



**PATIENT PRESENTING CLINICAL SIGNS**

Oliver Banzhof  
History: Patient has had chronic vomiting  
Abnormal PE/Chem/CBC/UA Results: Heart murmur

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

**SEX**

Neutered male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.66 cm.

**AGE**

8 years

**WEIGHT**

10.7 lbs

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was at the upper limits of normal and measured 1.0 cm with subtle, micronodular changes.

**IMAGING PERFORMED BY**

Dr. Griffin

**Liver**

**HOSPITAL NAME**

Northside VC

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.

**REFERRING VET**

Dr. Griffin

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**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. The mesenteric lymph node was reactive and measured 0.42 cm.

**DATE**

4/18/23



**PATIENT**

**Pancreas**

Oliver Banzhof

The right **pancreatic** limb was hypoechoic and mildly irregular. The region measured 1.5 cm. Subxiphoid palpation is recommended. Low-grade pancreatitis versus hyperplasia or a minor potential for carcinoma.

**SPECIES**

Feline

**Heart**

**BREED**

Rapid view of the heart revealed normal chamber size, structure and functionality. There was no evidence of cardiac disease noted. Pleural spaces were unremarkable.

Domestic Shorthair

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Prominent, right pancreatic limb, possible low-grade pancreatitis.

Otherwise, age related abdominal changes.

**AGE**

8 years

Structurally insignificant inflammatory bowel.

Normal echocardiogram.

**WEIGHT**

10.7 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Occult parasitism, dietary intolerance and dietary indiscretion is all possible.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

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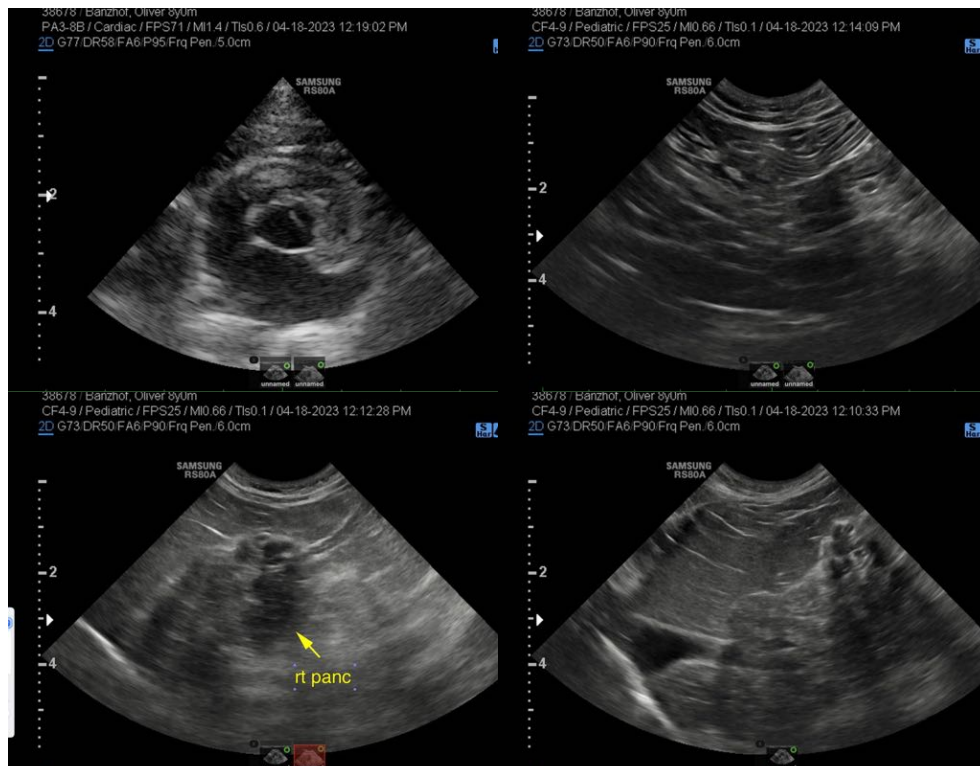
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**PATIENT**

Oliver Banzhof

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

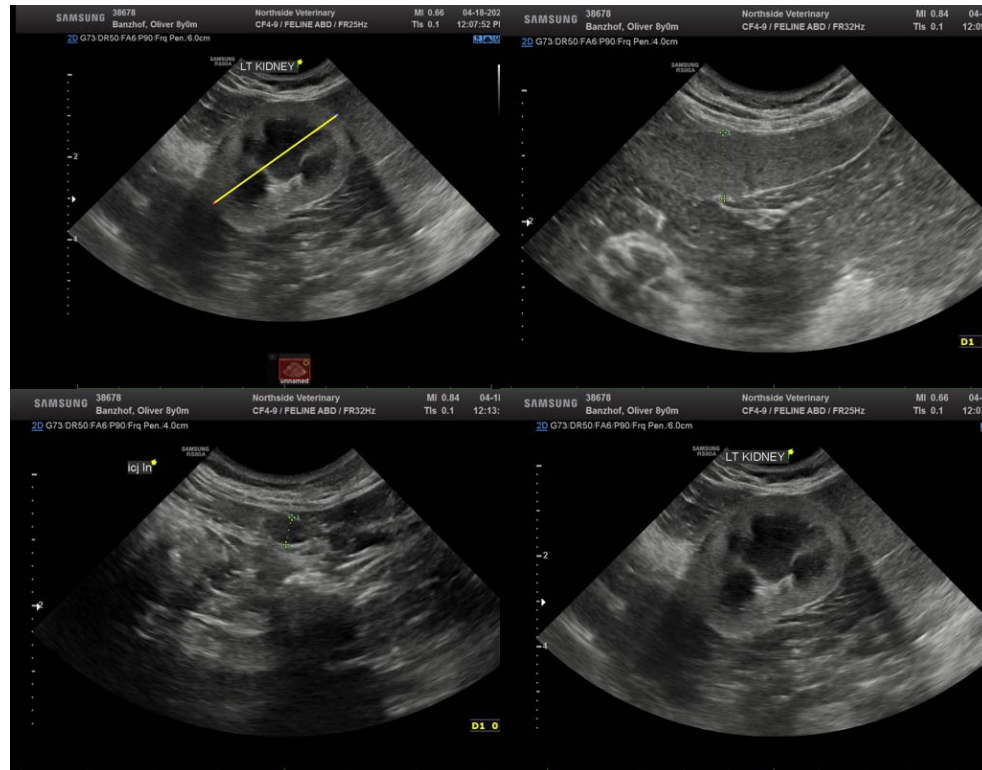
Neutered male

**AGE**

8 years

**WEIGHT**

10.7 lbs



**INTERPRETED BY**

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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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