possible toxin exposure (housemate euthanized due to severe kidney/liver elevations)
- P improved and was doing well up until 3 days ago. P has been vomiting & hiding, hyporexic and not drinking
- Radiographs taken today showed mild liver enlargement, suspected gastritis 10/7/25 ALP 226 ; ALT 1323 ; AMY 1123 :TBIL 3.9 Recheck BW ran today 2/24/26 ALT 1940 ; TBIL 1.7

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 grouping of calculi and sand were noted and measured 2.6 cm with minor bladder wall thickening. Anechoic urine was noted otherwise. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed mildly increased cortical echogenicity with inflammation around the dorsal, cranial cortex of the right kidney. This is likely extending from the pancreas. The right kidney measured 4.6 cm. The left kidney measured 4.9 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.

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** revealed slight, coarse architecture, normal size and vascularity. The gallbladder appeared to be minimal in size or vestigial. The common bile duct was focally dilated, yet strictured at the level of the duodenal papilla owing to regional inflammation provided by the pancreas. The common bile duct measured up to 1.5 cm.



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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 **pancreas** was enlarged and irregular in contour.

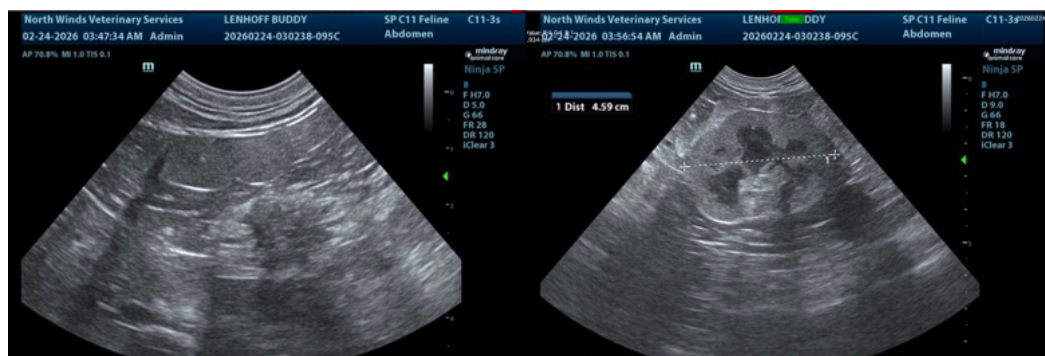
ULTRASONOGRAPHIC FINDINGS

Acute pancreatitis with post hepatic obstruction.

Strictured common bile duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying infectious agents should be considered as well such as Toxoplasmosis and Bartonella. IV fluid support, pain management, broad spectrum antibiotics, deep subxiphoid palpation is recommended to assess for any discomfort. Single dose of ¼ mg/kg of Dexamethasone can be considered to reduce inflammation. However, recheck sonogram is recommended in 24-48 hours after injection is recommended to assess for progression or regression as surgical intervention may be necessary to deviate the common bile duct. There was no evidence or suspicion of neoplasia. Urinalysis is warranted if not already performed to assess for any inflammatory sediment associated with the renal presentation.





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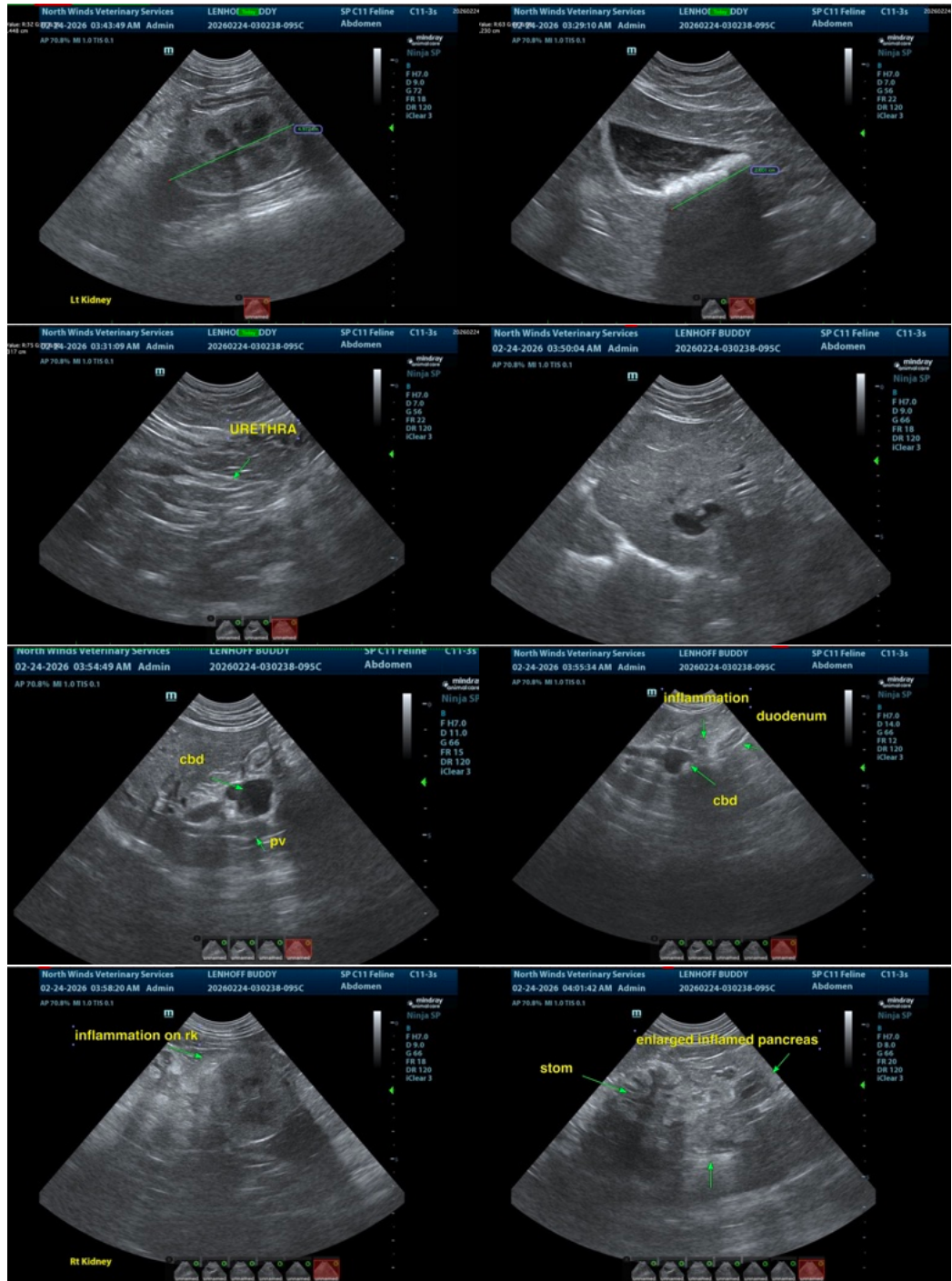
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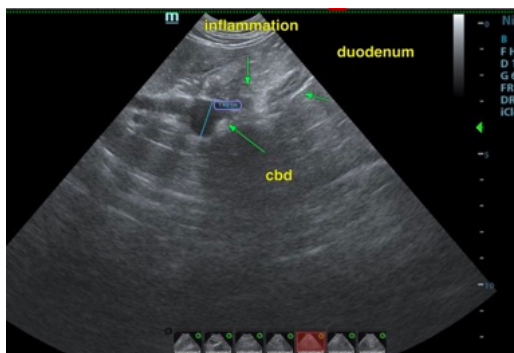
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com