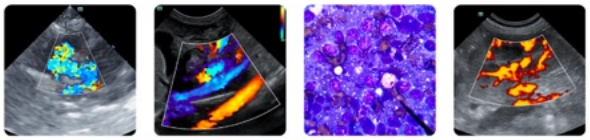

PATIENT

Kitty Horton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13-16 years

WEIGHT

7.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hemmerich

HOSPITAL NAME

Tigard AH

REFERRING VET

Dr. Hemmerich

INVOICE

68737

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: P has lost almost 2 lbs in last 6 months. P is currently vomiting daily sometimes food, sometimes bile, and seems like he wants to eat but can be picky. More wobbly than before. Defecating outside litter box - soft stool. Renal kibble + wet -- sometimes entices with cooked chicken breast Progressive non-regenerative anemia mild renal disease manual PCV 24% RBC 5.55 6.54 - 12.20 M/µL Hematocrit 21.2 30.3 - 52.3 % (was 29.0% in June) Hemoglobin 7.2 9.8 - 16.2 g/dL Neutrophils *13.30 2.30 - 10.29 K/µL Monocytes *0.68 0.05 - 0.67 K/µL Catalyst Pancreatic Lipase 4.9 0.0 - 4.4 U/L UA: Specific Gravity 1.013 Blood 2+ WBC >100 Rods present

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 and no evidence of pelvic dilation was present. The left kidney measured 3.2 cm. The right kidney measured 3.2 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 0.4 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

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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.

Gastrointestinal

The **stomach** was filled with progressively shadowing ingesta or possible hairball accumulation. Transit of chyme into the small intestine and colon appeared to be normal.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

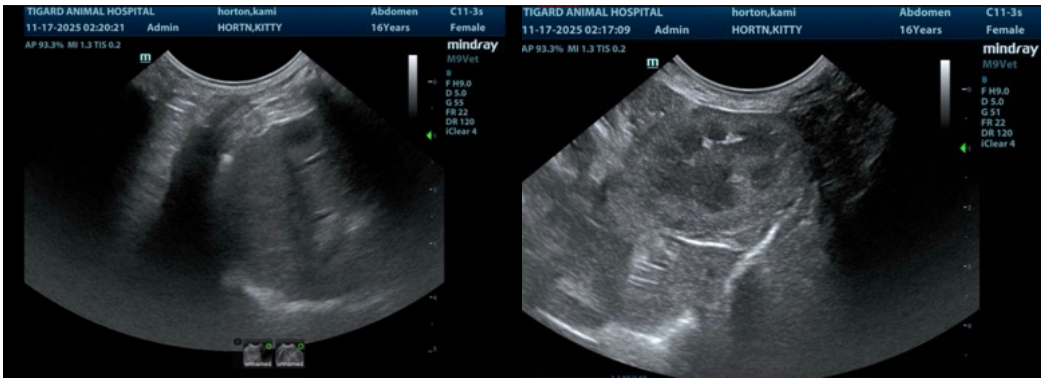
Geriatric abdomen, no evidence of visceral pathology.

Likely hairball accumulation in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CBC path review +/- bone marrow aspirate is indicated. Urine culture and sensitivity is indicated as well as management for UTI.

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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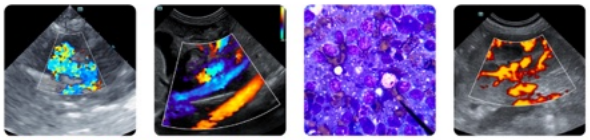

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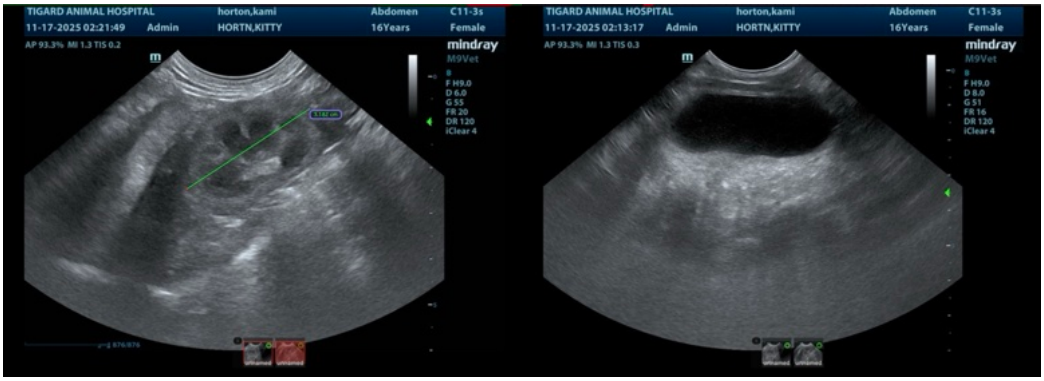

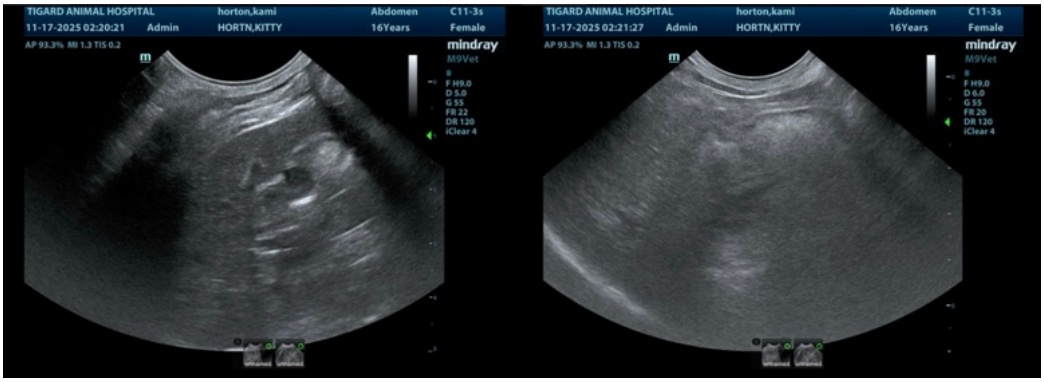

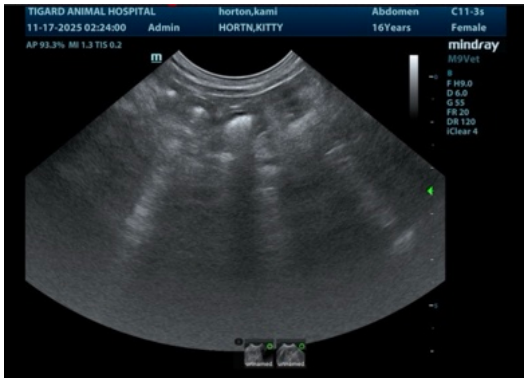

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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