



## PATIENT

Apollo Caruso

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Neutered male

## AGE

14 years

## WEIGHT

6.86 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

MEW

## HOSPITAL NAME

Weddington AH

## REFERRING VET

Dr. Walker

## INVOICE

69466

## DATE

12/19/25

## PRESENTING CLINICAL SIGNS

History: inappetence since Tuesday, not himself. O got to eat a little bit of churu and baby food 2 days ago. PE WNL except mild dehydration. Rads showed ingesta like opacity in stomach despite P not eating in more than 12 hours and possible intestinal thickening. Gave cerenia and fluids yesterday and offered different type of food, P did not eat. Returned for AUS today. Concerned for hairball, neoplasia, open.  
(12/18): Radiographs - ingesta in stomach (vs foreign material), uniform intestines, possible thickening. No obvious masses or foreign body CBC: normal leukocyte count, mild neutrophilia - r/o stress, inflammation Chemistry: mildly elevated BUN (37), creat 1.5 T4: 0.7 U/A: 1.048 USG, 2+ protein, 1+ bilirubin, quiet sediment

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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** were mildly enlarged with moderate chronic echogenic cortical remodeling. Hypoechoic subcapsular halo was noted. The right kidney measured 4.0 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 clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Echogenic gallbladder wall was noted.



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## *Gastrointestinal*

Examination of the **gastrointestinal tract** revealed an unremarkable stomach regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Variable small intestinal thickening and fluid filled dilation was noted. A hairball type density was noted in the gastric fundus, yet was non-obstructive at the time of the sonogram. Fluid filled cecum was noted.

## *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.

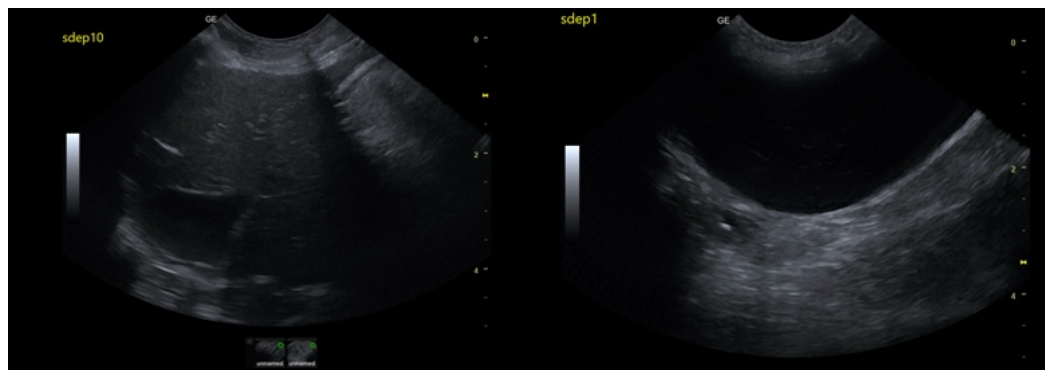
## ULTRASONOGRAPHIC FINDINGS

Moderate chronic degenerative renal changes with slight subcapsular halo.

Chronic gastroenteritis pattern with hairball density.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot rule out emerging round cell neoplasia. Given the weight loss there is a strong concern for malassimilation in this patient with potential for emerging neoplasia. Supportive care +/- FNA of either kidney is indicated. IV fluid support, hairball therapy, GI protectants and antiparasitic protocol are all indicated.





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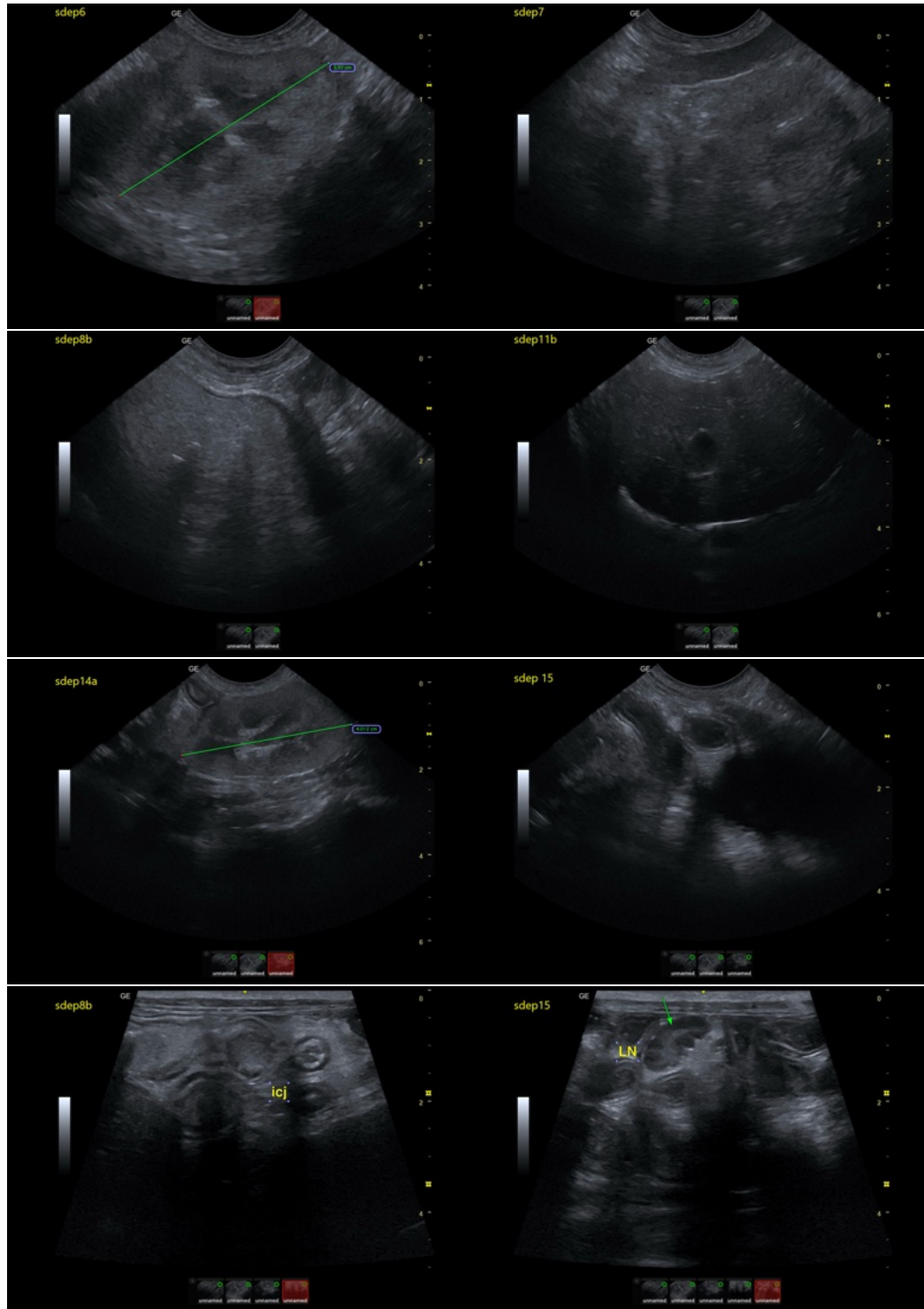
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)