PATIENT

Frumpkim Walsh

SPECIES

Feline

BREED

Bengal

SEX

Neutered male

AGE

4 years

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Smithfield AH

REFERRING VET

Dr. Hull

INVOICE

71564

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- GI upset. Vomiting blood tinged fluid, bloody diarrhea. Has always had GI issues and chronic diarrhea.
- Cerenia, fortiflora
- sedated with gabapentin, Torbutrol, midazolam
- Increased wbc

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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. A cortical infarct was noted at the caudal pole of the left kidney with adjacent calculus. This is consistent with comet tail infarct owing to calculus movement. There was no evidence of active inflammation noted. The left kidney measured 3.8 cm. The right kidney measured 4.84 cm.

Adrenal Glands

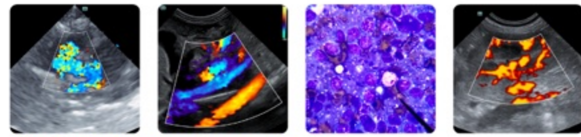
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.22 cm. The left adrenal gland measured 0.32 cm.

Spleen

The **spleen** was uniformly enlarged at 1.4 cm. The splenic parenchyma was unremarkable. The spleen was folded upon itself cranially.

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness and acceptable curvilinear mural detail. The small intestine was slightly spastic. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The right base of the **pancreas** was slightly prominent and hypoechoic.

ULTRASONOGRAPHIC FINDINGS

Left renal infarct with adjacent calculus, non-obstructive.

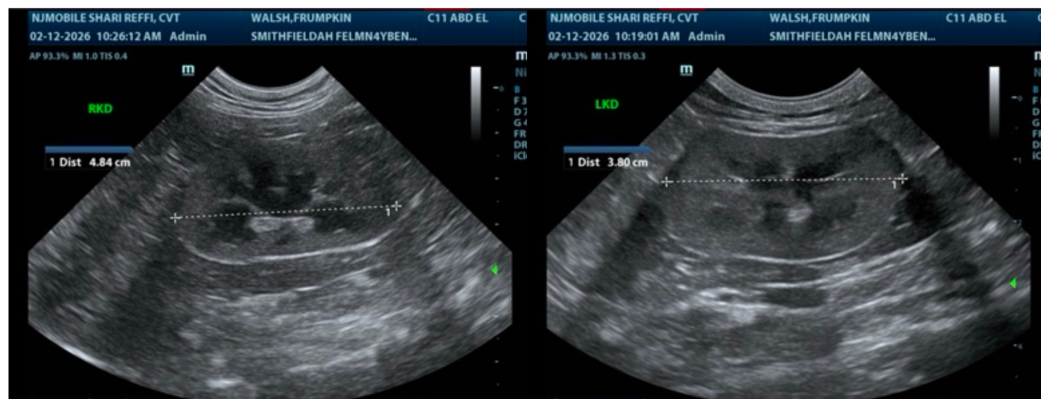
Mild, non-specific GI upset, possible low-grade right limb pancreatitis.

Splenic enlargement. Reactive spleen is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss is an issue then 25-gauge FNA of the spleen is indicated.

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism are all potentials.



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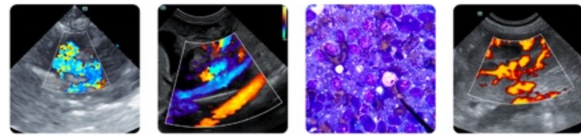
New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
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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