



**DATE PRESENTING CLINICAL SIGNS**

12/20/25 Patient History: Mom went to check and found a few areas of blood tingled vomit. all liquid, no food. seemed painful when touched while lying in her bed. mom brought her food to her, and she was not interested in eating. automatic feeder said she has not accessed dry food since 3 pm yesterday.

**PATIENT**

Naomi Reese Current Medications: N/A.  
Labwork Results: Labwork not submitted but reported as positive for pancreatitis, hyperthyroid, BUN 35 and ALT 265.

**SPECIES**

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: DVM requested.

Feline

**BREED**

Imaging Performed by: Andi Parkinson, BS, RDMS.

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Spayed Female

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change.

**AGE**

12/19/12

**WEIGHT**

4.08 kg

**INTERPRETED BY**

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

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 3.6 cm. The right kidney measured 3.8 cm.

**HOSPITAL NAME**

Mason Dixon AEH

**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 right adrenal gland measured 0.57 cm. The left adrenal gland measured 0.52 cm.

**REFERRING VET**

Dr. Moore

**Spleen**

**INVOICE**

35981

The **spleen** was mildly enlarged (up to 1.1 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** 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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### ***Gastrointestinal***

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change.

### ***Pancreas***

The **pancreas** was prominent and hypoechoic with mild enhanced surrounding mesentery, measuring up to 1.2 cm in width, strongly suggestive for chronic active pancreatitis.

### ***Free Abdomen***

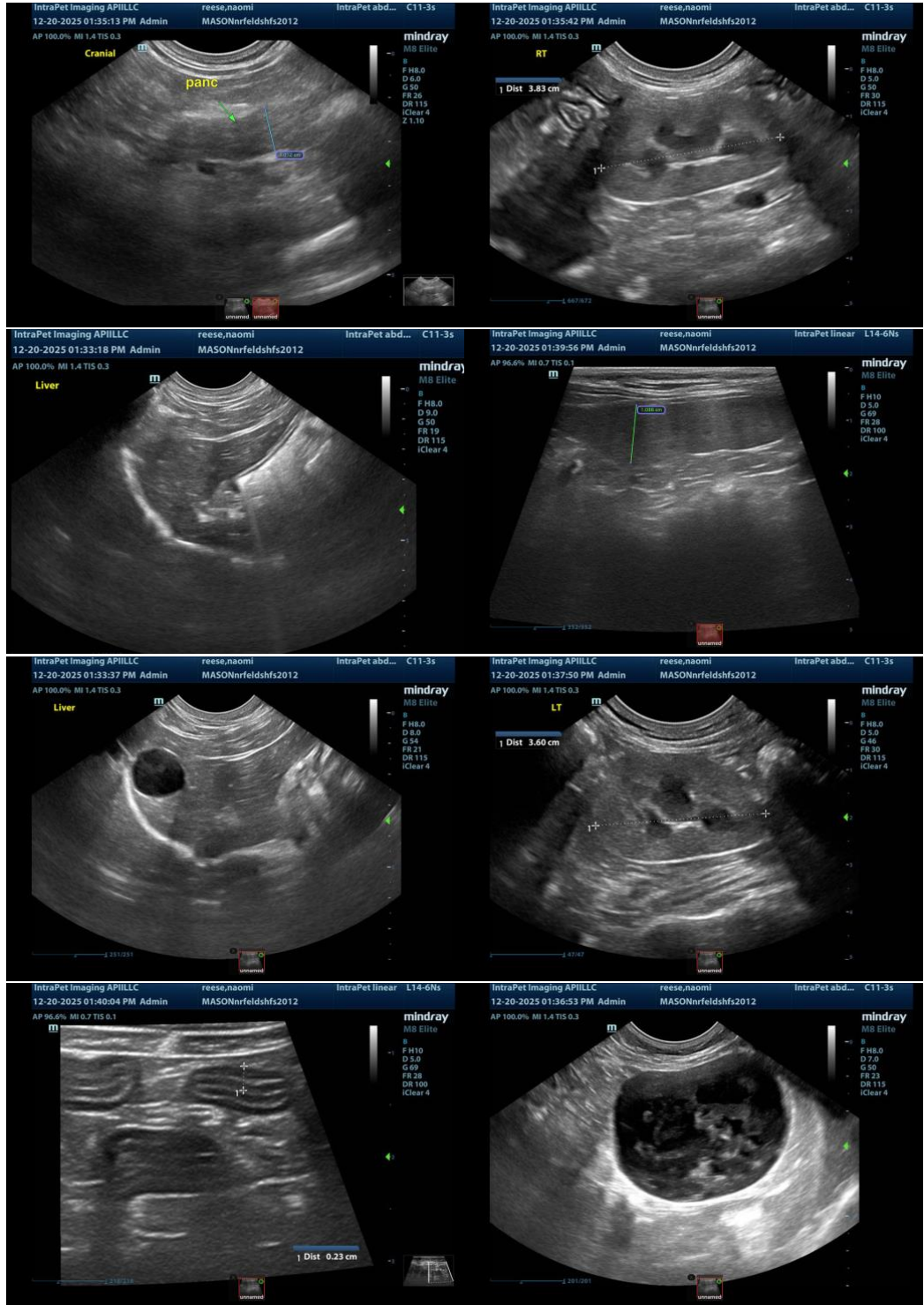
The mesenteric **lymph nodes** (1.5 cm x 0.44 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

## **ULTRASONOGRAPHIC FINDINGS**

- IBD GI pattern
- Prominent chronic pancreatitis
- Reactive spleen- mild potential for round cell neoplasia
- Reactive mesenteric lymph nodes
- Age-related renal changes
- Urinary bladder debris

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

FNA of the spleen and pancreas would be ideal in this patient. Empirically, after to any sampling, broad spectrum antibiotics with pain management and fluid support are indicated. Low dose prednisolone may be necessary for settling on any inflammation. Recheck sonogram in 5-7 days if clinical signs are not resolving.





**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.

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