



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Sampson Barrera	History: Hx of chronic vomiting and lethargy for the last month. Owner unsure if patient is fasted. Owner wonders if it is related to diet change.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> , 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.
Bengal	
<b>SEX</b>	
Neutered male	The <b>kidneys</b> 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 3.61 cm. The right kidney measured 3.96 cm.
<b>AGE</b>	
7 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
14.4 lbs	Both <b>adrenal glands</b> 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 right adrenal gland measured 0.4 cm. The left adrenal gland measured 0.5 cm.
<b>INTERPRETED BY</b>	
Eric Lindquist, DMV DABVP, Cert. IVUSS	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	The <b>spleen</b> revealed a hypoechoic, expansive, irregular capsule displacing nodule that measured 0.85 cm with enhanced surrounding mesentery. The spleen was enlarged with undulating contour.
Dr. Whitcraft	
<b>HOSPITAL NAME</b>	<b>Liver</b>
Craig Road AH	The <b>liver</b> revealed slight coarse architecture with a tortuous cystic duct and mildly increased portal markings. The gallbladder was unremarkable.
<b>REFERRING VET</b>	
Dr. Whitcraft	<b>Gastrointestinal</b>
<b>INVOICE</b>	The upper <b>gastrointestinal tract</b> revealed increased submucosal echogenicity, thickness and irregularity. A minor amount of chyme was noted in the stomach. The small intestine and colon were largely unremarkable. However, it was encompassed by regional, hyperechoic surrounding fat.
42626	
<b>DATE</b>	
2/7/23	



**PATIENT**

**Pancreas**

Sampson Barrera

The **pancreas** revealed undulating contour or a dilated duct with regional inflammation.

**SPECIES**

**Free Abdomen**

Feline

Steatitis was noted throughout portions of the abdomen associated with the spleen, pancreas and intestinal tract. A large amount of abdominal fat was noted in this patient.

**BREED**

Bengal

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Pancreatitis, acute on chronic pattern.

Neutered male

Chronic gastroenteritis.

Splenic nodule. Reactive spleen, abscessation and round cell neoplasia are all possible.

**AGE**

7 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen is recommended for further definition. Treatment for pancreatitis/steatitis with IV fluid support, broad spectrum antibiotics, pain management and a recheck sonogram in 48-72 hours.

**WEIGHT**

14.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Whitcraft

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

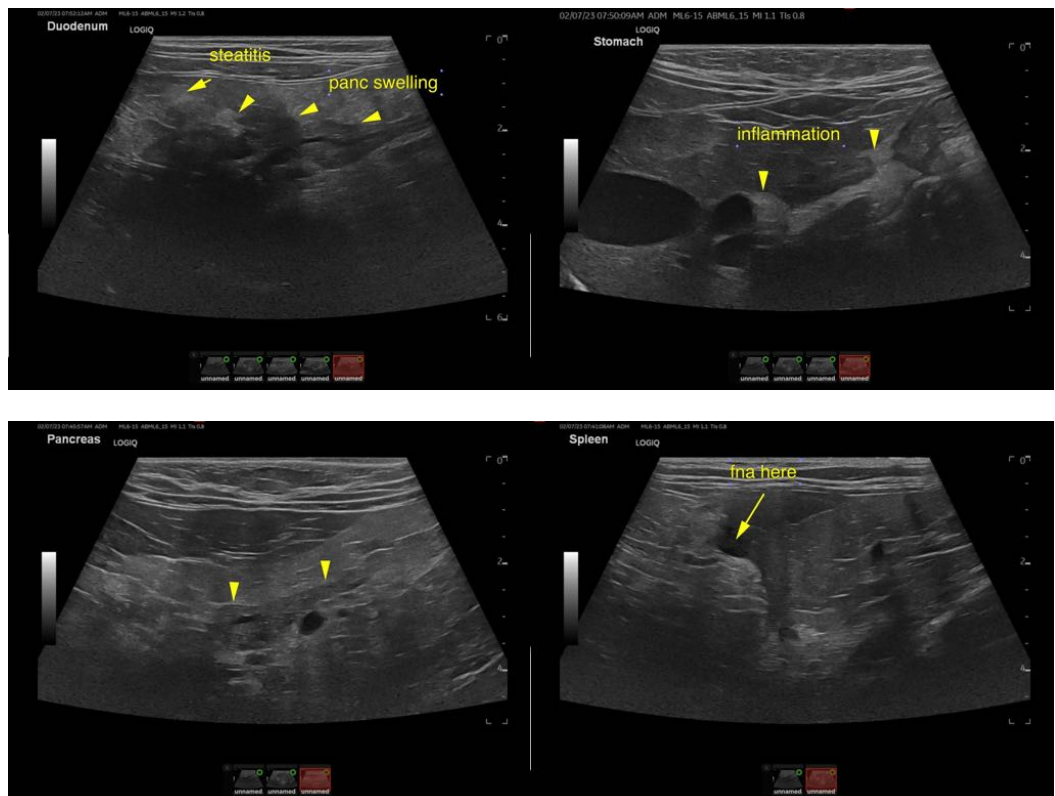
Dr. Whitcraft

**INVOICE**

42626

**DATE**

2/7/23





**PATIENT**

Sampson Barrera

**SPECIES**

Feline

**BREED**

Bengal

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

14.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Whitcraft

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

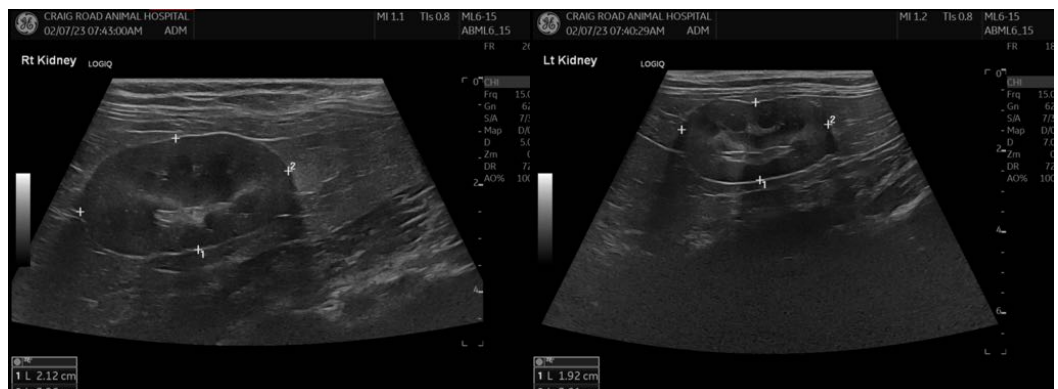
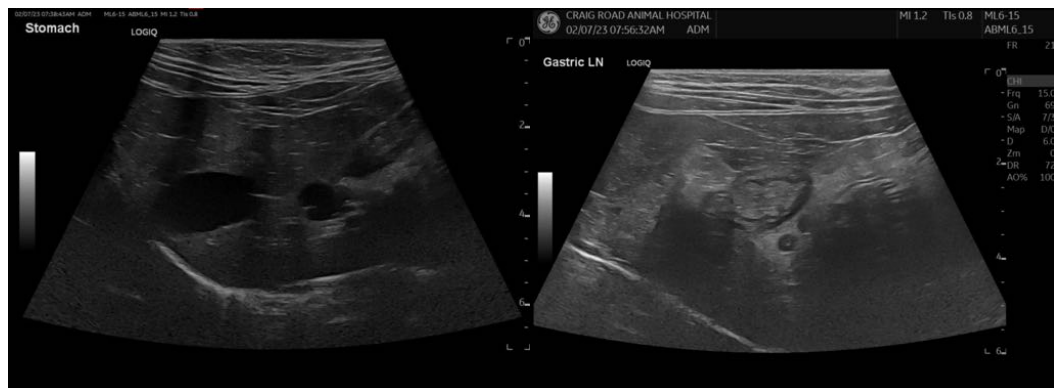
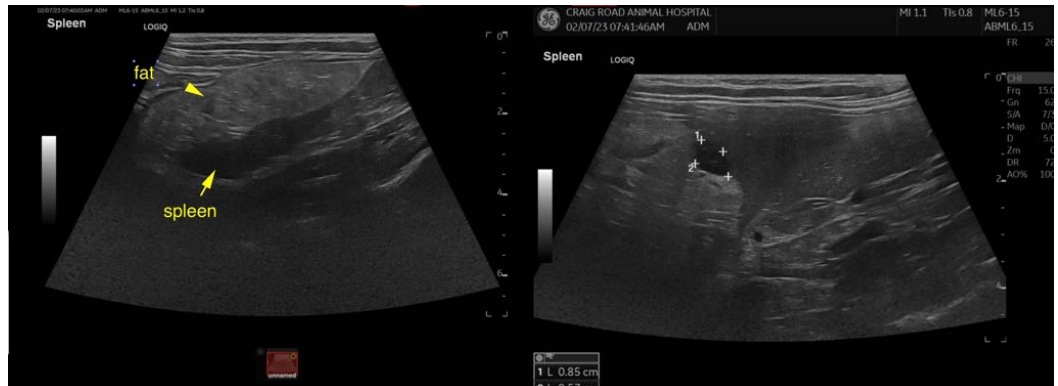
Dr. Whitcraft

**INVOICE**

42626

**DATE**

2/7/23



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, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com