

**IMAGING PERFORMED BY**SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com**PATIENT**

Leif Sancricca

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Male

**AGE**

4 years

**WEIGHT**

7.3 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

Briarwood VH

**INVOICE**

32275

**DATE**

8/9/22

**PRESENTING CLINICAL SIGNS**

History: Cryptorchid. Presents for AUS prior to surgery.

**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 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 4.24 cm. The left kidney measured 4.5 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 left adrenal gland measured 0.44 cm. The right adrenal gland measured 0.41 cm.

**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.

**Liver**

The **liver** revealed coarse architecture with hypoechoic, mild nodular changes and mildly increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

**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. Minor retention of ingesta or possible hairball accumulation. Small and large intestine demonstrated normal luminal chyme and stool

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

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**Pancreas**

The **pancreas** was hypoechoic and irregular with slight undulating contour.

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**Free Abdomen**

Minor, normal lymph nodes were noted in the iliac and paralumbar region. Retained testicles were not visualized.

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Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

4 years

Slight hypoechoic nodular hepatic changes.

Minor hairball density in the stomach.

Possible low-grade pancreatitis.

**WEIGHT**

7.3 lbs

Otherwise, structurally normal abdomen. Retained testicles were not visualized.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
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Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort. If weight loss is an issue hepatic FNA is indicated.

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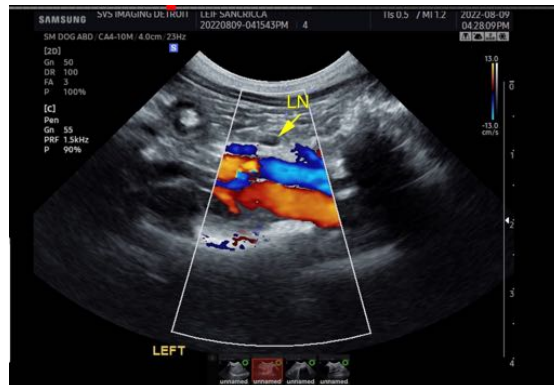
Amy Mayhew LVT

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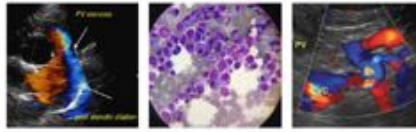
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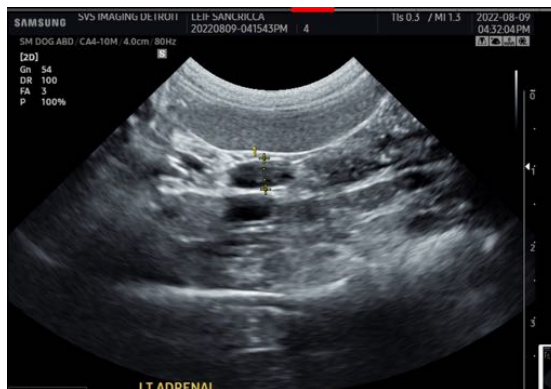
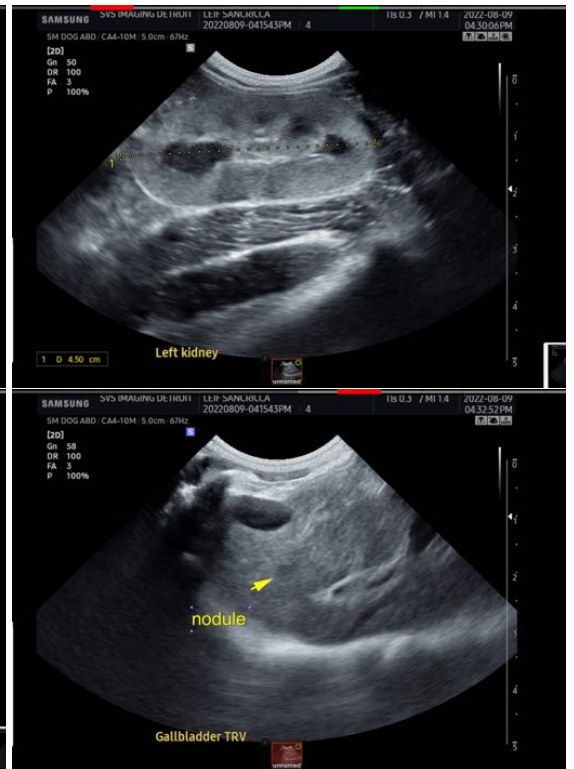
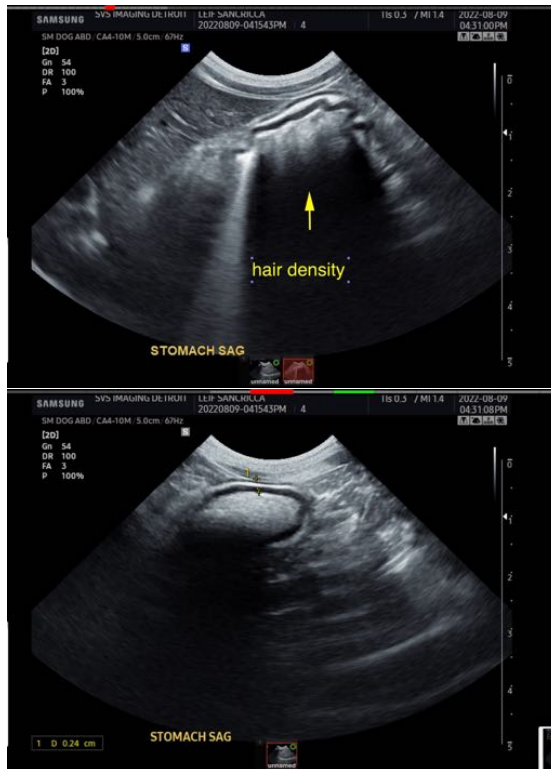
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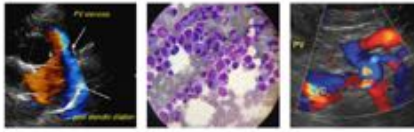
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Eric.Lindquist@SonoPath.com

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