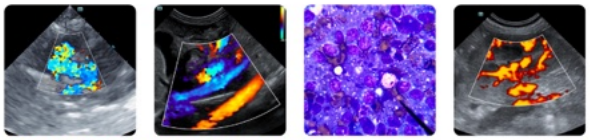


PATIENT

Lozen Stocku

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

1 year

WEIGHT

9.7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Gunther

INVOICE

69866

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: 12/11/25- initial exam for vomiting, hyporexia, lethargy. diarrhea Patient improved significantly with Cerenia, SQ fluids, 1 dose of Dexamethasone, Mirtazapine On 1/2 patient was lethargic and hyporexic. We repeated Cerenia/SQ fluids and patient responded well, however still not a normal energy level (mild lethargy) and mild hyporexia
Abnormal PE/Chem/CBC/UA Results: 12 /8 bloodwork - azotemia, elevated Pancreatic lipase 12/17 - azotemia results and pancreatic lipase back to normal

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 3.96 cm. The left kidney measured 3.5 cm.

Adrenal Glands

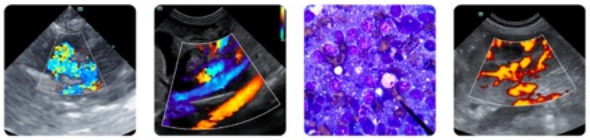
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.26 cm and right adrenal gland measured 0.35 cm.

Spleen

The **spleen** in this patient was enlarged up to 1.5 cm with micronodular changes. The spleen had a honeycomb type appearance with swollen contour. The splenic lymph node was slightly enlarged and measured 0.4 cm.

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, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. The mesenteric lymph nodes were slightly enlarged and measured up to 1.0-1.5 cm.

Pancreas

The **pancreas** was swollen, hypoechoic and irregular with undulating contour in the left limb with enhanced surrounding mesentery. This is suggestive for inflammation/pancreatitis.

Free Abdomen

Reactive mesentery was noted in the mesenteric root owing to regional inflammation.

ULTRASONOGRAPHIC FINDINGS

Splenomegaly with micronodular changes.

Low-grade pancreatitis pattern.

Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differetnails on the spleen include splenitis, round cell neoplasia, hyperplasia is possible, yet less likely. Underlying infectious agents such as Bartonella and Toxoplasmosis should be considered. 25-gauge ultrasound guided FNA of the spleen and accessible lymph nodes, cytology and culture are indicated. FNA of the left limb of the pancreas would be ideal if accessible. Prognosis is guarded depending upon cytology results.

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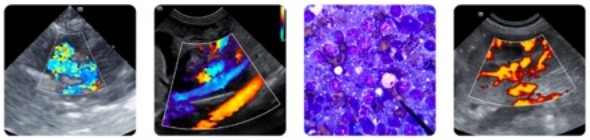

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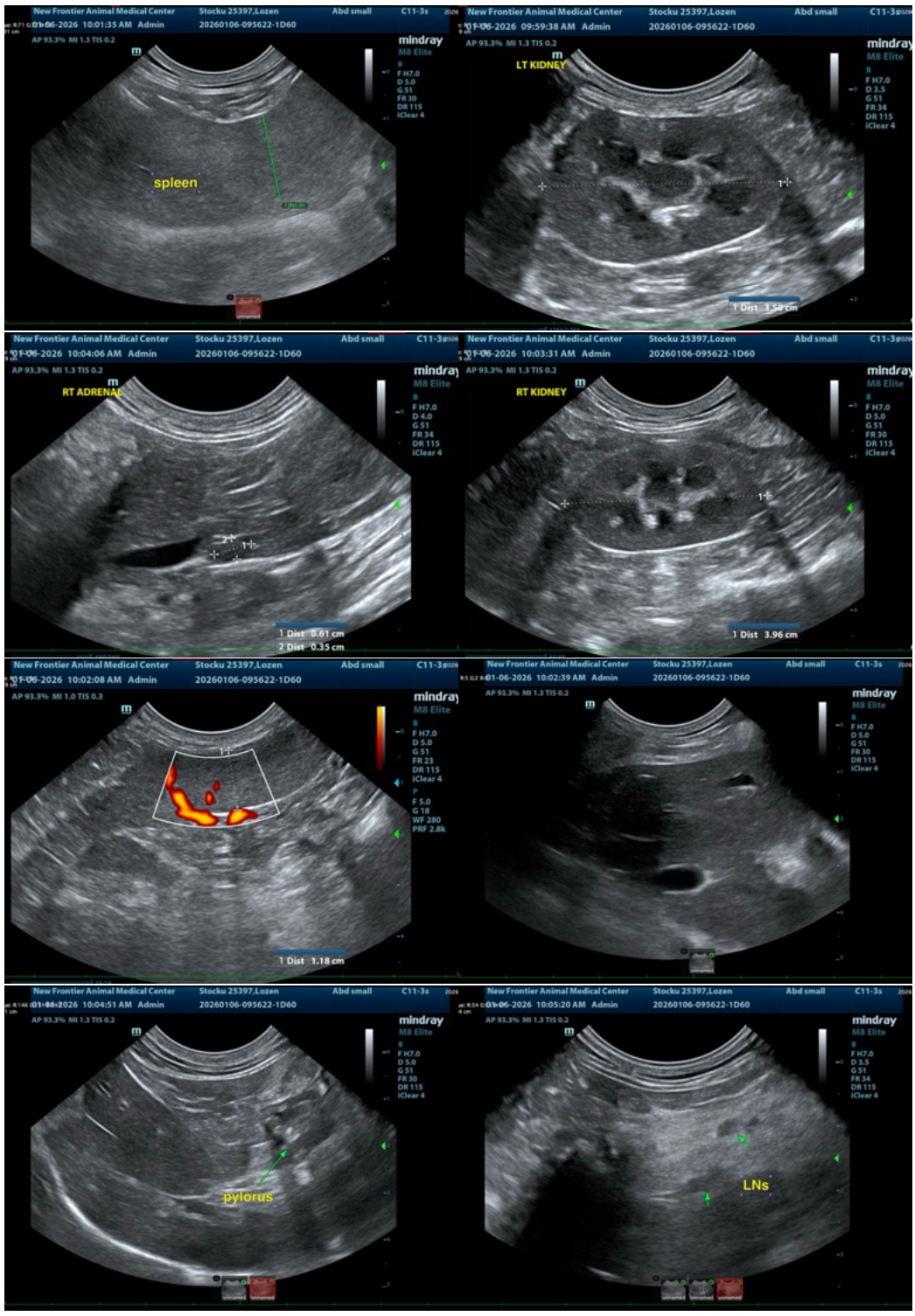

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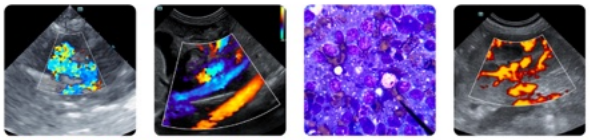

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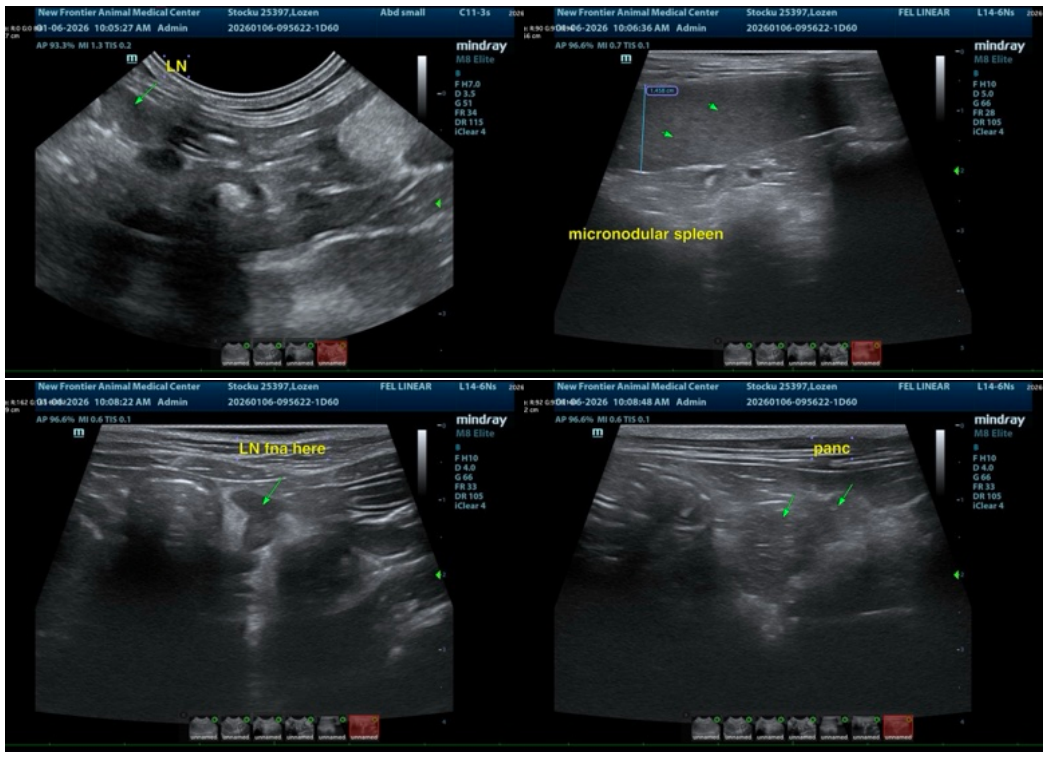

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com