



## PATIENT

Gianna Mann

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

13 years

## WEIGHT

8.9 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Seth Edgar DVM

## HOSPITAL NAME

Overpeck Creek AH

## REFERRING VET

Dr. Edgar

## INVOICE

69589

## DATE

12/11/25

## PRESENTING CLINICAL SIGNS

**History:** Gianna is a 13 year old SF DSH presenting for recurrent on/off loss of appetite. This started back in Jan 2025, where she was presented for eating less and drinking more water. Lab work and supportive care were done. Responded well to fluids/cerenia. Lab work came back unremarkable other than a suspected elevated total t4 (3.5) and 2+ urine protein. Free t4 was added and came back WNL (2.1). Owner did not follow up with urine recheck due to finances. Over the year, she has had additional instances of loss of appetite with normal or increased appetite between. She was on miralax and mirtazapine during the most recent episode, which was in 5/25. She is currently off all medications/supplements, and having another episode lasting about 3 days. She has gained a small amount of weight since then as well. Owner was offered b12 ad folate to cornell, but declined due to finances. A b12 injection was given with subcutaneous fluids.

## 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 left kidney measured 3.44 cm. The right kidney measured 6.85 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 0.36 cm. The right adrenal gland measured 0.44 cm.

### Spleen

The **spleen** revealed multi-focal, hypoechoic, non-disruptive nodules were noted. The spleen was at the upper limits of normal in size.

### 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 **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. There are minor areas of intestinal spasming noted. No obvious neoplastic patterns were noted and luminal content as unremarkable.

### ***Pancreas***

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## **ULTRASONOGRAPHIC FINDINGS**

Slight, chronic GI changes. Inflammatory bowel type presentation.

Splenic nodules.

Periodic pancreatitis is likely, minimal evidence of active inflammation.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen would be ideal for further definition to ensure that an emerging round cell neoplastic event is not present. However, benign hyperplasia is most likely. Underlying inflammatory bowel, periodic pancreatitis is likely.



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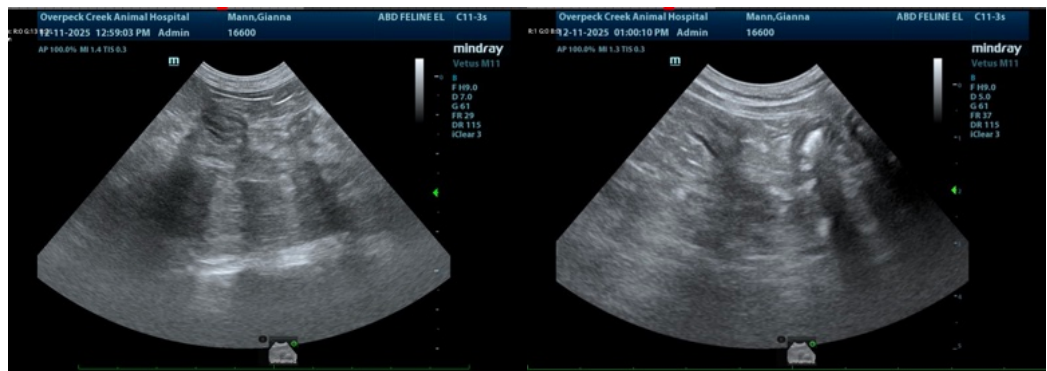
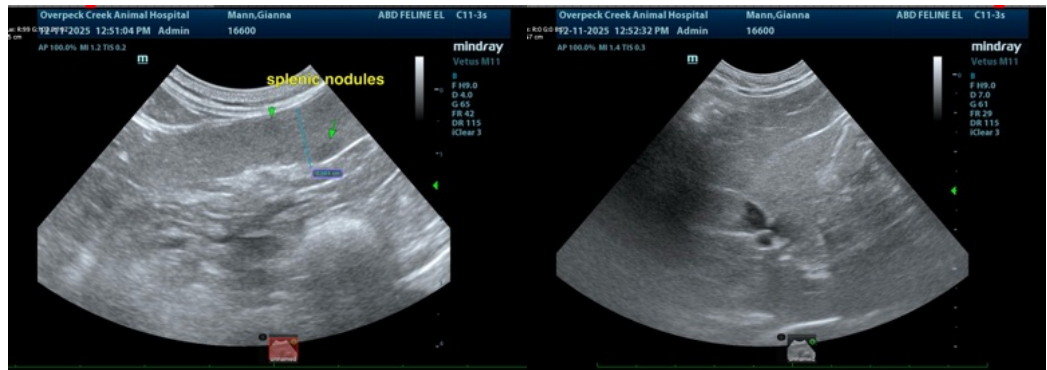
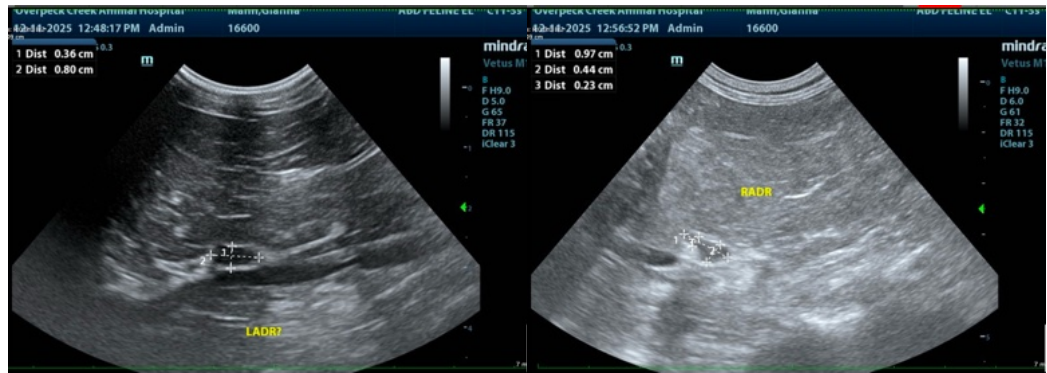
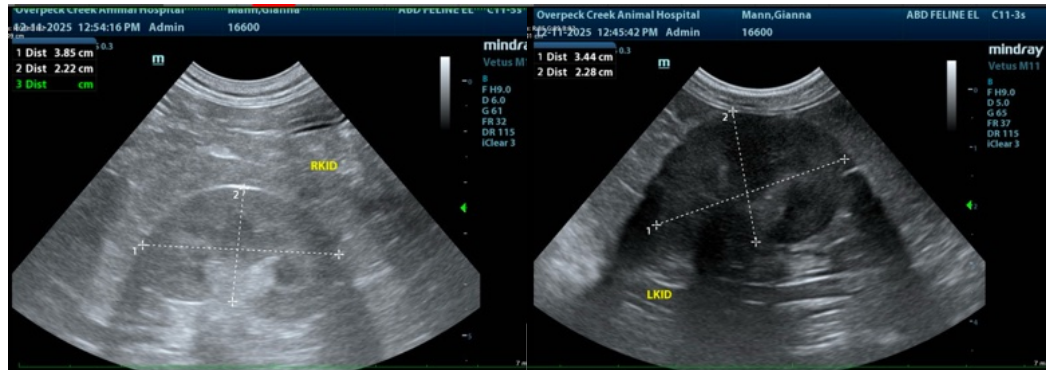
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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