



PATIENT

Belly Bachor

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

1 year

WEIGHT

2.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hayley Gaynor

HOSPITAL NAME

Lambertville VC

REFERRING VET

Dr. Letasse

INVOICE

72048

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Seen first 1/8/26 for being less playful. Unable to get diagnostics due to p becoming fractious
- Bloodwork 1/24/26 overall unremarkable
- Seen 2/24/26 for anorexia, lethargy and ataxia. Unable to do diagnostics again due to p becoming fractious. O decline sedation that day.
- Presented to ER 2/26/26 for anorexia, dyspnea and nystagmus
- Presented after ER to our clinic for hospitalization and diagnostics
- 2/27/216 - p improved and ate small amount of dry kibble after day of IV fluids, Convenia, Mirataz, Dex SP injection
- Radiographs 2/26/26 - normal thorax, suspect renomegaly Felv/FIV 2/26/26 - NEG Texas GI panel pending 2/26/26(overnight) - Dyspnea resolved with oxygen therapy. Further diagnostics and treatments were declined 2/26/26 - PE at our clinic; mild vertical nystagmus, dull mentation, head tilt to right: BW mild neutrophilia, mild elevated Amylase, glucosuria

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. The left kidney measured 3.4 cm. The right kidney measured 3.3 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. The left adrenal gland measured 0.44 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** was mildly enlarged with scalloping contour and uniform parenchyma. The spleen measured up to 1.3 cm. The spleen was folded upon itself cranially.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The portal vein to vena cava ratio was



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1:1 with no evidence of passive congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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 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

Structurally normal abdomen with mild splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the vague clinical signs, an echocardiogram would be warranted. Ultrasound-guided FNA of the spleen is indicated given the CNS signs. Skull CT or MRI would be appropriate. There is no evidence of FIP noted in the abdomen other than potential relationship with a mild splenomegaly; however, given the clinical signs CNS involvement may be an issue given the age of the patient. Underlying infectious disease should also be considered if exposure is noted in this patient's. FNA, cytology and culture of the spleen is indicated.





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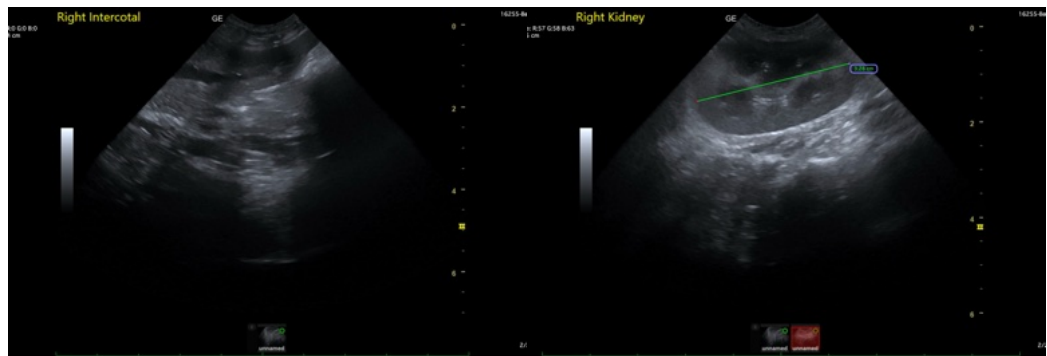
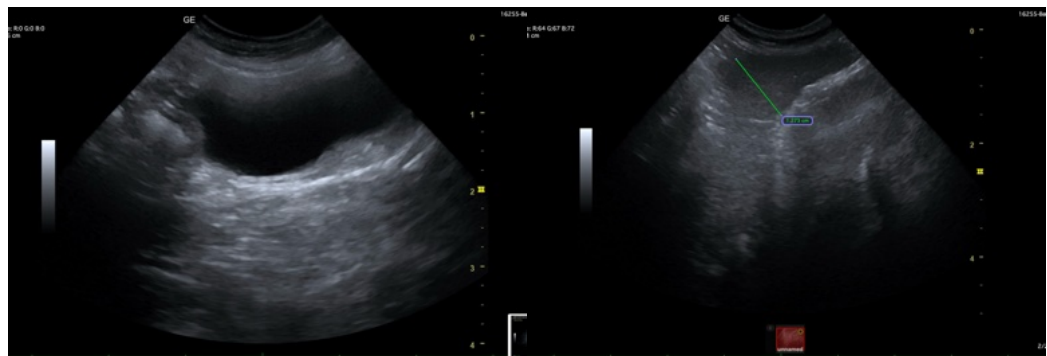
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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