



PATIENT

Ace Amato

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

6 Months

WEIGHT

9.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA AVH Animal
Hospital

REFERRING VET

Dr. Charlotte Case

INVOICE

14383

DATE

03/17/26

PRESENTING CLINICAL SIGNS

- Elevated ALKP
- Normal PE, pre-op for neuter
- Current Meds: Revolution plus

Abnormal PE/Chem/CBC/UA Results: ALKP-1705 on 2/24 (1629 on 1/31); Pre Bile Acids 4.7; Post Bile Acids 4.6; TBili 0.1 (L 0.1). UA: 2+ protein, trace bld, WBC 0-1; RBC 2-2; USG: 1.069

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 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 4.01 cm in length. The right kidney measured 4.37 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 0.30 cm width. The right adrenal gland measured 0.40 cm width.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured up to 1.04 cm.

Liver

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 duplicated (not pathological) 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. Portal vein vena cava ratio was 1:1. No evidence of portosystemic shunting.

Gastrointestinal



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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

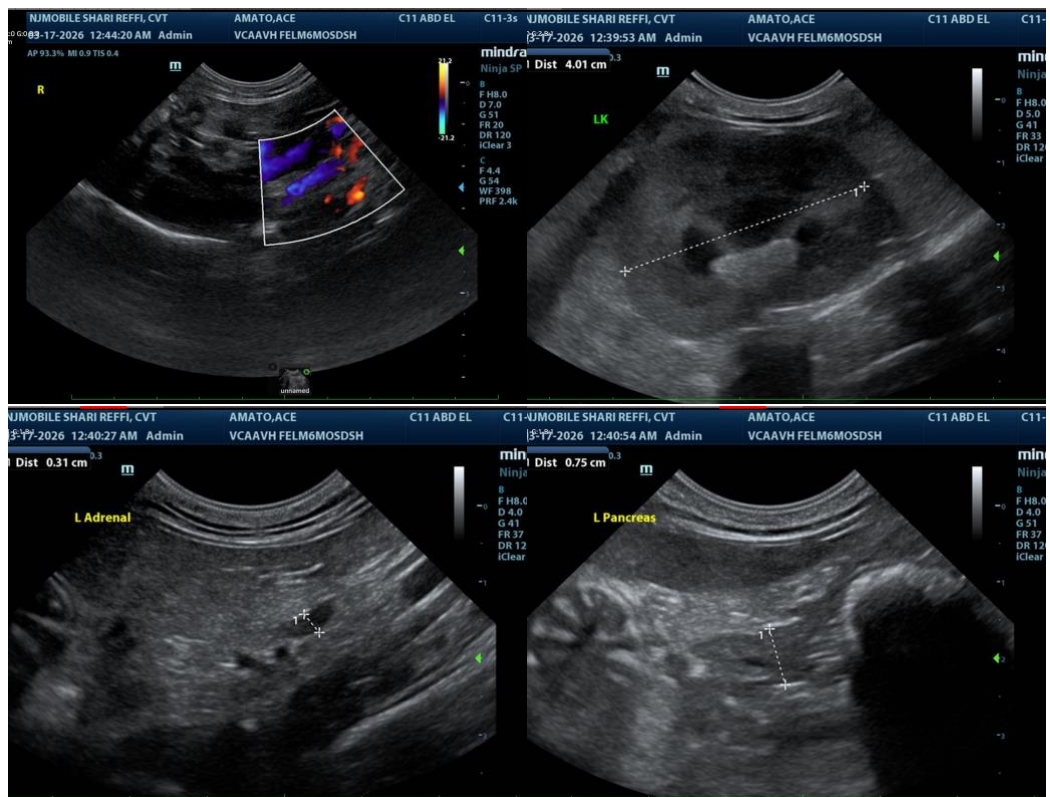
The pancreas presented prominent, hypochoic and mildly irregular. Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort. The left limb of the pancreas measured 0.75 cm.

ULTRASONOGRAPHIC FINDINGS

- Prominent pancreas- potential low-grade pancreatitis.
- Duplicated gallbladder- not pathological.
- Reactive spleen- splenitis, emerging round cell neoplasia all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss is an issue, FNA of the spleen and liver is indicated and could be considered at the time of the neuter under sedation. No overt contraindication for anesthetic procedure. The cause of alkaline phosphatase elevation is unclear and may be a growth phase abnormality.





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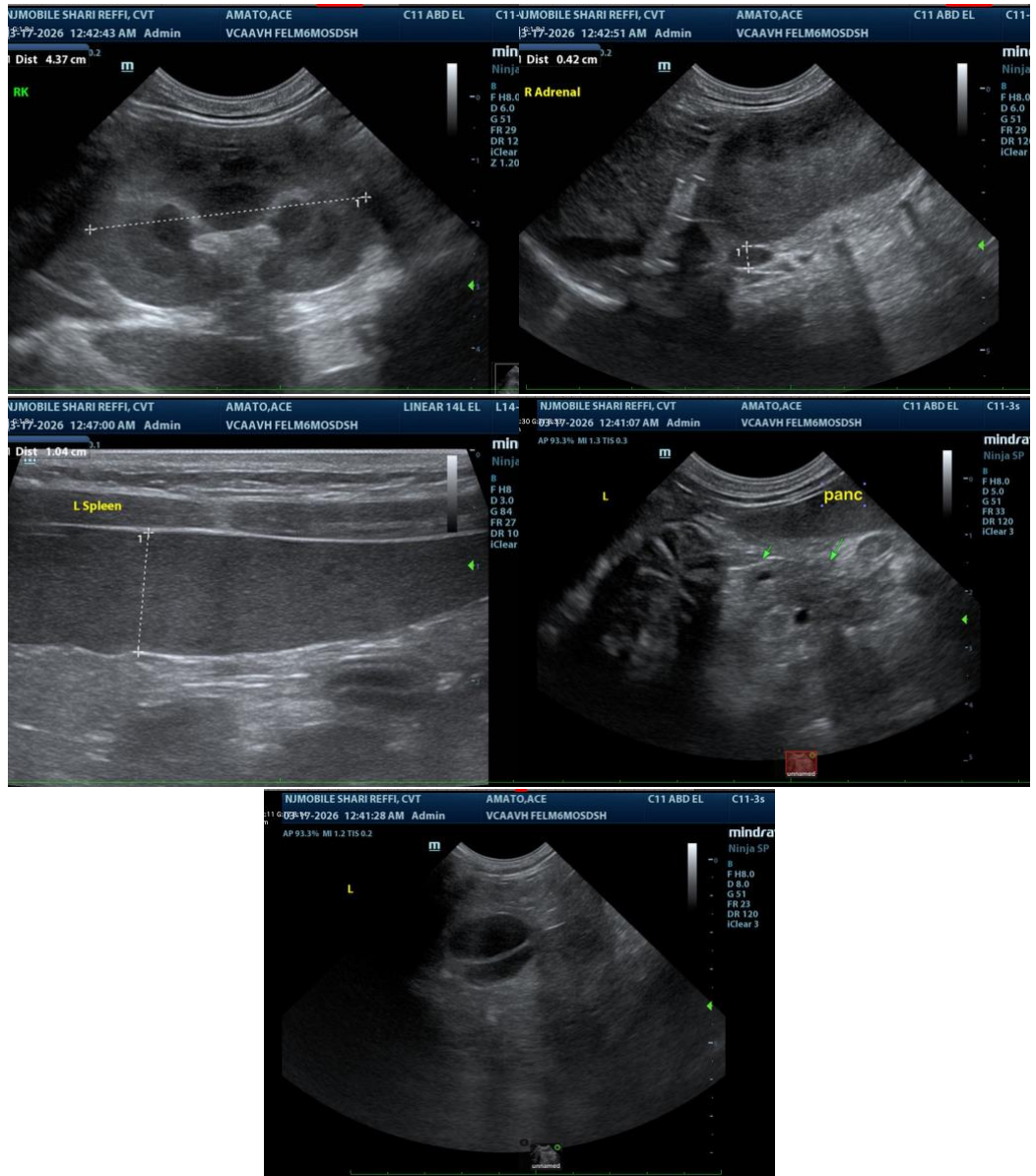
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com



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