



PATIENT

Leo Weber

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

9 Years

WEIGHT

8.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Montclair Animal
Hospital

REFERRING VET

Dr. Dana Alazzeh

INVOICE

75361

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Pollakiuria and Mid abdominal mass approx 1cm circular hard palpable mass effect. Suspected mild bilateral renal pelvic dilation and mild bladder wall inflammation. Current medications - Convenia 0.4 ml SQ on 5/11/26

Abnormal PE/Chem/CBC/UA Results: BW to be run in house. Creat 1.7

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 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. Right kidney measured 3.61 cm. Left kidney measured 3.33 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. Left adrenal gland measured 0.51 cm. Right adrenal gland measured 0.41 cm.

Spleen

The caudal pole of the **spleen** was folded upon itself, creating a thickness of approximately 1.35 cm.

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 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

The **stomach** itself was unremarkable. The distal small intestine was slightly thickened yet no evidence of disease. The descending colon was unremarkable with normal tapering stool.

Pancreas

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.



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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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

- Folded spleen.
- Slight intestinal thickening.
- Age related renal changes.
- Age related pancreatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

Suspect the 1.3 cm thickness caused by the splenic fold is the cause of the abnormal palpable structure. No other evidence of disease noted that would be palpably thickened. This is a normal variant and not pathological. The abdomen was thoroughly imaged with an extensive number of views and angles upon all viscera.

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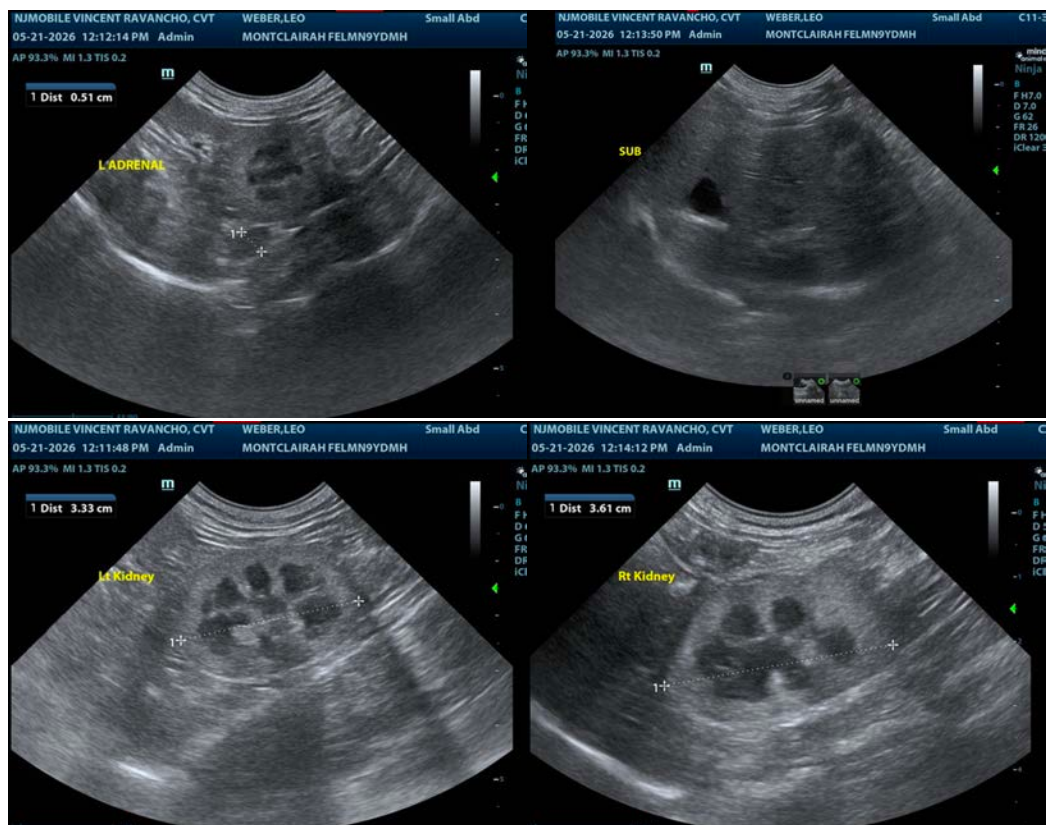
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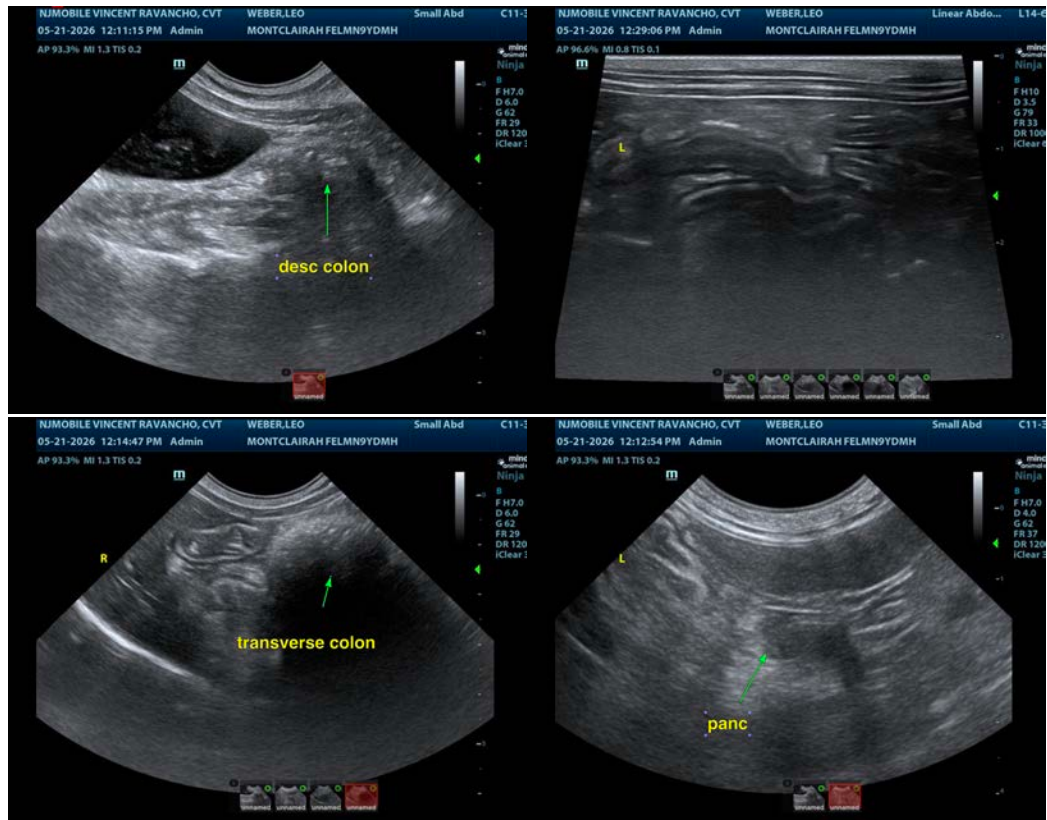
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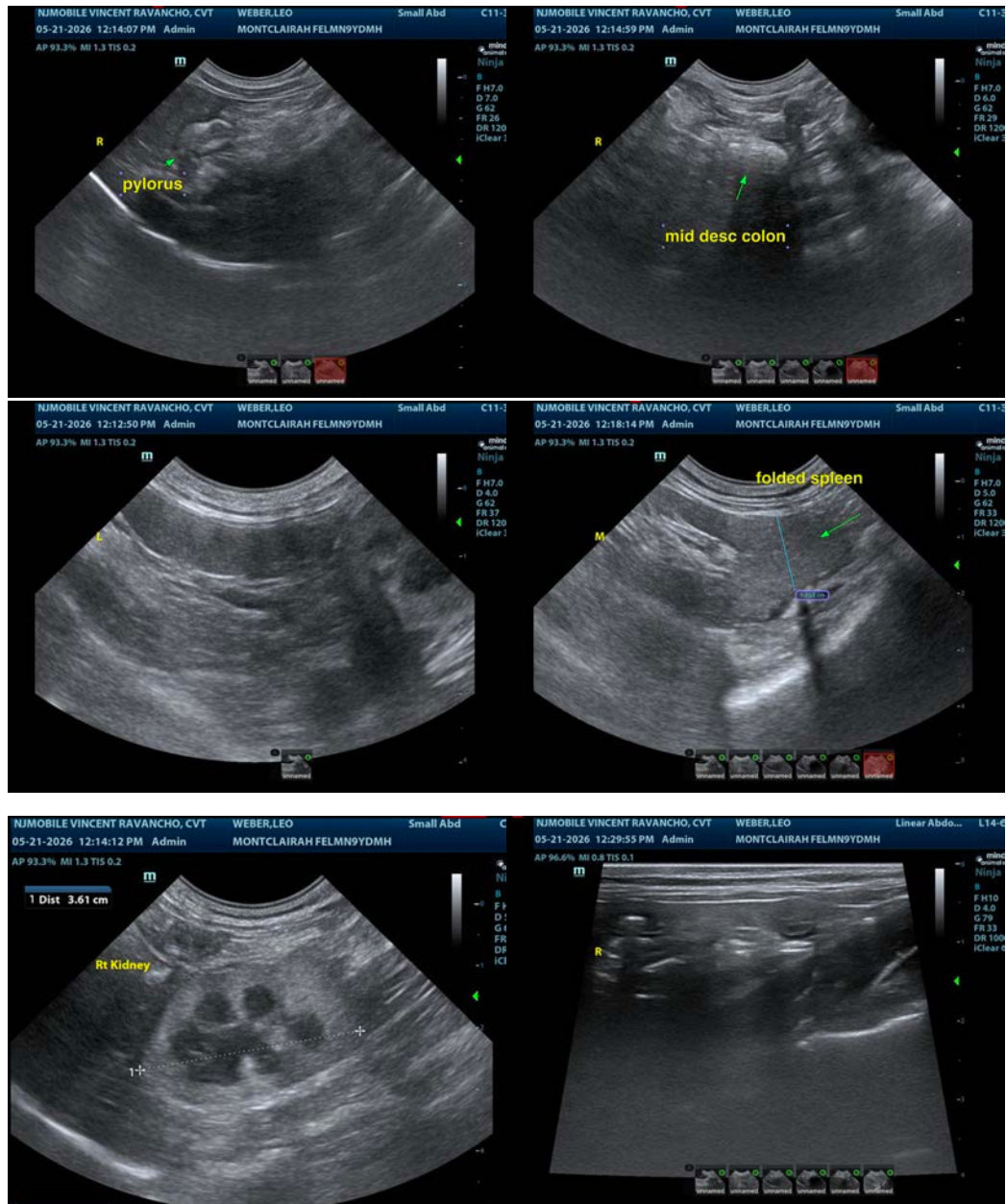
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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