

## PATIENT

Beans Barbarini

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

16 Years

## WEIGHT

19.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Seth Edgar, DVM

## HOSPITAL NAME

Overpeck Creek AH

## REFERRING VET

Seth Edgar, DVM

## INVOICE

36452

## DATE

3/30/26

## PRESENTING CLINICAL SIGNS

- Beans is a 16 year old NM DSH presented for abdominal ultrasound following lab work which showed progressively lowering USG. Beans also had 2 days of severely decreased appetite. On exam, Beans is obese, had mild borborygmi, and has awfully foul flatulence. Owner concerned that the low appetite and isosthenuria are from worsening renal disease (currently stage 2 and seemingly stable). Is being treated symptomatically for gastroenteritis as I believe that is the real reason for the appetite issue. Ultrasound was recommended by OB.
- Current Meds: Amlodipine Tiny Tabs 1.25 mg once daily.
- Purina NF and Hills KD
- Abnormal PE/Chem/CBC/UA Results: The most recent lab work had the following abnormalities: Mono 0.519 (H), Plt 495 (H), SDMA 23 (H), Creat 1.7, BUN 21, Chlor 110 (L), USG 1.008 (L), Hematuria 2+ , BP 142.

## 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 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 3.81 cm. Slight cortical collapse was noted at the cranial pole of the left kidney. The right kidney measured 4.42 cm.

### *Adrenal Glands*

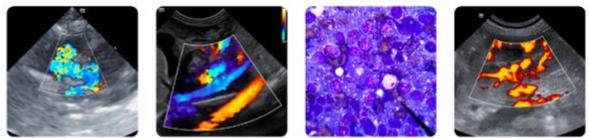
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.3 cm. The left adrenal gland measured 0.45 cm.

### *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 were noted.

### *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



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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.

**Gastrointestinal**

Hairball density was noted in the **stomach** with progressive shadowing, occupying the majority of the stomach. The small intestine and colon were unremarkable.

**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.

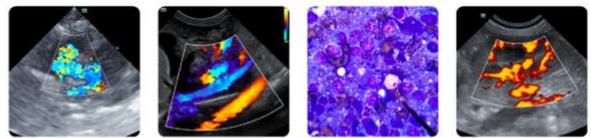
**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen
- Hairball density in the stomach
- Age-related renal changes with slight left kidney cortical collapse at the cranial pole

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Medical management for trichobezoar is indicated, yet no evidence of visceral disease otherwise.





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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.

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