



PATIENT

Rufus Orr

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years 3 Months

WEIGHT

18.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Scaglione

INVOICE

37336

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: Severe cranial abdominal pain. Vomited last night. Cerenia and SQ fluids at emergency last night. Anorexia, no vomiting since Cerenia, still lethargic, anorexic

Abnormal PE/Chem/CBC/UA Results: FPL 11.8 +, Neut 2.5, bands present, Phos 2.6. na 145, K+ 3.3, Cl 111, Lymph 7.65

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 was noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

Both **kidneys** were mildly swollen. Vascularity appeared normal on color flow assessment. The left kidney measured 4.6 cm. The right kidney measured 4.56 cm. Mild enhanced mesentery was noted around the left kidney in particular.

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 0.36 cm. The left adrenal gland measured 0.44 cm.

Spleen

The **spleen** was enlarged (1.4 cm) with scalloping contour. Slight free fluid was noted around the spleen.

Liver

The **liver** was mildly swollen. The parenchyma was hypoechoic to surrounding fat. The gallbladder and common bile duct were unremarkable.

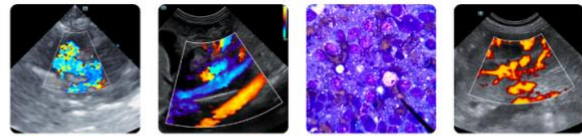
Gastrointestinal

The **gastrointestinal tract**, per se, was unremarkable yet was tethered by fairly extensive steatitis pattern. No evidence of foreign bodies.

Pancreas

The **pancreas** was hypoechoic with edematous parenchyma, mild irregular contour and a dilated duct. Enhanced mesentery was noted, suggestive for inflammation. Both the right and left limbs of the pancreas appear to be involved in an extensive inflammatory event. This is an acute on chronic type presentation. Minimal normal pancreatic tissue was noted.

Free Abdomen



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Enhanced mesentery was noted throughout the cranial abdomen.

Rufus Orr

ULTRASONOGRAPHIC FINDINGS

SPECIES

- Extensive pancreatitis pattern with regional steatitis
- Enlarged spleen with slight free fluid
- Likely concurrent inflammatory event in the liver and kidneys

Feline

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DSH

I cannot rule out underlying neoplasia, such as mast cell disease. Ultrasound guided FNA of the spleen with cytology and culture are indicated. If accessible, FNA of the hypoechoic portions of the pancreas is indicated. Infectious agents, such as toxoplasmosis and bartonella should be ruled out. Aggressive treatment for pancreatitis is indicated until cytology can be evaluated. Plasma expanders, pain management, broad spectrum antibiotics, and GI protectants are all indicated. Recheck sonogram in 48-72 hours.

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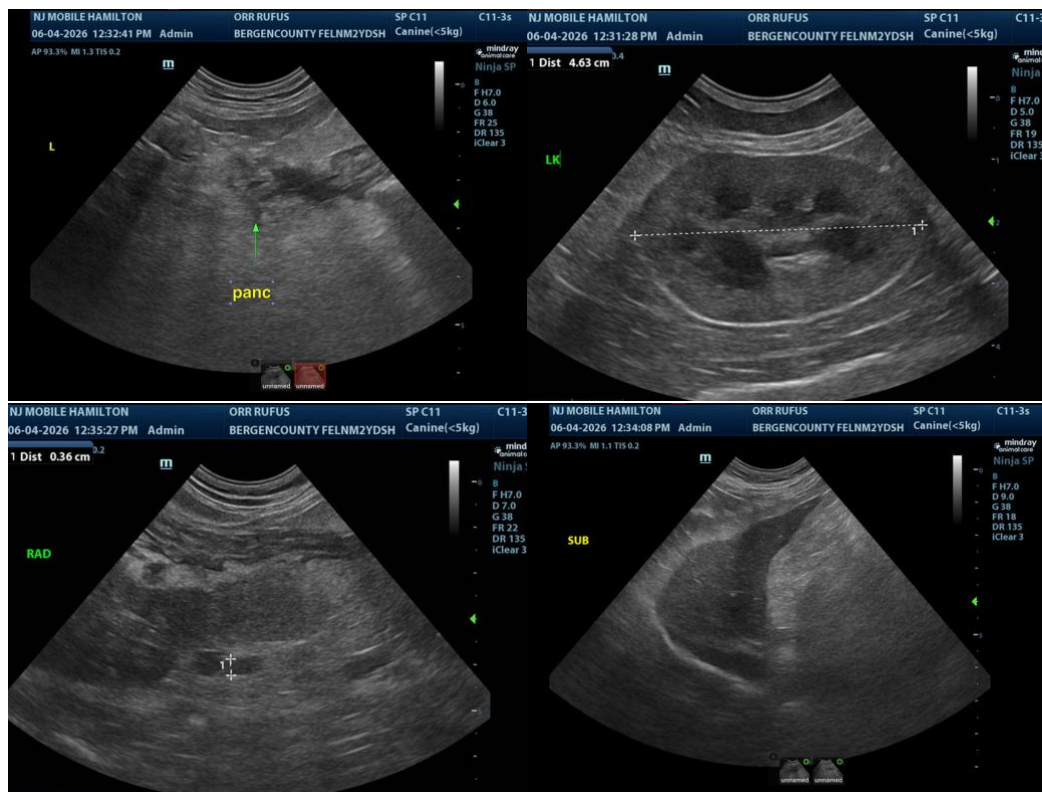
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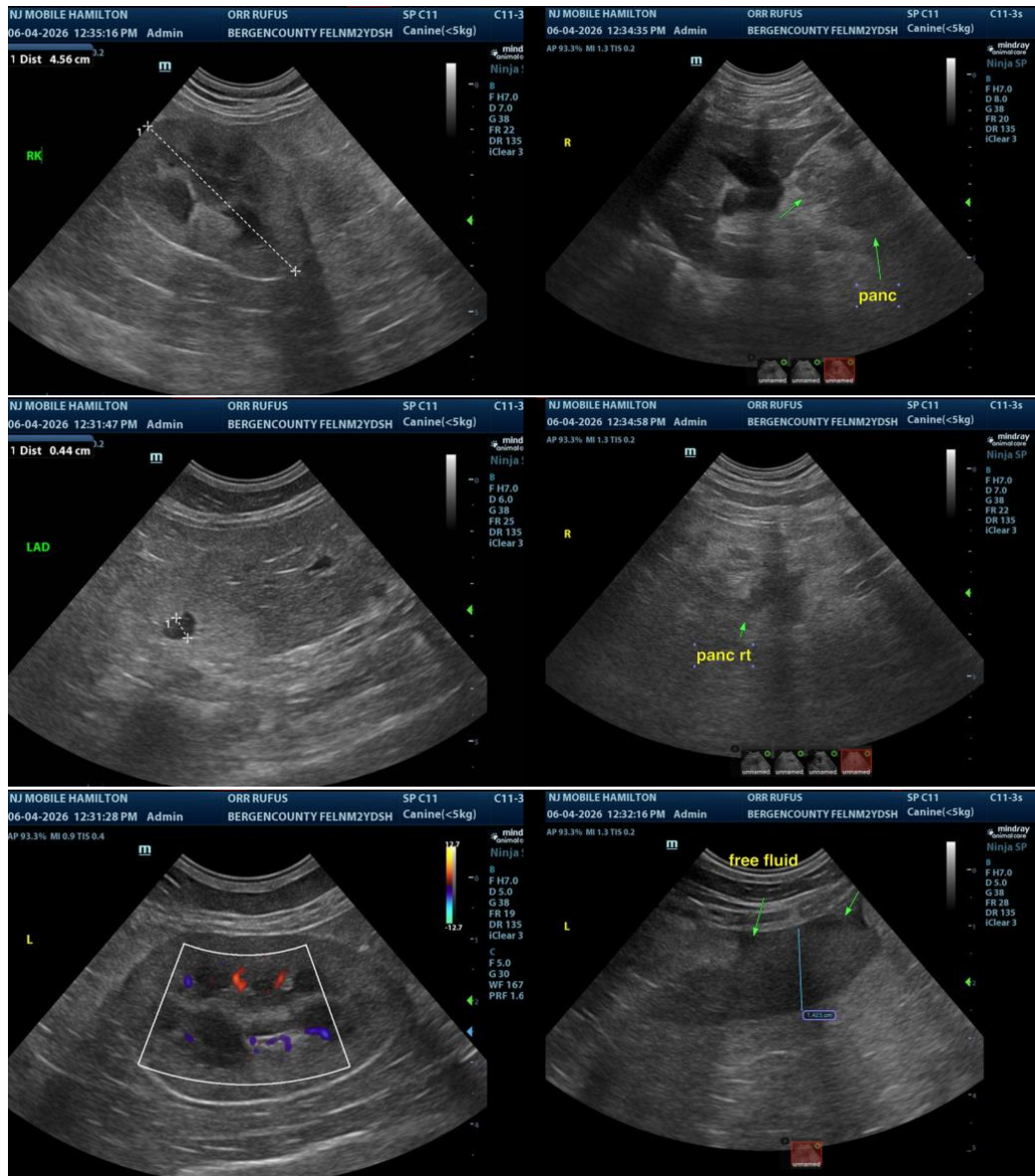
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
 CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com



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