



PATIENT

Flint Deaven

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2

WEIGHT

7.99

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire Animal
Hospital

REFERRING VET

Dr. Alysia Deaven

INVOICE

75051

DATE

5/8/26

PRESENTING CLINICAL SIGNS

Prev AUS done 4/29, P was neutered on 5/3. Decreased eating, likes being hand fed. lethargic, painful on abd. Started fip treatment gs441 on 4/30 or 5/1. has been giving cerenia + ondansetron. history of giardia and coccidia, recent neg fecals.

Abnormal PE/Chem/CBC/UA Results: CBC: unremarkable Chem: Glob 5.3 (H), A/G ratio 0.6 UA: USG >1.056, protein 30, blood 25, RBC 9/hpf UPC: 0.16

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 2.0 cm beyond the cystourethral junction.

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. Left kidney measured 4.45 cm. Right kidney measured 4.3 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 measured 0.44 cm. Right measured 0.35 cm.

Spleen

The **spleen** was mildly enlarged (1.14 cm) 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.

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 was bifid, which is a normal variant and not pathological.

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. Soft stool noted in the colon.

Pancreas

The pancreas is hypoechoic and irregular, measuring 1.2 cm. Suspect pancreatitis.



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Free Abdomen

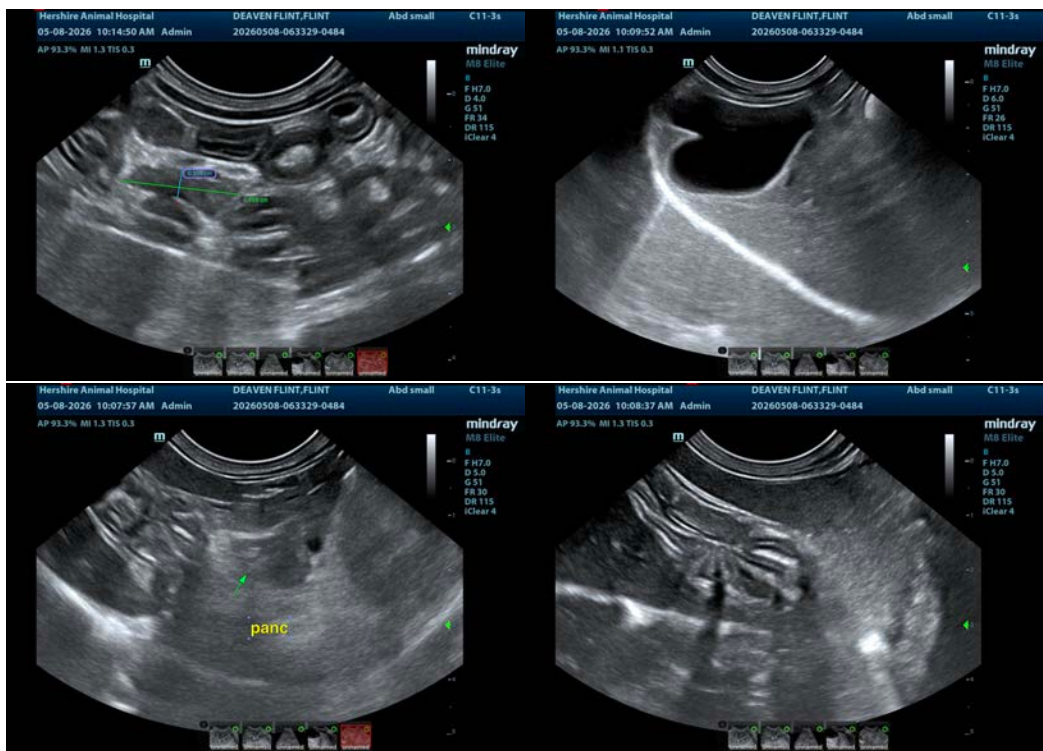
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour, measuring up to 1.8 cm x 0.50 cm. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Prominent, irregular pancreas – suspect pancreatitis.
- Bifid gallbladder – normal variant, not pathological.
- Reactive mesenteric lymph nodes.
- Soft stool in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for pain related anorexia in this patient. IV fluid support, pain management, broad-spectrum antibiotics and reassessment of clinical signs after 48 hours of intensive care recommended.





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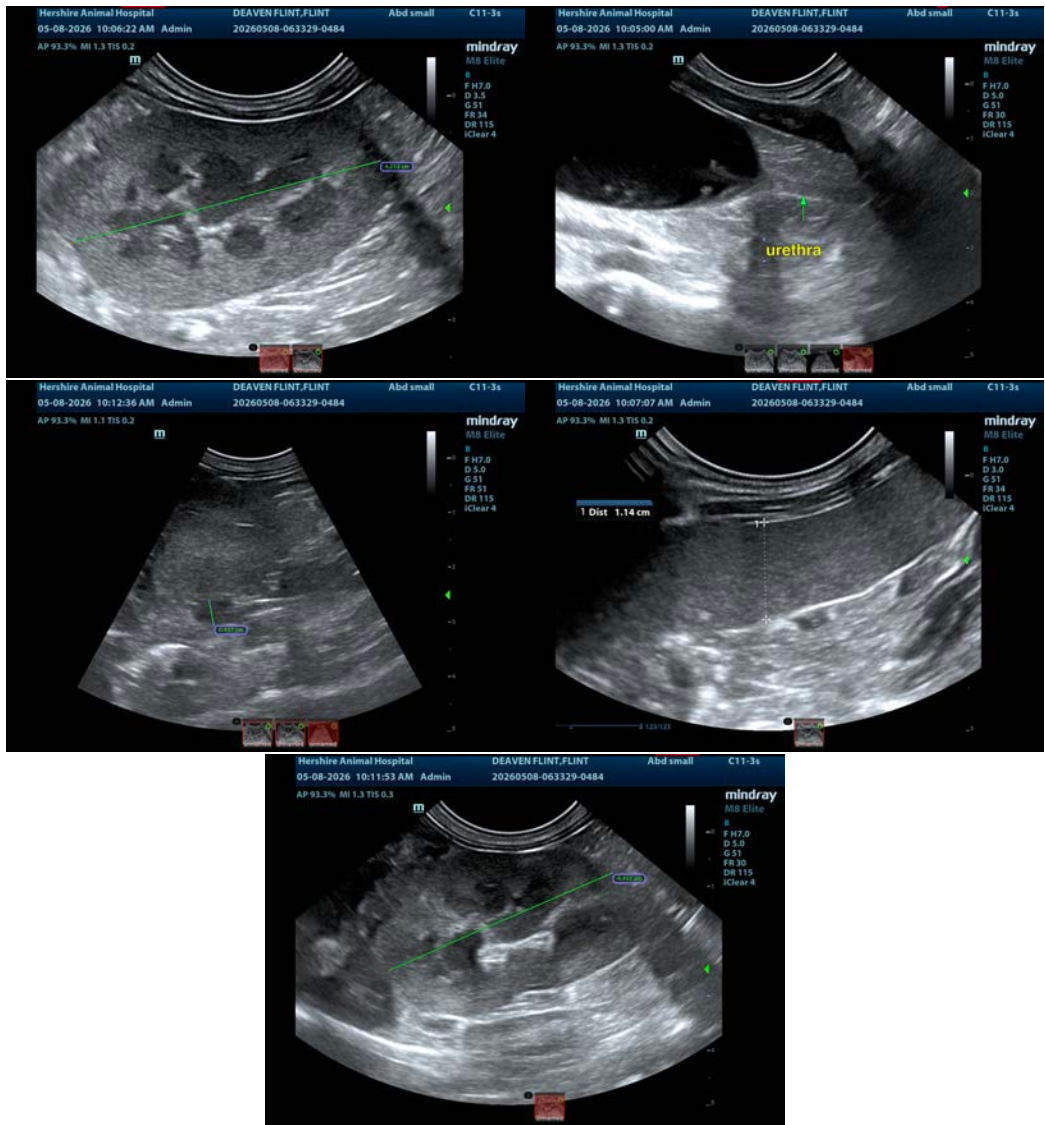
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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