



PATIENT

Mona Nance

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

7 years

WEIGHT

12.9 lbs

PRESENTING CLINICAL SIGNS

- This is an employee pet. Purpose of sonogram is to assess abdomen and pancreas for suspected pancreatitis/LEZ elevation due to pancreatitis
- In January 2025, the patient began vomiting intermittently. The owner reported the episodes were initially self-limiting, but one episode progressed to severe vomiting prompting a hospital visit. The patient was treated with 100 mL LRS SQ fluids and a Cerenia injection, with a good initial response, though the patient did not return fully to normal. A CBC/Superchem was submitted, which revealed elevated liver enzymes. See values below.
- The patient returned in early March 2025 for the same complaint and received repeat symptomatic therapy, with a suboptimal response to therapy. Follow-up lab work showed normalization of liver enzymes, but pancreatic enzymes were elevated. See values below.
- The patient presented again today, March 17, 2026, for vomiting and lethargy, though still eating. Pain was elicited on subxiphoid palpation. The patient was treated with 100 mL LRS SQ fluids, a Cerenia injection, and a famotidine injection. Vomiting resolved, but the patient remains dull. A sedated abdominal ultrasound was then performed today using 0.05 mL each of the following drugs of equal volume Dexdomitor 0.5 mg/mL, ketamine 100 mg/mL, and butorphanol 10 mg/mL, combined in the same syringe.
- Abdominal radiographs obtained 3/2/2026 attached for supplemental info.
- 1/2025 T.Bili: 0.4, AST 290, ALT 392, CPK 53, ALB 3.9 Fecal float NO OVA SEEN 3/2025: Precision PSL: 31 (normal 8-26), CPK 36. Normal values: AST 15. ALT: 31

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

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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 4.38 cm. The right kidney measured 4.03 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 right adrenal gland measured 0.46 cm. The left adrenal gland measured 0.5 cm.



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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 was noted.

Liver

The **liver** revealed slightly increased portal markings. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic obstruction.

Gastrointestinal

Examination of the **gastrointestinal tract** was empty. There were minor areas of muscularis thickening noted. Deviation of normal contour owing to regional adhesions and inflammation.

Pancreas

The **pancreas** revealed an expansive, mixed, hypoechoic parenchymal change with irregular contour and localized areas of mineralization. Enhanced mesentery and pockets of free fluid were noted. On color flow assessment areas of pancreatic parenchyma were void of signal uptake, which may be owing to pancreatic necrosis.

Free Abdomen

Mesenteric adhesions were noted owing to extensive inflammation enveloping the upper gastrointestinal tract.

ULTRASONOGRAPHIC FINDINGS

Changes are consistent with extensive pancreatitis, peritonitis presentation. However, I cannot rule out underlying carcinoma.

Mesenteric adhesions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the hypoechoic portions of the pancreas is indicated. Cytology and culture are indicated. Broad spectrum antibiotics, pain management and IV fluid support are all indicated. Recheck sonogram is recommended in 48-72 hours. There is a strong concern for pancreatic carcinomatosis, sampling is essential. The prognosis long term is guarded.



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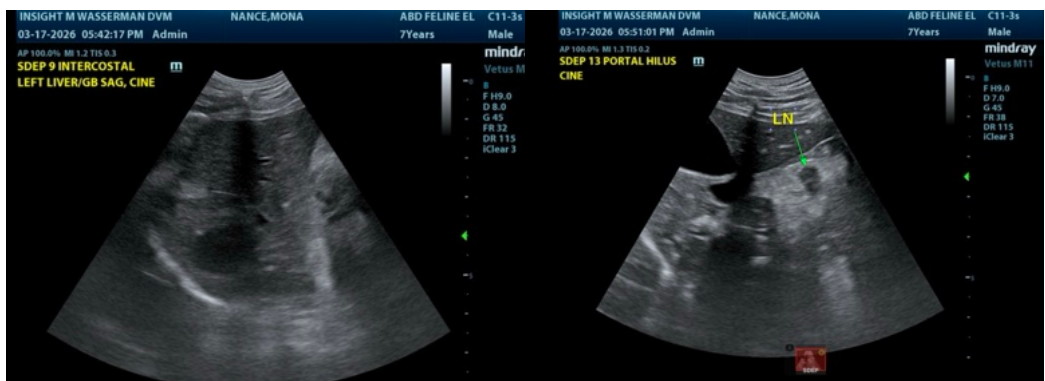
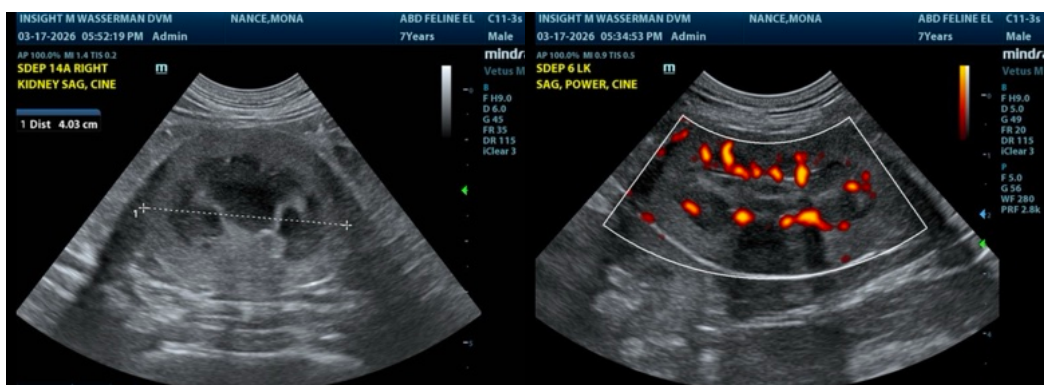
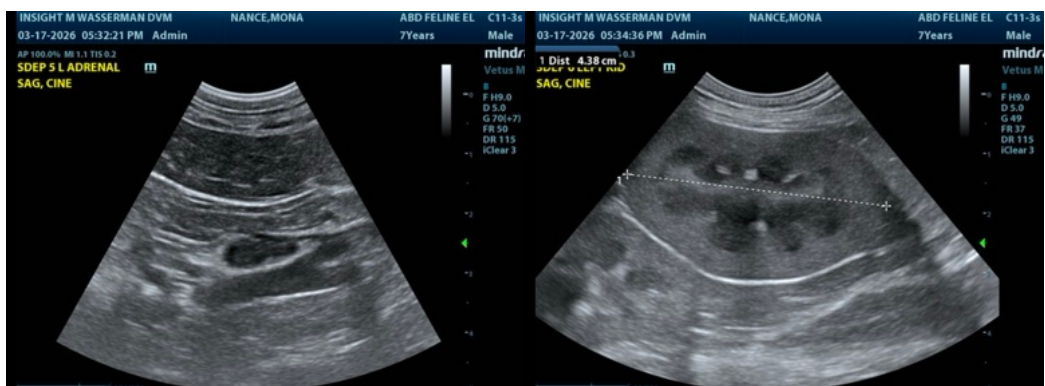
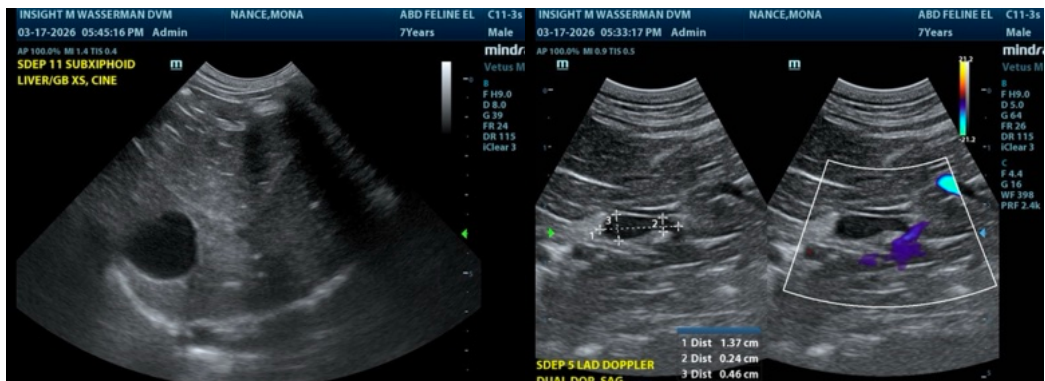
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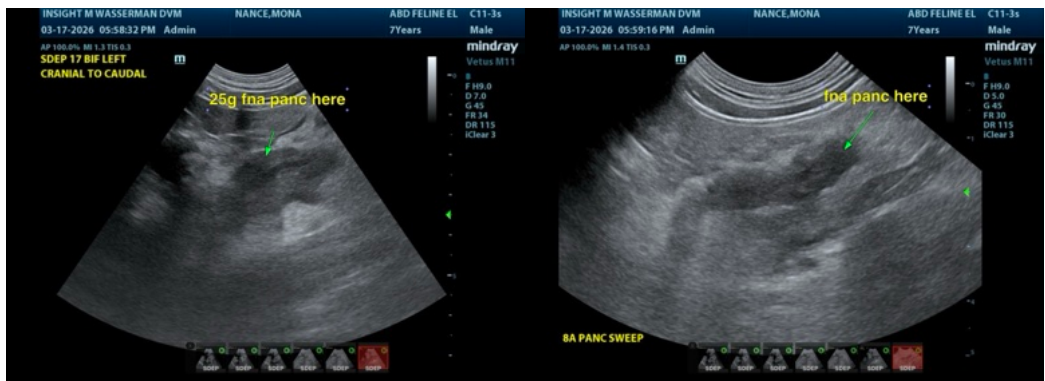
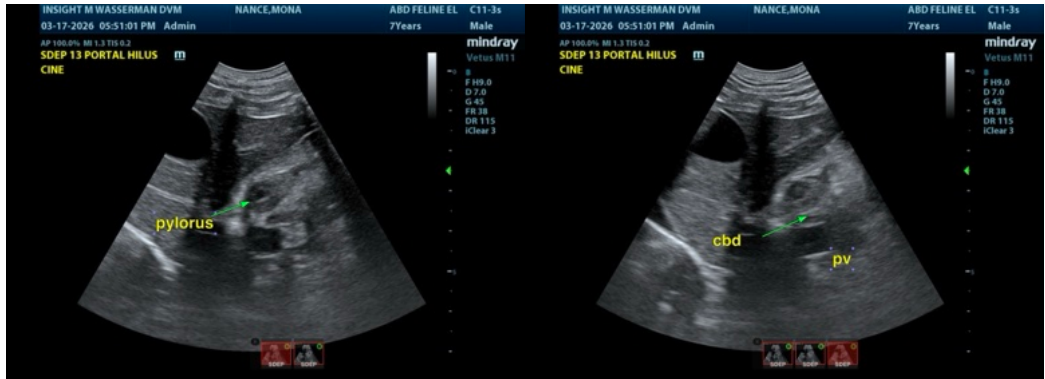
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com