



**PATIENT PRESENTING CLINICAL SIGNS**

Bentley Meyer

History: Intermittent vomiting for past ~5 months (~4-5x/week). Appetite is good/WNL...occasionally ravenous, per owner. Owner has tried Hairball control diets and supplements. No improvement following Laxatone and Reglan trial.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Intermittent parasternal systolic murmur - NT-proBNP 2/1/2022 WRI. Moderate dental disease. No other PE abnormalities. CBC and Chemistry 12/27/2021 all results WRI. FELV/FIV negative.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Domestic Shorthair

**Urinary System**

**SEX**

Neutered male

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.

**AGE**

4 years

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 right kidney measured 4.17 cm. The left kidney measured 3.22 cm.

**WEIGHT**

11.9 lbs

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 0.26 cm. The right adrenal gland measured 0.3 cm.

**IMAGING PERFORMED BY**

Dr. Coe

**Spleen**

**HOSPITAL NAME**

Riverside AC

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.

**REFERRING VET**

Dr. Coe

**Liver**

**INVOICE**

96808

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of 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.

**DATE**

3/11/22



**PATIENT**

**Gastrointestinal**

Bentley Meyer

The **gastrointestinal tract** was largely unremarkable with the exception of a focal area of upper pyloric/duodenal thickening with hypertrophied muscularis up to 0.4 cm. This area should be monitored carefully and rechecked in a week to assess for any progression.

**SPECIES**

Feline

**Pancreas**

**BREED**

Domestic Shorthair

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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Structurally normal abdomen.

**AGE**

4 years

Upper duodenal/pyloric thickening.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

11.9 lbs

There was no evidence of visceral pathology. No neoplastic criteria is present; however, the thickening is abnormal. A recheck is recommended in a week. Otherwise, intraoperative ultrasound and surgical biopsy would be ideal. Differentials include focal inflammatory bowel with idiopathic muscularis hypertrophy versus emerging round cell neoplasia with a minor potential for dry form FIP.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Coe

**HOSPITAL NAME**

Riverside AC

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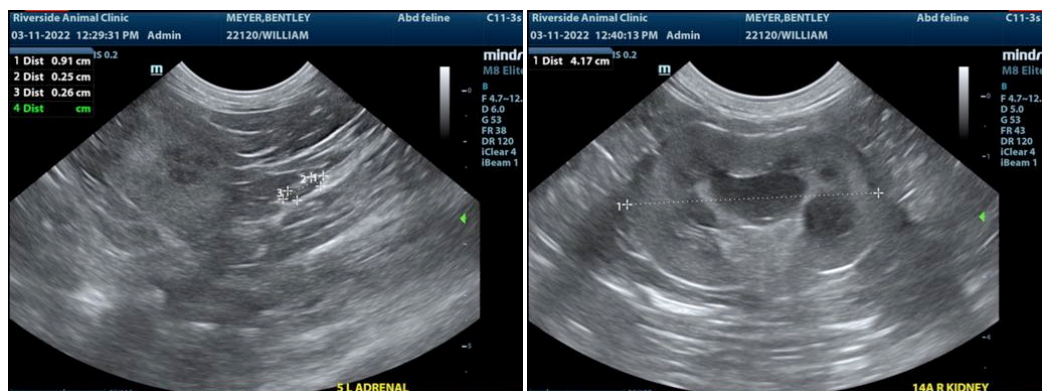
Dr. Coe

**INVOICE**

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**DATE**

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**PATIENT**

Bentley Meyer

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

4 years

**WEIGHT**

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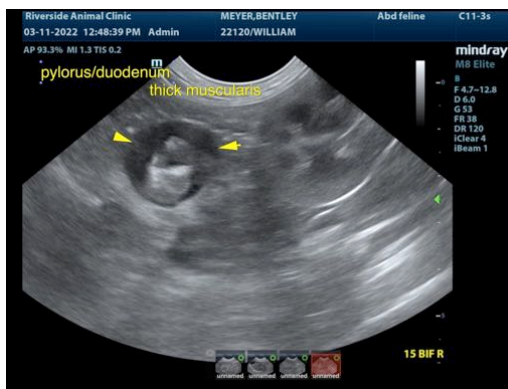
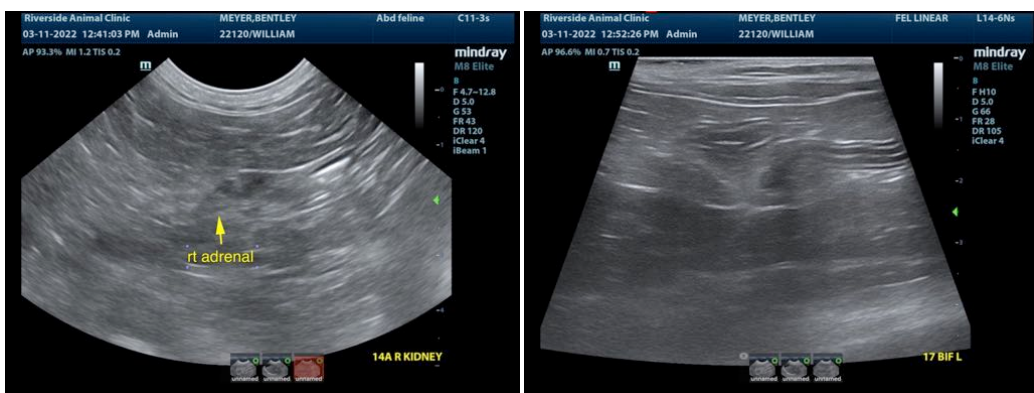
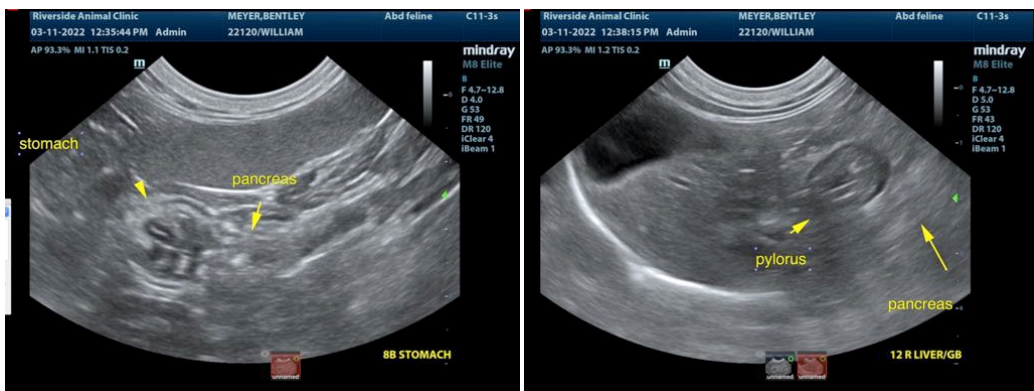
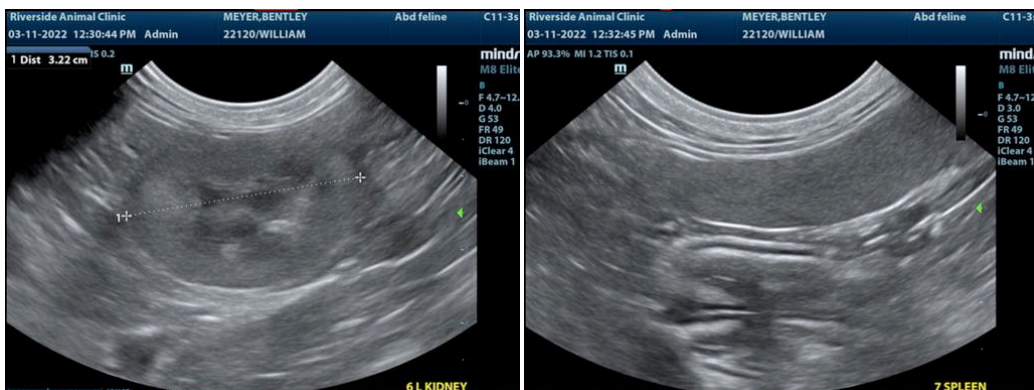
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**PATIENT**

Bentley Meyer

**SPECIES**

Feline

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.

**BREED**

Domestic Shorthair

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.

**SEX**

Neutered male

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com

**AGE**

4 years

**WEIGHT**

11.9 lbs

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DABVP, Cert. IVUSS

**IMAGING  
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