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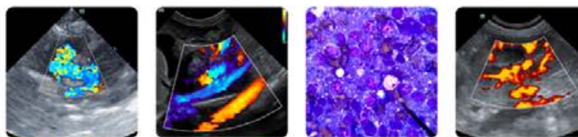


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Harley Ketterer

SPECIES
Feline

BREED
Ragdoll

SEX
Neutered Male

AGE
12 Years

WEIGHT
7 kg

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Veterinary Emergency Center

REFERRING VET
Dr. Mostoller

INVOICE
71658

DATE
11/7/25

PRESENTING CLINICAL SIGNS

Harley presents for recurrent vomiting episodes, inappetence, and weight loss. Patient History: No previous medical issues. In September, client took Harley to veterinarian for decreased appetite; food was switched from Hill's SO to Hill's w/d with gradual transition. September 26: vomited seven hairballs (1.5 inches each) - first time ever having hairballs despite long hair coat. October 7: resumed vomiting and inappetence, returned to veterinarian, received subcutaneous fluids and was started on Metamucil for 3 days. Currently on w/d diet but continuing to vomit multiple times, appears painful and lethargic today. Took a couple treats this afternoon but subsequently vomited. Three similar episodes since beginning of September. Has lost approximately 2 pounds. Previous veterinarian diagnosed pancreatitis and liver issues.

Abnormal PE/Chem/CBC/UA Results: FPLI >50 HCT 34.4 Lymphopenia Monocytosis BG 214 K 3.9 Globulins 5.4 ALT 713 GGT 9 TBili 4.6 Lipase 4343 Feline ProBNP result (pmol/L) 92.2

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. The left kidney measured 4.36 cm. The right kidney measured 4.63 cm.

Adrenal Glands

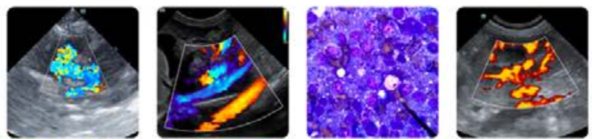
The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was mildly enlarged (1.2 cm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** presented swollen with coarse architecture and mild increased portal markings. Anechoic ascites noted between the liver lobes. The gallbladder was unremarkable. Common bile duct measured 0.50 cm. Minor echogenic bile noted.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

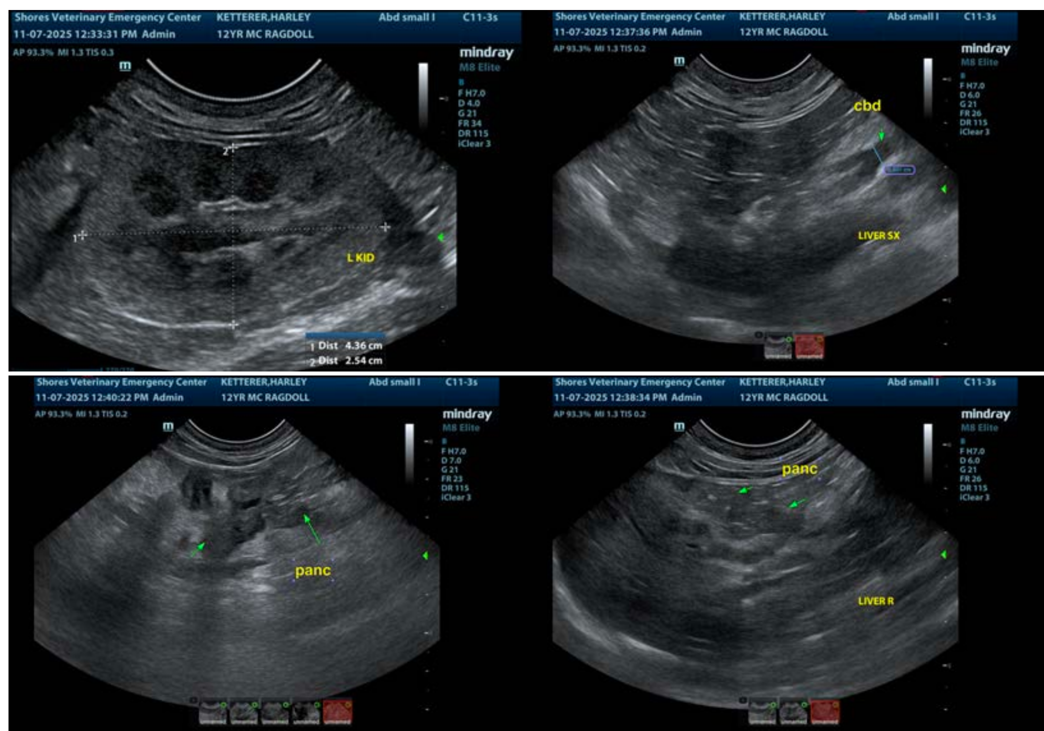
The **pancreas** was hypoechoic and mildly irregular.

ULTRASONOGRAPHIC FINDINGS

- Swollen, slightly irregular liver with free fluid.
- Mildly enlarged, micronodular spleen.
- Prominent, irregular pancreas.
- Age related renal changes.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the spleen, liver and ascites +/- pancreas would all be indicated in this patient. I'm concerned for underlying lymphomatosis, carcinomatosis, mastocytosis or similar. Management for pancreatitis warranted in the meantime. However, prognosis is guarded depending upon cytology results.



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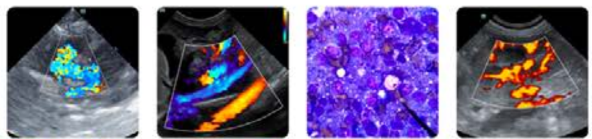

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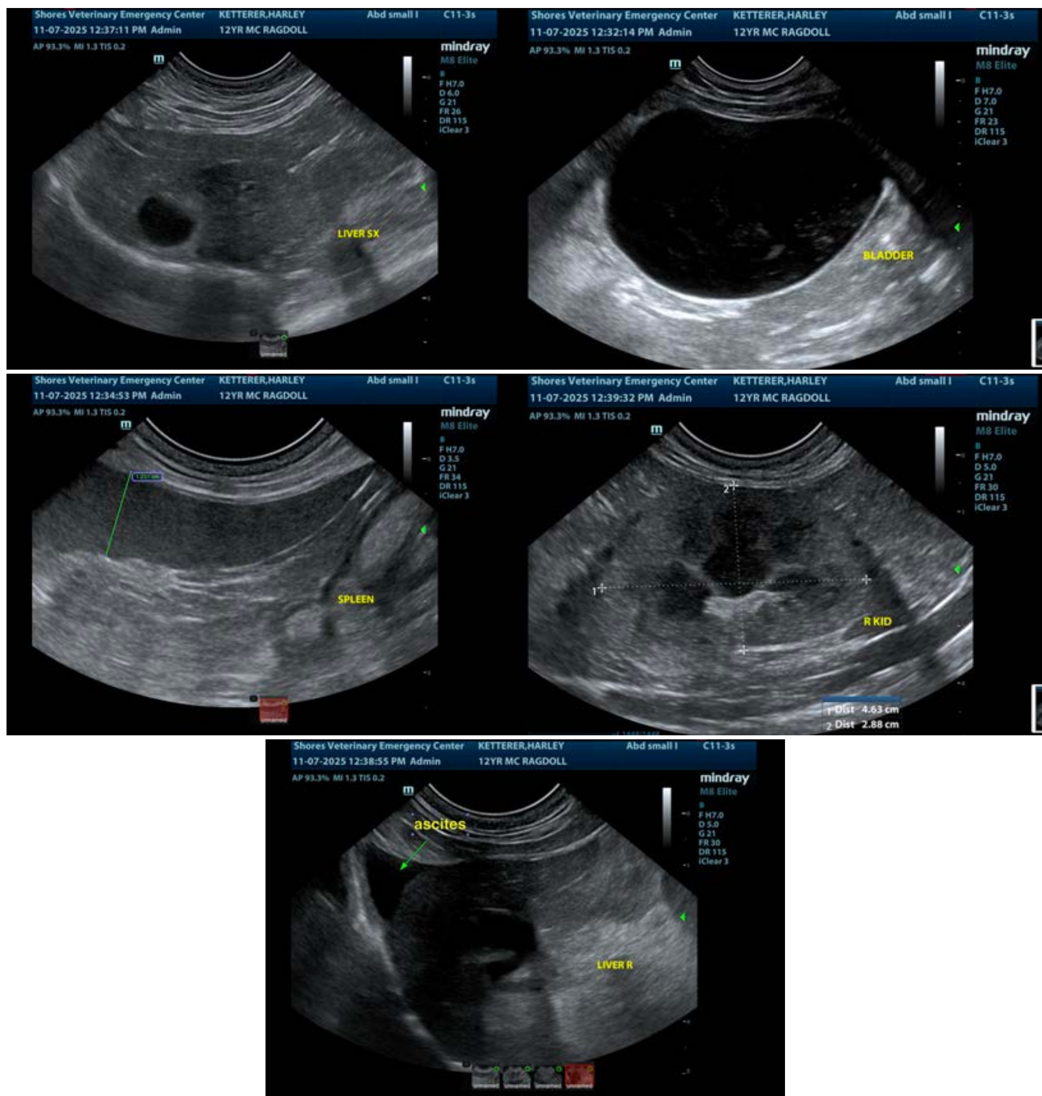

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
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