



## PATIENT

Chance Bonanno

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed femlae

## AGE

14 years

## WEIGHT

8 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

## IMAGING PERFORMED BY

Meghan Morse, LVT,  
CVT

## HOSPITAL NAME

VCA Blirstown AH

## REFERRING VET

Dr. Clegg

## INVOICE

69110

## DATE

11/26/25

## PRESENTING CLINICAL SIGNS

History: Recheck AUS- concerned about mesenteric lymph nodes V+, D+ Current meds: VitB12, hydrolyzed diet

## 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 this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 3.15 cm with slight pyelectasia. The right kidney measured 3.025 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 right adrenal gland measured 0.32 cm. The left adrenal gland measured 0.26 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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.



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**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Hyperechoic fat was noted associated with the intestinal tract. No obvious neoplastic patterns were noted and luminal content as unremarkable. The mesenteric lymph nodes were persistently enlarged and measured up to 1.0 cm.

**Pancreas**

The left **pancreatic** limb revealed a cyst measuring 1.9 cm.

**ULTRASONOGRAPHIC FINDINGS**

Persistent pancreatic cyst.

Inflammatory bowel with reactive mesentery and lymph nodes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full thickness intestinal biopsies would be ideal in this patient or empirical treatment for inflammatory bowel and infectious agents should also be considered +/- Prednisolone trial if sampling is not an issue. There was no overt neoplastic criteria noted. Underlying dry form FIP or occult emerging round cell neoplasia is possible, yet less likely as no significant progression has occurred from the prior sonogram.





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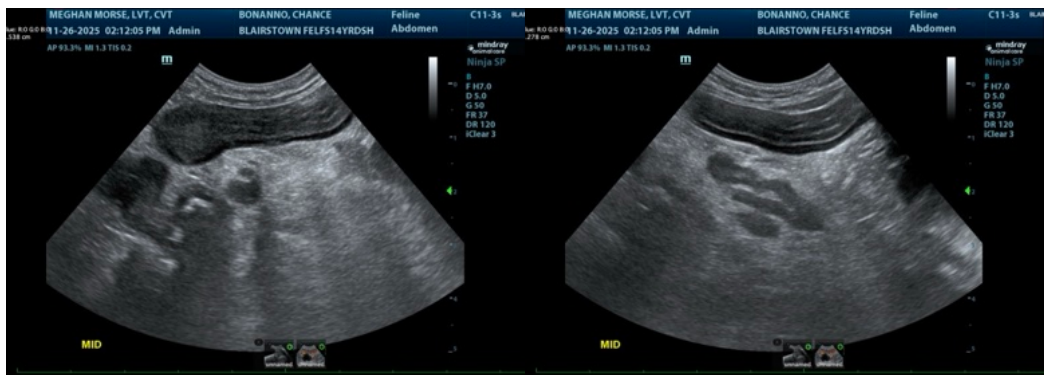
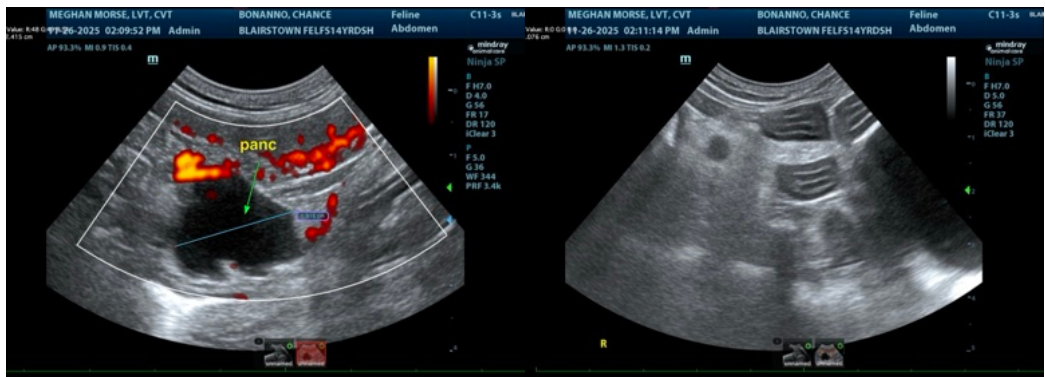
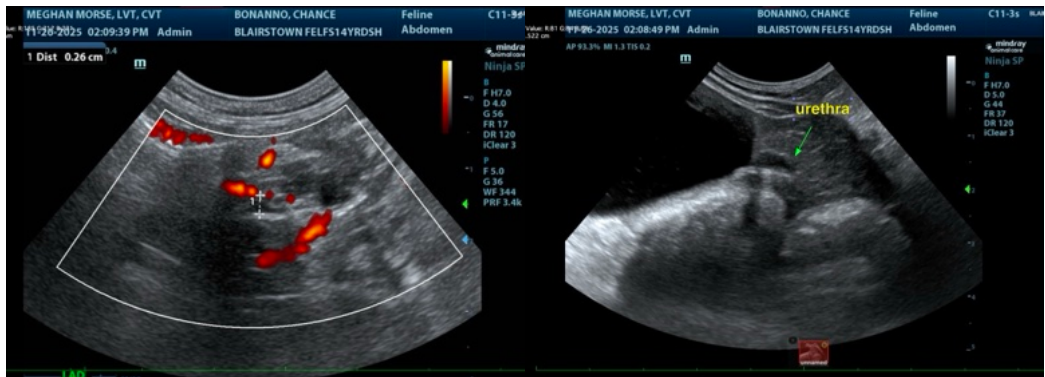
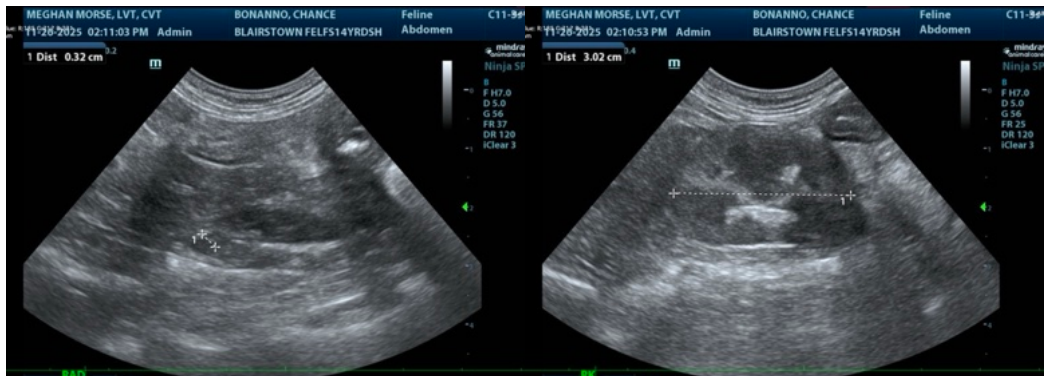
Dr. Clegg

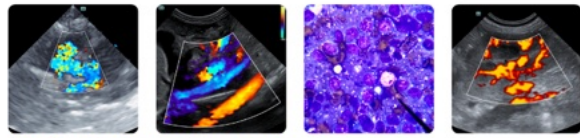
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Info@SonoPath.com

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