



PATIENT

Milo Berry

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5-6 Years

WEIGHT

10.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mark Reser

HOSPITAL NAME

Harvest Hills
Veterinary Hospital

REFERRING VET

Dr. Mark Reser

INVOICE

13971

DATE

02/25/26

PRESENTING CLINICAL SIGNS

Images were doubled, please assess with your tech support regarding this software glitch.

- History is presented on referral from other hospital. Presented for lethargy and anorexia 2/2/26. Had started to eat again then stopped after exam. Recheck today, patient is jaundice. No vomiting noted. Loose stool on rectum, O is unsure if having diarrhea. Radiographs showed possible hepatomegaly.

Abnormal PE/Chem/CBC/UA Results: Labs run 2/2/26 showed elevated Neu (15.85), PLT (749), ALKP (141), and ALT (201). Everything else WNL. Owner unable to repeat lab work today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 were 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 left kidney measured 3.5 cm in length. The right kidney measured 4.0 cm in length.

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 left adrenal gland measured 0.40 cm width. The right adrenal gland measured 0.40 cm width.

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 were noted.

Liver

The **liver** presented mildly enlarged and mildly hypoechoic falciform fat with attenuating sound beam. The gallbladder and common bile duct were unremarkable. This presentation is most consistent with mild hepatic lipidosis. Cannot rule out underlying hepatic lymphoma though not overtly suspected.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

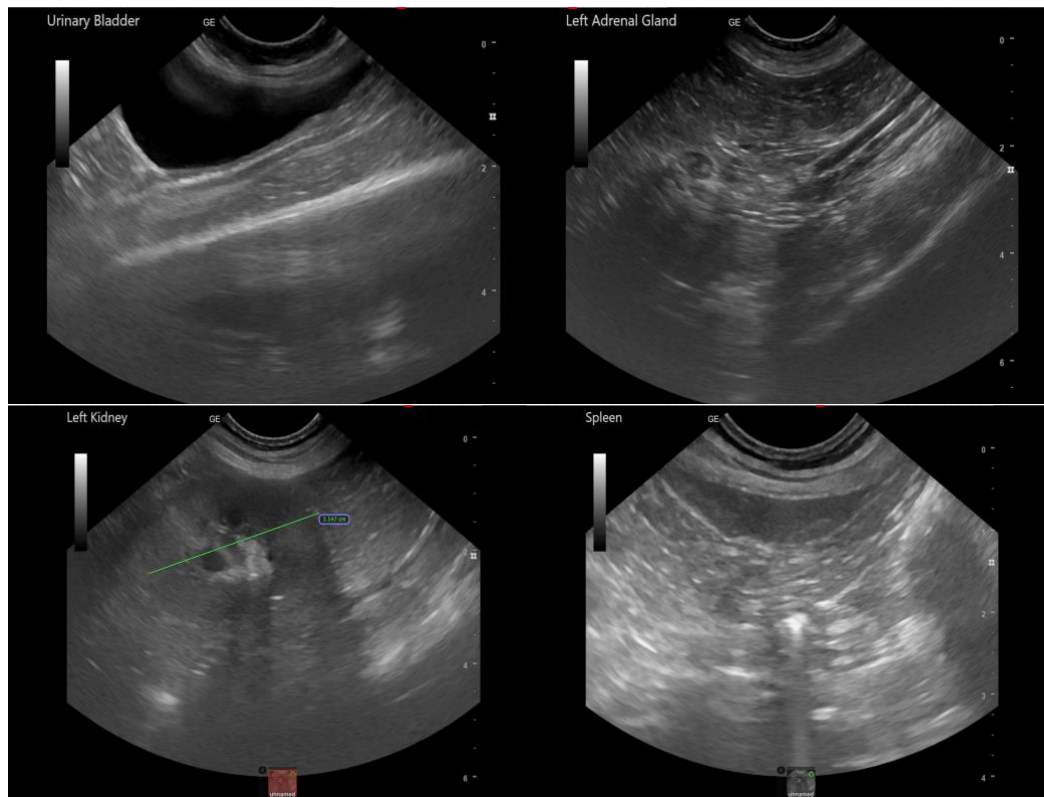
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatomegaly- lipidosis versus emerging round cell neoplasia or undefined hepatopathy.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and FNA are indicated for further definition of the liver.





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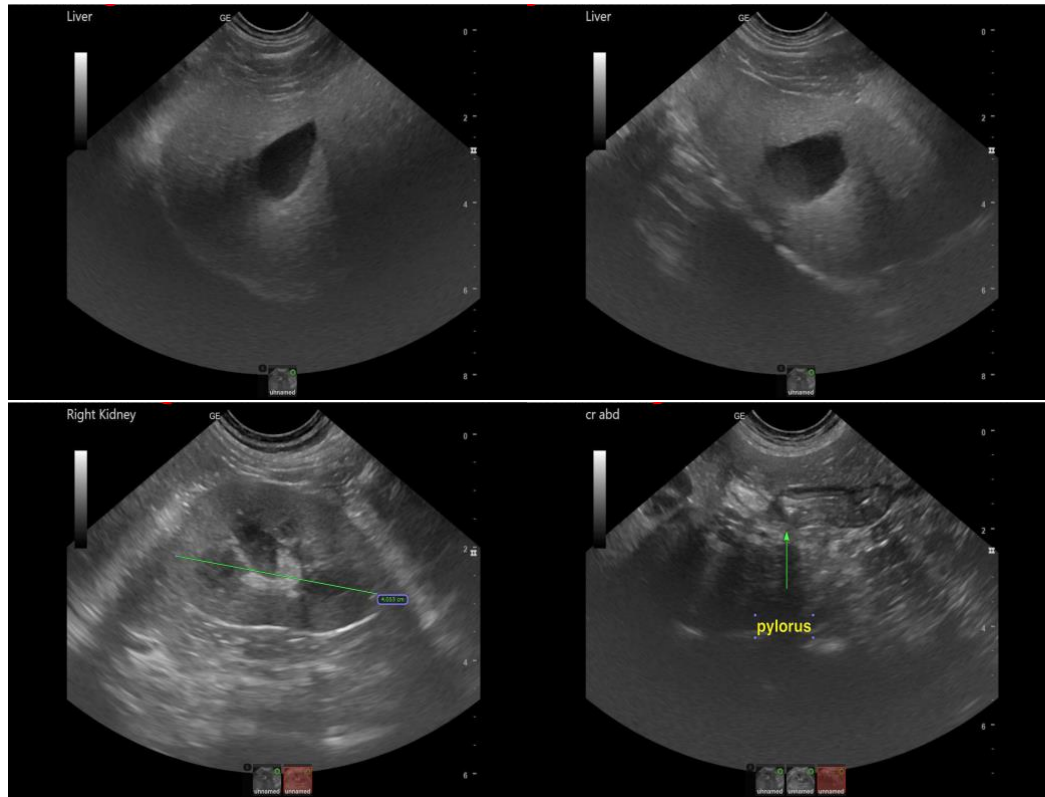
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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