



## PATIENT

Ebony Breckenridge

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

5.61 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Raul Casas-Dolz

## HOSPITAL NAME

State Avenue Vet  
Clinic

## REFERRING VET

Dr. Raul Casas-Dolz

## INVOICE

15432

## DATE

04/24/26

## PRESENTING CLINICAL SIGNS

Vomiting 4-5 times a day food and hairballs. Owner saw P eat plastic. Vomiting food around 10 min after eating. BAR; hissing; very reactive; unable to perform exam; adm butorphanol and dexmedetomidine IM; still reactive; adm ketamine IM p/m mm; CRT 1-2s; no mur/arrh; no abn lung sounds; no FBs in mouth; eyes, ears, LNs WNL; no masses on abd palp; 'thick' SI; skin turg WNL; pulled blood for CBC/chem; performed abd US; adm maropitant SQ

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 4.0 cm in length. The right kidney measured 4.2 cm in length.

### *Adrenal Glands*

The regions of the **adrenal glands** were unremarkable.

### *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 1.3 cm width.

### *Liver*

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### *Gastrointestinal*

The stomach revealed progressively shadowing luminal material consistent with likely hairball accumulation along with ingesta. The small intestine revealed minor areas of muscularis thickening. No evidence of masses or foreign matter.



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**Pancreas**

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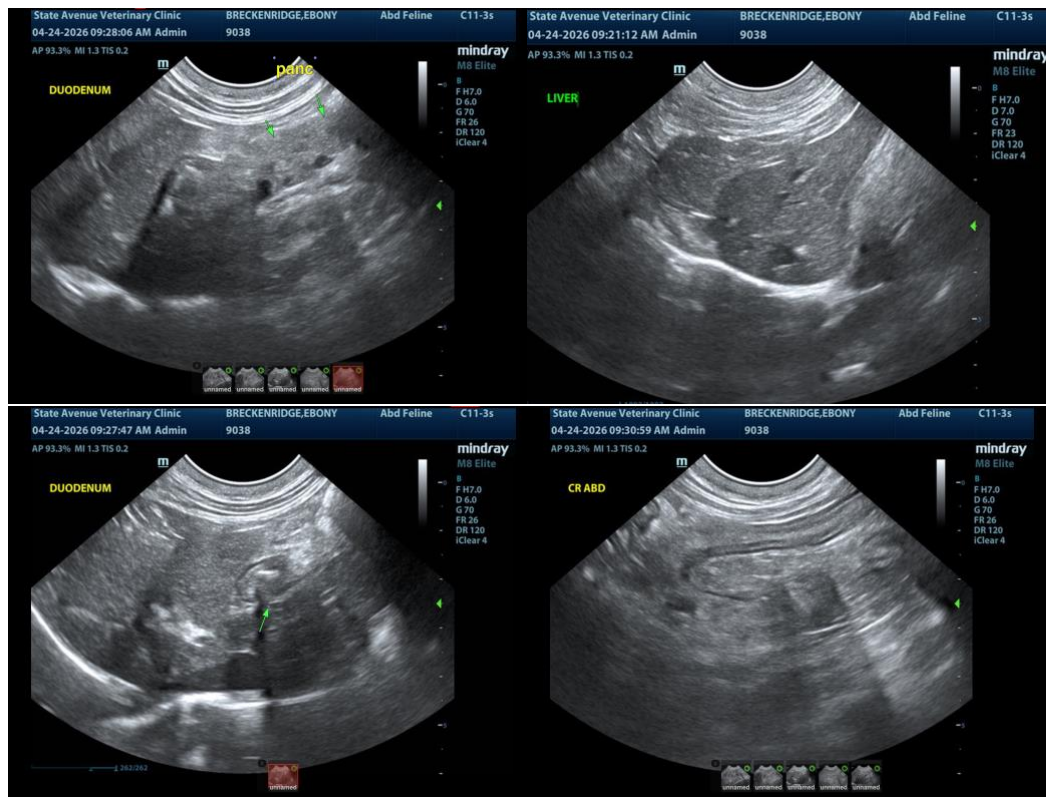
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort.

**ULTRASONOGRAPHIC FINDINGS**

- Reactive spleen.
- Hairball density in the stomach.
- Intestinal thickening.
- Age-related abdominal changes otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Management for hairball accumulation is warranted. If any weight loss is an issue, 25-gauge FNA of the spleen is indicated to assess for round cell neoplasia versus reactive spleen or splenitis.





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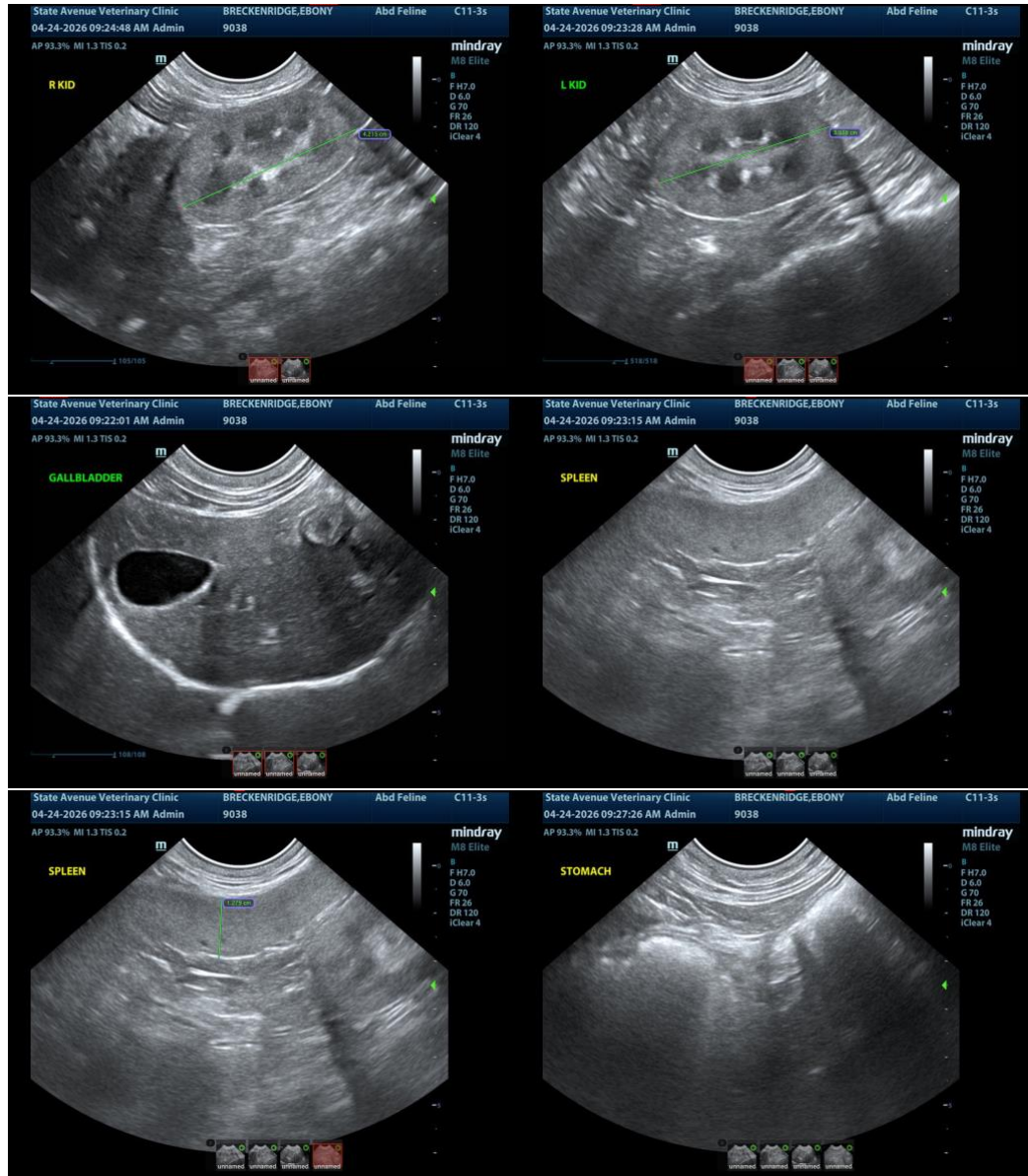
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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