



PATIENT

Olivia Scheffer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

7.78 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jenni Tudini
MRCVS, SDEP Cert

HOSPITAL NAME

Fetch The Vet Mobile
Veterinary Practice

REFERRING VET

Dr. Seward

INVOICE

71660

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- Patient experienced an acute loss of appetite in early December '25 and it has failed to return in spite of multiple diets being offered to patient. Elura hasn't helped patient. There has been no C/S/V/D, owner does feel that she drinks a lot, but she always had so this may not be a pertinent finding. Patient appears to want to eat, she walks up to food, sniffs at it but then walks away Patient is hyperthyroid and receives transdermal methimazole BID.
- P/e: unremarkable - small 1-2 x 1-2 cm firm structure palpated in cranial abdomen prior to scheduling ultrasound. I cannot appreciate this today on day of scan, BCS 5/9 - CBC: unremarkable - Biochem: BUN 41 (16-37), all other parameters including fPL WNL - T4/Free T4: WNL - Fecal: NPS

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pinpoint renal mineralization was noted. The right kidney measured 4.33 cm. The left kidney measured 2.9 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 0.37 cm and the right measured 0.3 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.



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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. Occasional, hyperechoic nodule was noted consistent with cystadenoma, not pathological. 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

A mild amount of fluid was noted in the **stomach** without evidence of peristalsis. Normal curvilinear patterns were maintained throughout the GI tract. No evidence of foreign body. A minor amount of stasis was noted in the stomach. The distal small intestine revealed transit of chyme; however, portions of empty small intestine was noted. I cannot rule out obstruction. The colon presented with normal curvilinear patterns and no evident pathology. This presentation is most consistent with gastric ileus or idiopathic stasis.

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

Structurally unremarkable geriatric abdomen.

Prominent pancreas. Possible low-grade pancreatitis.

Gastric ileus likely owing to systemic disease; however, GI obstruction cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is warranted. The exact cause of the clinical signs is not overtly evident in this patient. However, some level of pancreatitis is possible.

GI transit should be monitored. If clinical signs persist a recheck sonogram is recommended. GI protectant protocol, assessment for disease and other systems such as CNS or thoracic cavity are indicated.



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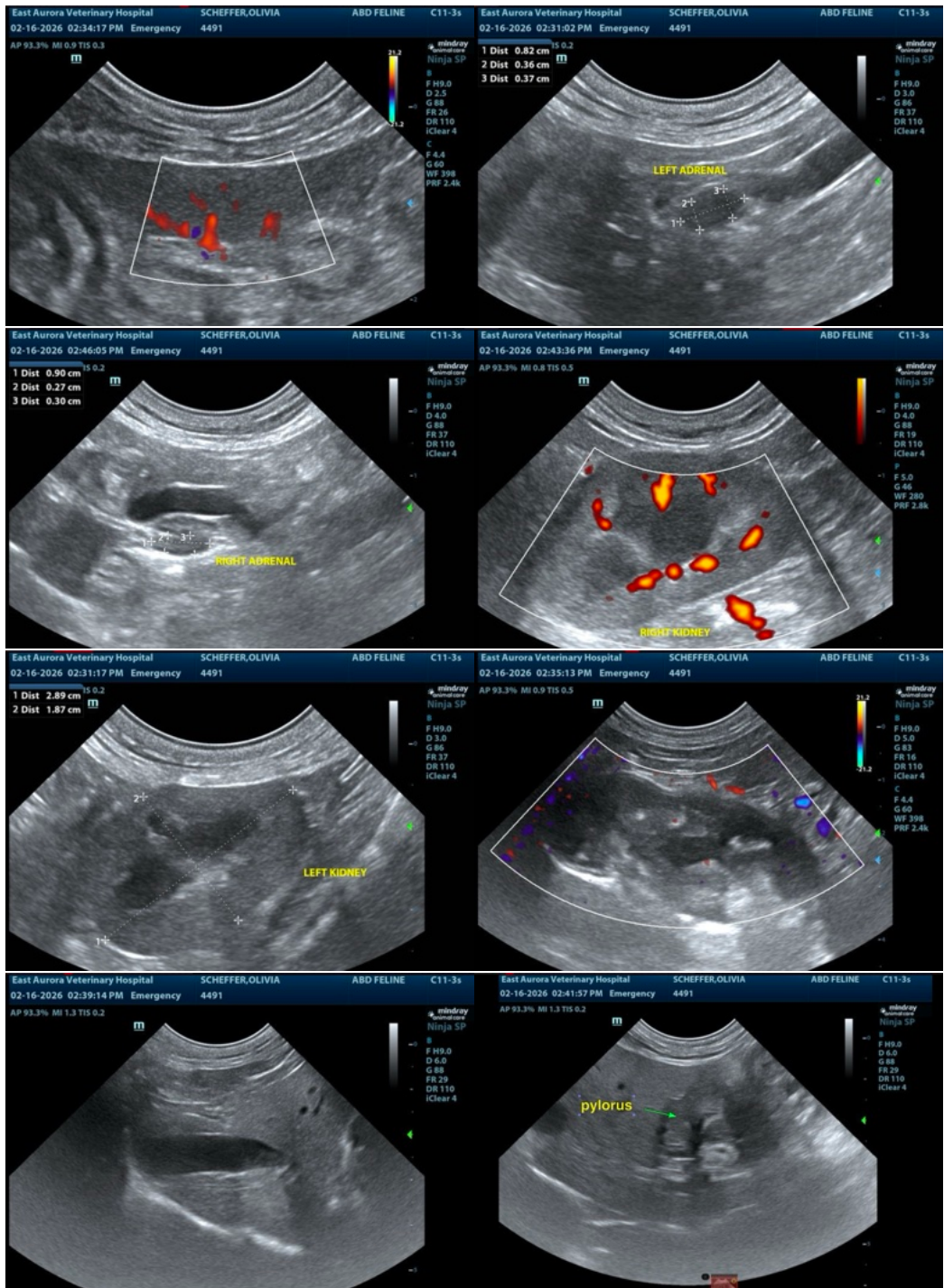
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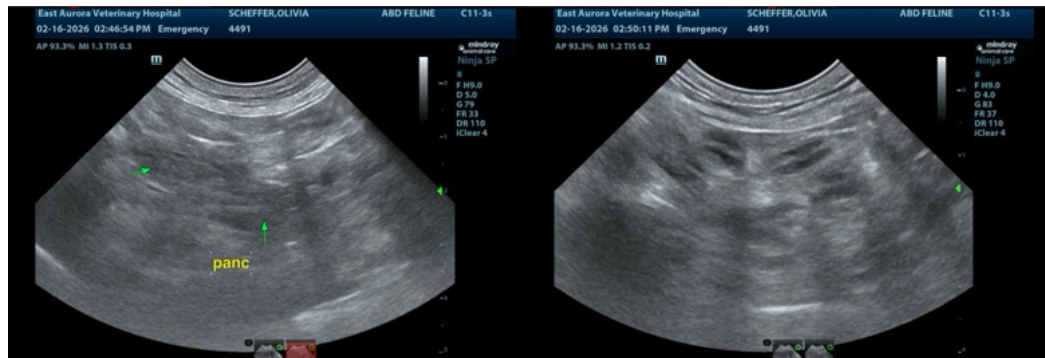
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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