



PATIENT

Miss Kitty Vick

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18

WEIGHT

4.5 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Animal Wellness World

REFERRING VET

Dr. Pilkerton

INVOICE

72644

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Historical GI disease managed with long term glucocorticoids. Has been weaning-off recently without any complications. Weight loss. Dental Disease. Client declined sedation against sonographer recommendations. Given Gabapentin PO 2 hours prior to sonogram. Insufficient sedation for optimal images.

Abnormal PE/Chem/CBC/UA Results: Inflammatory leukogram 22k Segs, Mild monocytosis, Normal TT4, Normal UA by Cystocentesis. MCS: 1/3 BCS: 2/9

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 were 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. Right kidney measured 3.26 cm. Left kidney measured 3.3 cm.

Adrenal Glands

The **right adrenal gland** was 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. Right measured 0.54 cm.

The **left adrenal gland** was slightly irregular, measuring 0.35 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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. Portal vein to vena cava ratio was 1:1. 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. No obvious neoplastic patterns were noted and luminal content as unremarkable.

The mesenteric lymph nodes were enlarged, reactive. Some of the mesenteric lymph nodes were cystic, measuring up to 1.0 cm x 0.43 cm.

Pancreas

The **pancreas** was hypoechoic to surrounding minimal falciform fat with irregular contour and mild enlargement.

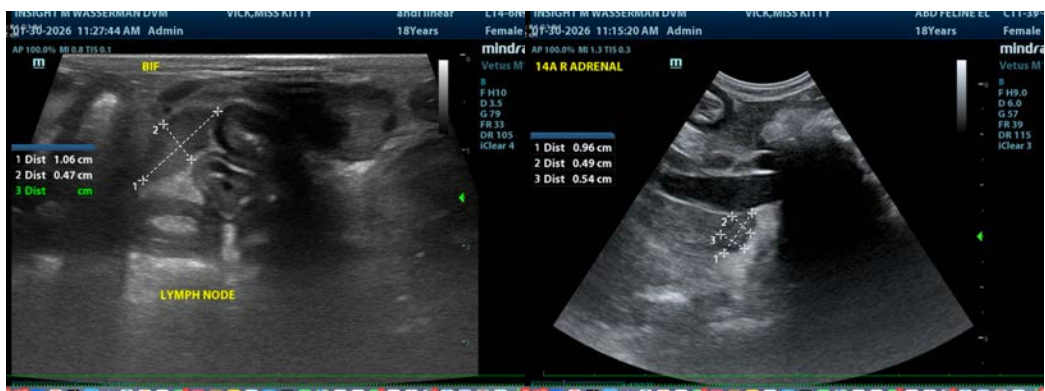
ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy, reactive and cystic – likely sequelae from chronic inflammation. No overt suspicion of neoplasia.
- Slightly irregular left adrenal gland.
- Enlarged, hypoechoic, irregular pancreas.
- Age related kidney, liver and GI changes.
- Volume contracted spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of neoplasia in this patient. Malassimilation of nutrients is a strong potential. I cannot rule out a pre-neoplastic state though not suspected. Hydration status should be evaluated in this patient.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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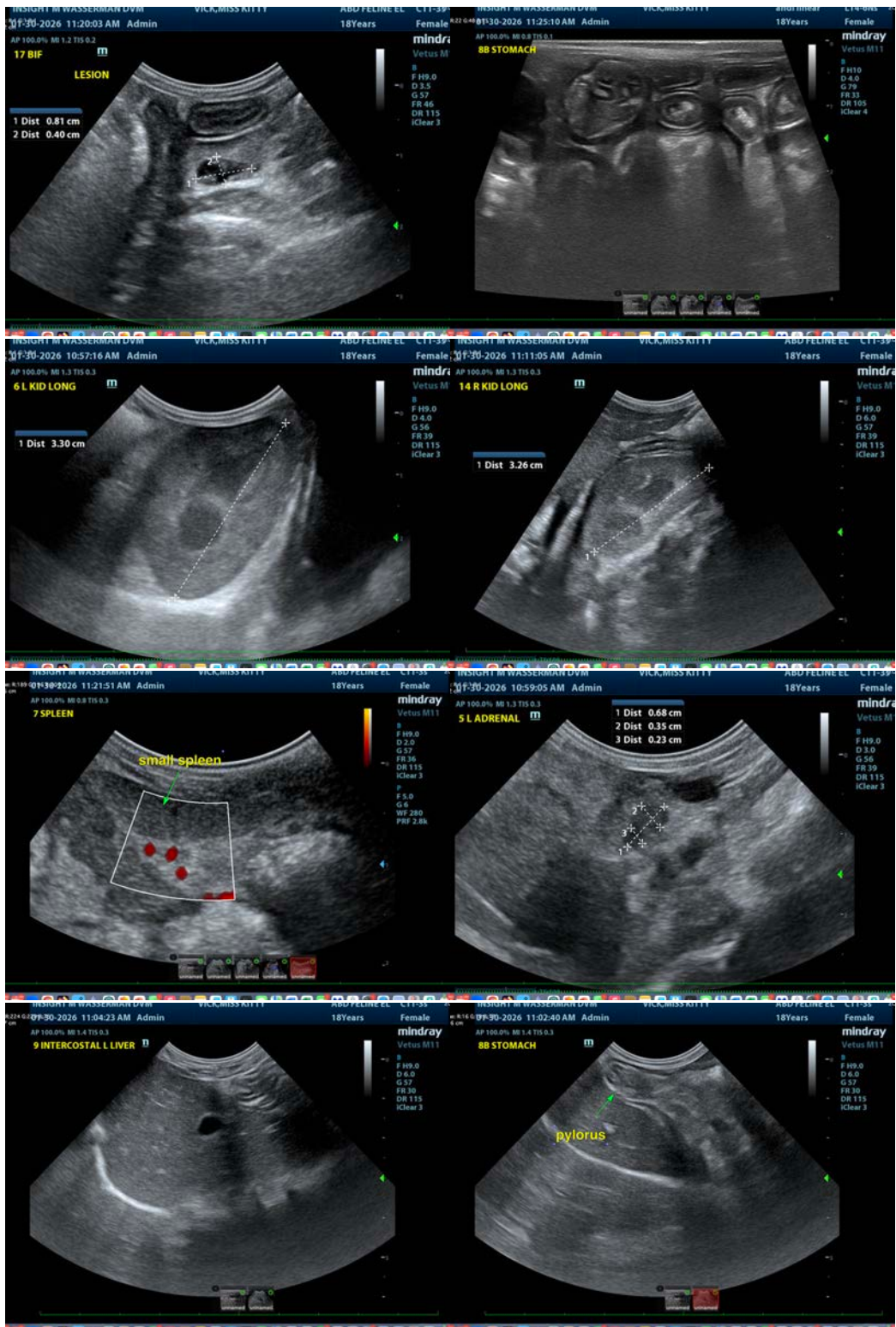
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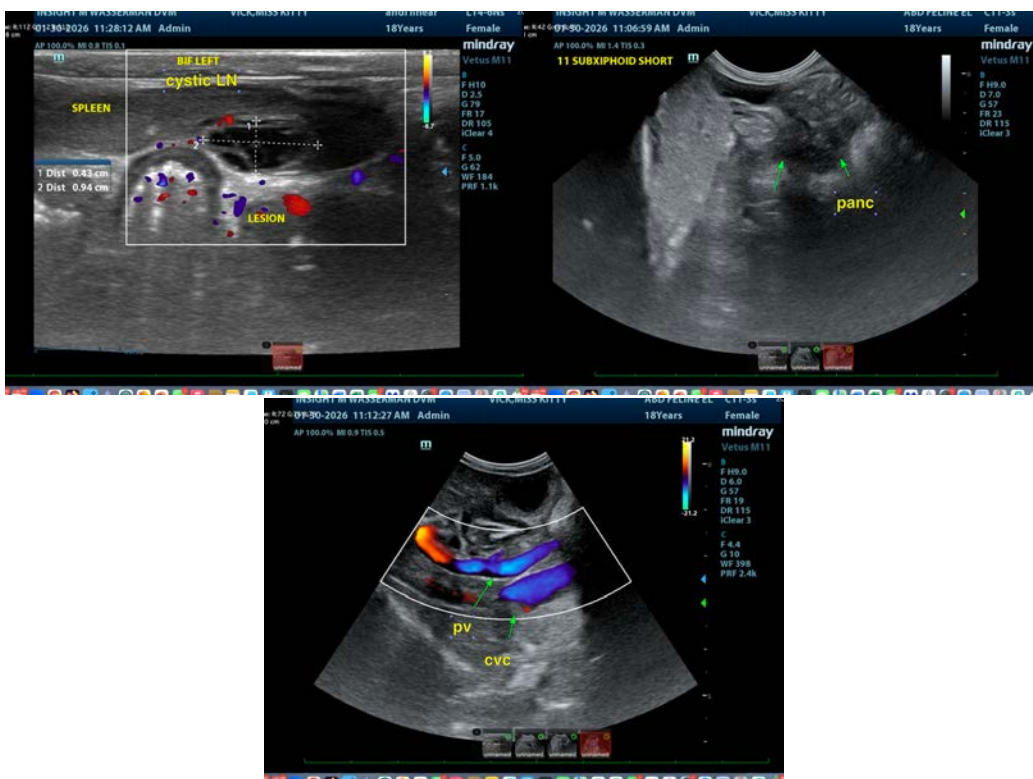
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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