



DATE PRESENTING CLINICAL SIGNS

12/20/25 Patient History: Anorexia and adipsia for the past 2 days and continues to refuse food and water. Diarrhea began ~1 week ago, progressed from runny to watery and is almost constant with occasional dripping while walking. One episode of vomiting ~3 days ago consisting of dry food.

PATIENT

Rocky Myers Current Medications: N/A.
Labwork Results: Labwork not submitted but reported as--
MDAEH 12/19

SPECIES

Blood gas
K 3.4 mmol/L (L)
Feline CBC
NSF

BREED

PCV/TS
36%/7.0mg/dL
DSH fPL
6.4 ng/mL - consistent with pancreatitis AERC 12/18

SEX

Neutered Male CBC
NSF
Chemistry
Ca 8.3

AGE

12/18/20 Glu 168
Tbili 0.6
Mg 3.0
Triglycerides 181

WEIGHT

9.2 kg Radiographs consistent with gastroenteritis, mild hepatomegaly and splenomegaly.

INTERPRETED BY

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

HOSPITAL NAME

Mason Dixon AEH

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.

REFERRING VET

Dr. McCarty

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 4.33 cm. The right kidney measured 4.64 cm.

INVOICE

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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 0.48 cm. The right adrenal gland measured 0.62 cm.

Spleen

The **spleen** was mildly enlarged, measuring up to 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** 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. A hyperechoic lipid plaque was noted in the cranial liver, measuring 1.68 cm. The gallbladder was duplicated in this patient, not pathological. This is a normal variant.

Gastrointestinal

The **stomach** itself was unremarkable. The small intestine was unremarkable. The colon was mildly thickened (0.45 cm) with some early loss of mural detail.

Pancreas

The **pancreas** hypoechoic with minor undulating contour, measuring 0.45 cm in width.

Free Abdomen

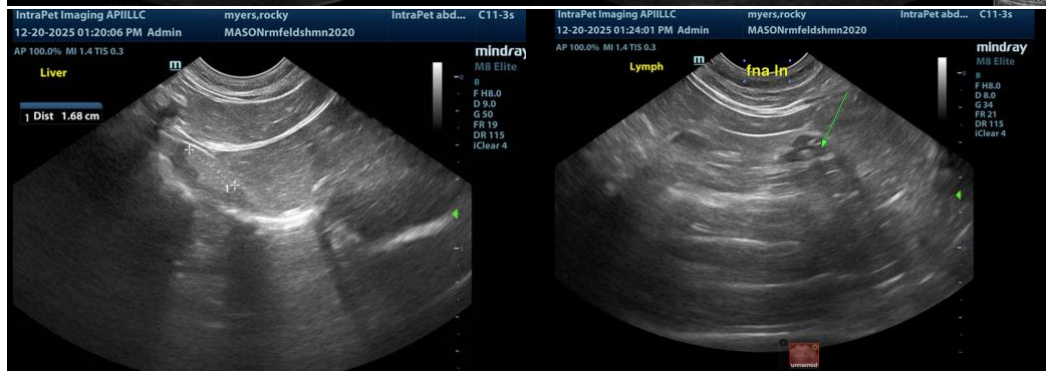
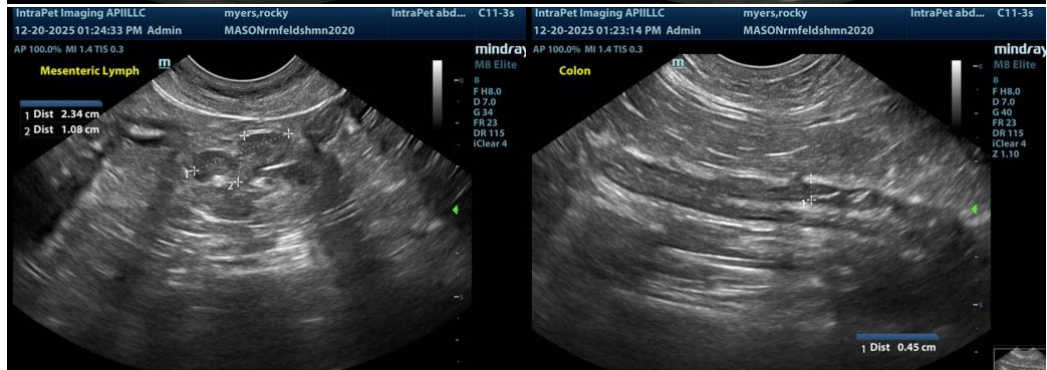
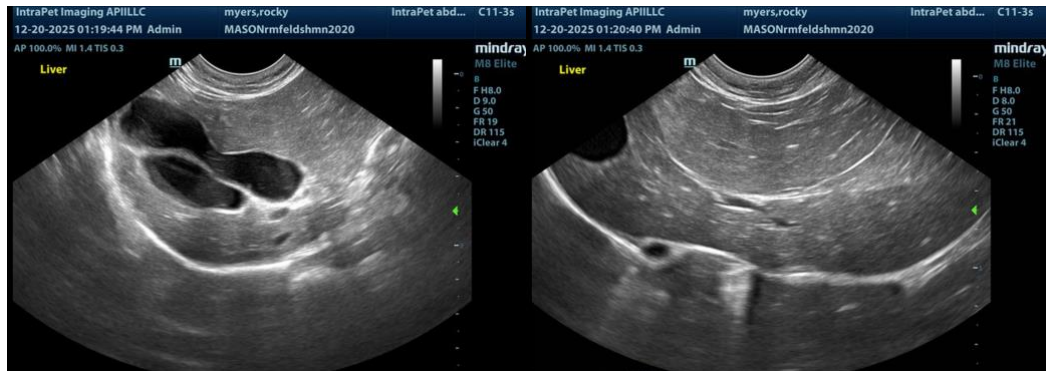
A mesenteric **lymph node** (2.34 cm x 1.08 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

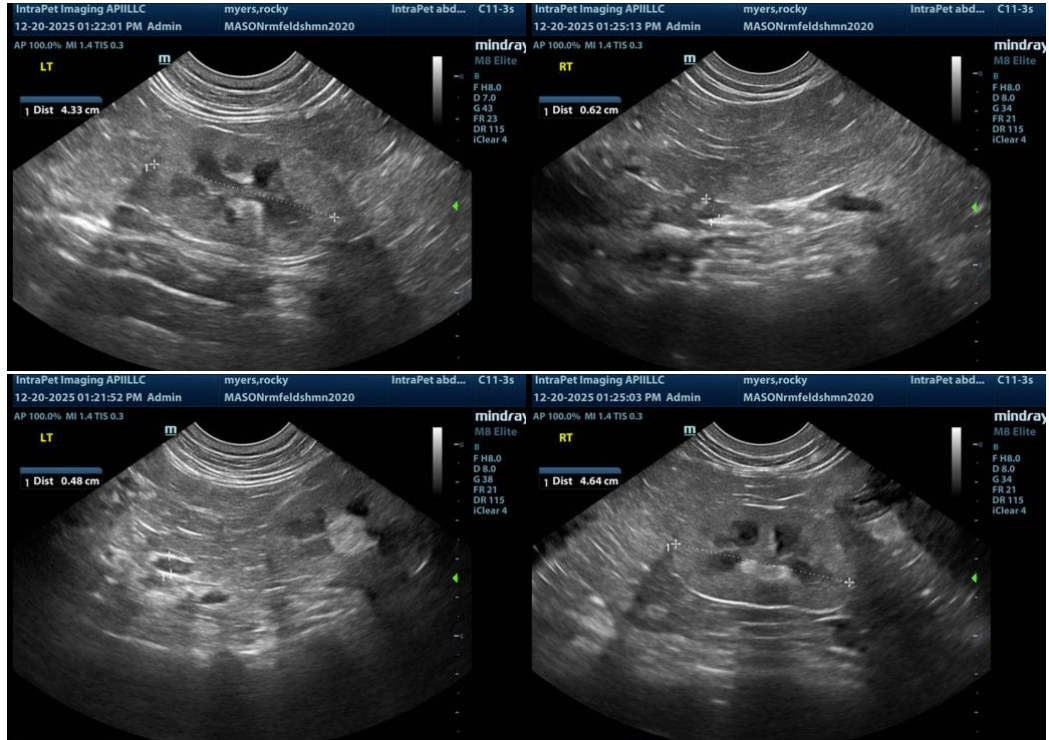
ULTRASONOGRAPHIC FINDINGS

- Mild splenic enlargement
- Mesenteric lymphadenopathy
- Prominent pancreas – potential low-grade pancreatitis
- Mildly thickened colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the spleen and accessible lymph nodes is recommended to assess for lymphadenitis and reactive spleen versus emerging round cell neoplasia, though not overtly suspected. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Underlying infectious agents or emerging round cell neoplasia are primary concerns in this patient. Broad spectrum antibiotics, supportive care, pain management, and potential low dose prednisolone are all potential valid empirical interventions.





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
info@SonoPath.com