



**PATIENT**

Norman DeLaCruz

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1 Year 3 Months

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Barton Heights  
 Veterinary Hospital

**REFERRING VET**

Dr. Sean Ott

**INVOICE**

73822

**DATE**

3/19/26

**PRESENTING CLINICAL SIGNS**

Increases LE's noted on wellness BW. Asymptomatic. No current meds.

Abnormal PE/Chem/CBC/UA Results: ALT-528; AST-193; PT:18; PTT: 58; PTT 57; PLT-518; HCT- 42.1

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Right kidney measured 3.31 cm. Left kidney measured 3.71 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. Right measured 0.52 cm. Left measured 0.43 cm.

**Spleen**

The **spleen** was mildly enlarged (1.0 cm in width) 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.

**Liver**

The **liver** was swollen and hypoechoic with increased portal markings. The gallbladder and common bile duct were unremarkable. Trace free fluid noted between the liver lobes.

**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.



**PATIENT**

Norman DeLaCruz

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1 Year 3 Months

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Barton Heights  
 Veterinary Hospital

**REFERRING VET**

Dr. Sean Ott

**INVOICE**

73822

**DATE**

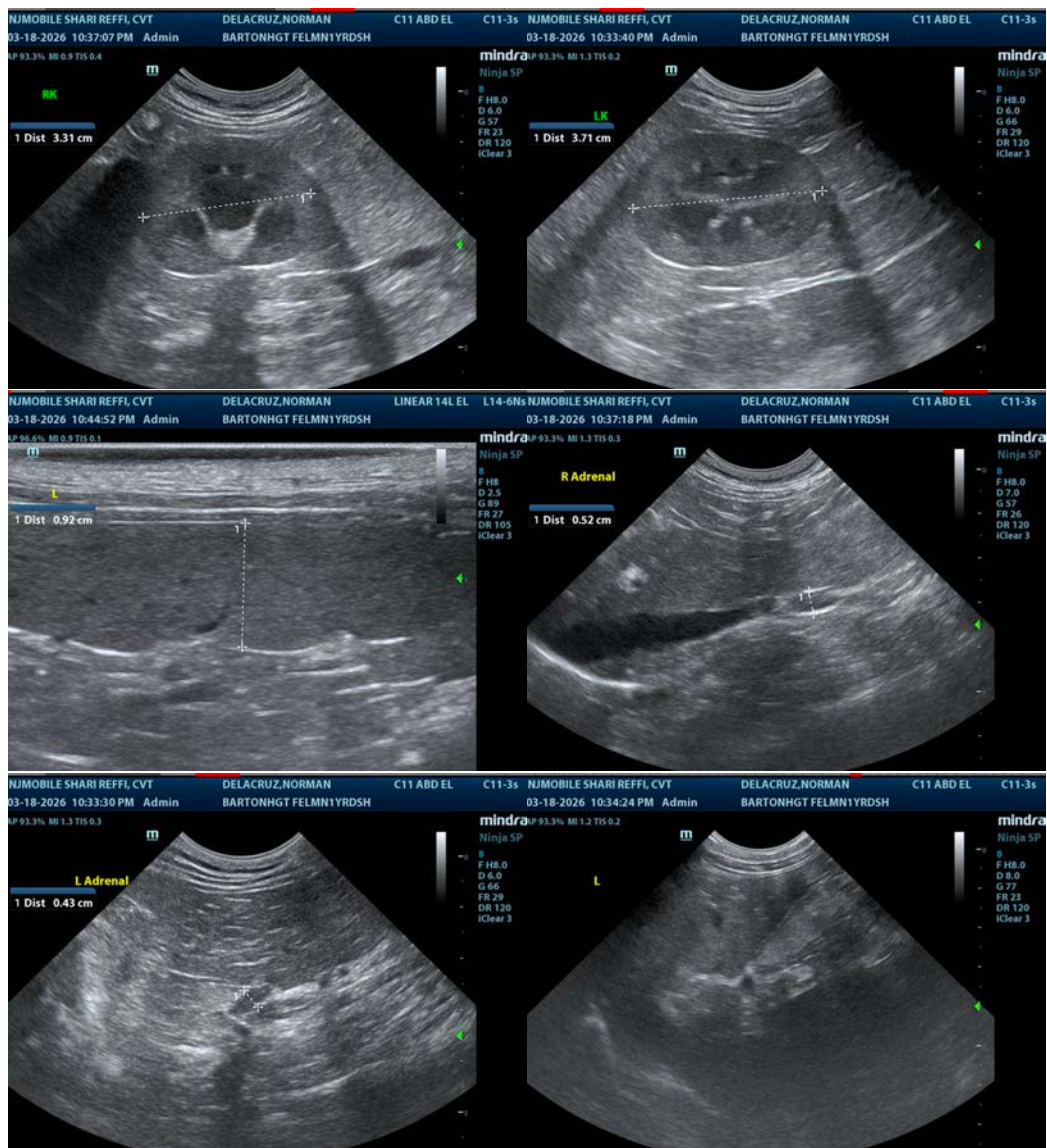
3/19/26

**ULTRASONOGRAPHIC FINDINGS**

- Hepatomegaly with excessive hypoechoogenicity – inflammatory hepatopathy versus round cell neoplasia.
- Mild splenomegaly – splenitis, round cell neoplasia, reactive spleen all possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Reactive spleen and inflammatory hepatopathy versus round cell neoplasia. FIP is a remote potential. Prognosis is guarded. Ultrasound guided FNA performed without complication.





**PATIENT**

Norman DeLaCruz

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1 Year 3 Months

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Barton Heights  
 Veterinary Hospital

**REFERRING VET**

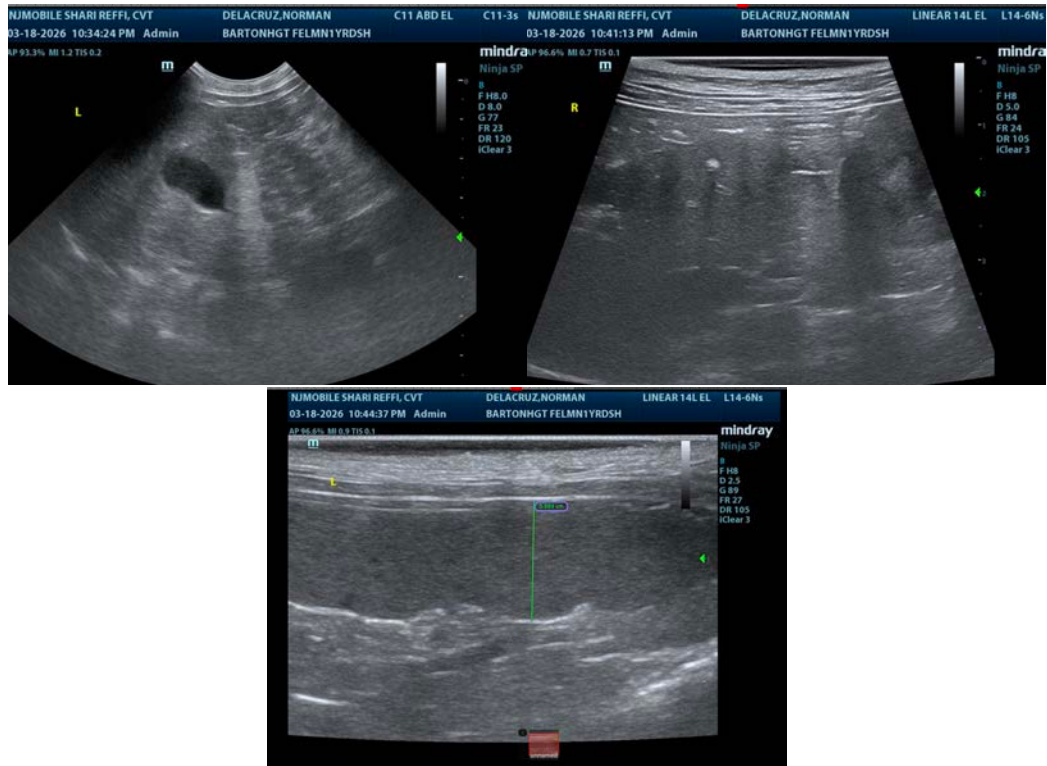
Dr. Sean Ott

**INVOICE**

73822

**DATE**

3/19/26



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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)