



**PATIENT**

Casey Gravatt

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gabriel

**HOSPITAL NAME**

Central Jersey AH

**REFERRING VET**

Dr. Gabriel

**INVOICE**

31873

**DATE**

7/21/22

**PRESENTING CLINICAL SIGNS**

History: has hx of on and anorexia lethargic in the past week  
Abnormal PE/Chem/CBC/UA Results: previous blood work 1 month ago "wnl previous probnp"  
snap + new cbc, chem: pending fpli "strong + for pancreatitis

**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 **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. The left kidney measured 3.0 cm. The right kidney measured 4.0 cm.

**Adrenal Glands**

The region of the **adrenal glands** were imaged with no evidence of pathology.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted. The spleen measured 0.56 cm in width.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. The left lateral liver revealed a microcystic nodule that is consistent with a cystadenoma measuring 1.0 cm and is not pathological. Some 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. Transdiaphragmatic view revealed a comet tail lung pattern.



**PATIENT**

**Gastrointestinal**

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The **stomach** was filled with progressively shadowing material, post prandial or possible hair accumulation. The colon was also full with normal shadowing stool.

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**Pancreas**

Minor, heterogenous, hypoechoic changes were noted in the **pancreas**. However, the changes were fairly minor.

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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered male

Cystadenoma liver lesion, subjectively benign.

**AGE**

12 years

Mild age related renal changes.

Minor heterogenous hypoechoic pancreatic changes.

Comet tail pattern.

**WEIGHT**

9 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chest radiographs are warranted to assess for alveolar disease. I recommend treatment for pancreatitis. There is no evidence of neoplasia.

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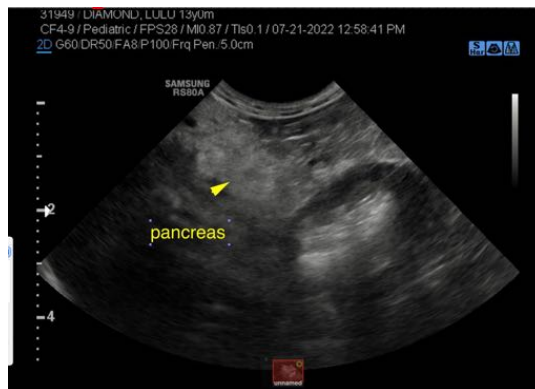
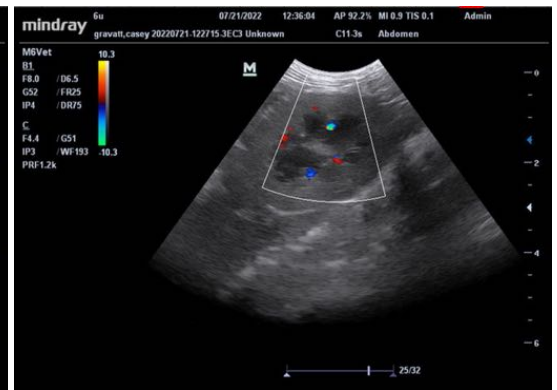
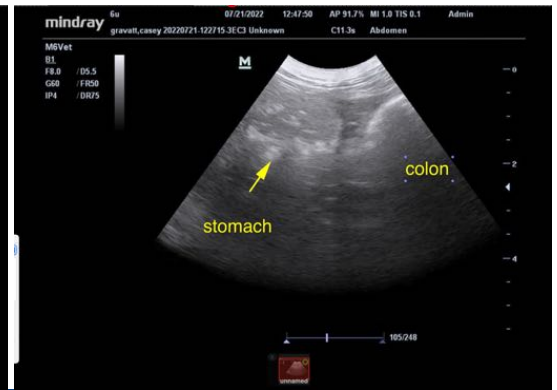
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com