



PATIENT

Earl Cohen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 ½ years

WEIGHT

4.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Romero

HOSPITAL NAME

Fort Collins Veterinary
Emergency Hospital

REFERRING VET

Dr. Deogracias

INVOICE

74149

DATE

4/3/26

PRESENTING CLINICAL SIGNS

- Presented to daytime vet prior to transfer to ER - anorexia x 2 days, lethargy, inappropriate urination the past 24 hours. Owners had been out of town the week prior, but saw him eating well earlier this week - noted polyphagia 2-3 weeks ago. No vomiting or diarrhea.
- Blood work - HCT 61, ALT 734, T bili 1.7, RDW inc. at 33, glucose 355 UA - concentrated, glucose 4+, ketones 3+, bilirubinuria 2+, urobilinogen 3+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 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.

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 right kidney measured 4.4 cm. The left kidney measured 4.17 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 0.34 cm.

Spleen

The **spleen** was slightly enlarged with minor, micronodular changes. The spleen revealed scalloping contour with hyperechogenic lipid plaques noted. The spleen measured 1.0 cm.

Liver

The **liver** revealed uniform parenchyma with unremarkable mild, uniform enlargement. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The common bile duct measured 0.4 cm. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

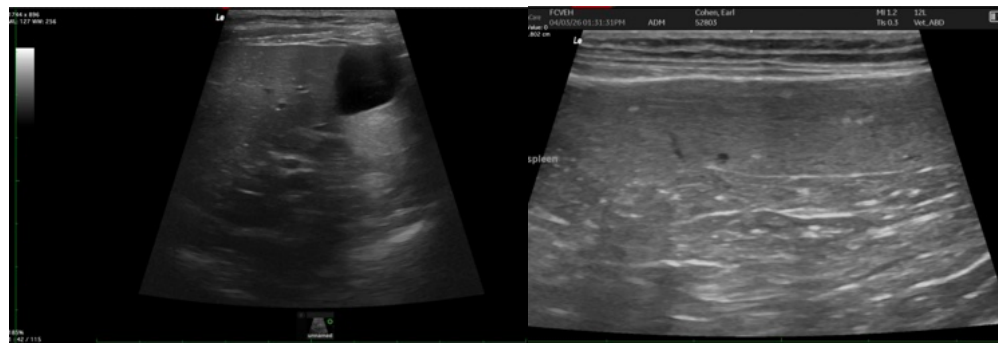
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Mild splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history, assuming the bilirubin is not artifactual, 25-gauge FNA of the spleen and liver would be recommended to assess for early infiltrative disease versus reactive spleen or splenitis and acute hepatitis versus emerging round cell neoplasia. There is also a potential for lipodosis, yet the abdomen was largely unremarkable.





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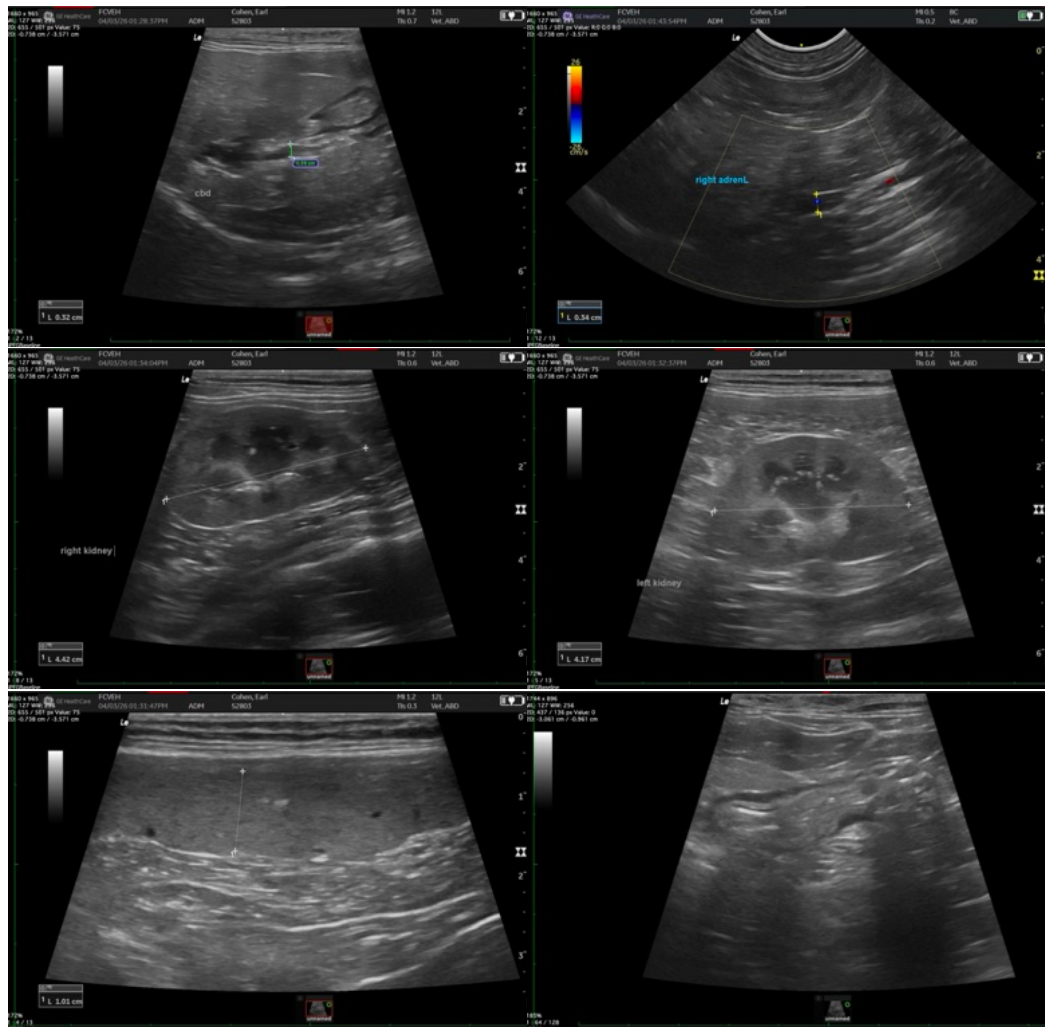
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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