

**DATE PRESENTING CLINICAL SIGNS**

2/27/26

**Patient History:** Weight loss.  
**Current Medications:** None.  
**Labwork Results:** Labwork attached, reported as WNL.  
**Date of Previous IntraPet Ultrasound:** No previous.  
**Sedation:** Gas- Isoflurane  
**Stat Report:** Not requested.  
**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**PATIENT**

Porkchop Giuliano

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Domestic Shorthair

**Urinary System**

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.

**SEX**

Spayed female

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 right kidney measured 3.66 cm and the left kidney measured 3.3 cm.

**AGE**

4/25/18

**WEIGHT**

7.8 lbs

**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 0.28 cm. The right adrenal gland measured 0.37 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was at the upper limits of normal measuring 1.0 cm. Slight undulating contour was noted.

**HOSPITAL NAME**

Chadwell AH

**REFERRING VET**

Dr. Gold

**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.

**INVOICE**

72059

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated

normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity 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**

Bladder debris.

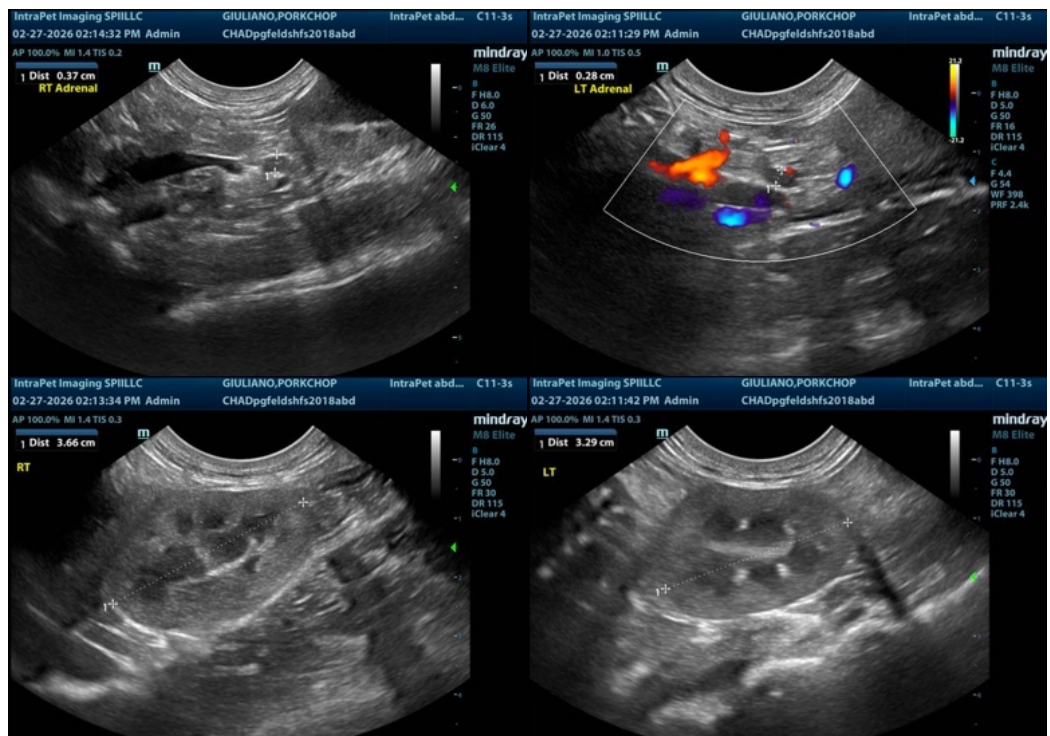
Upper limits of normal spleen, slight undulating contour, likely benign.

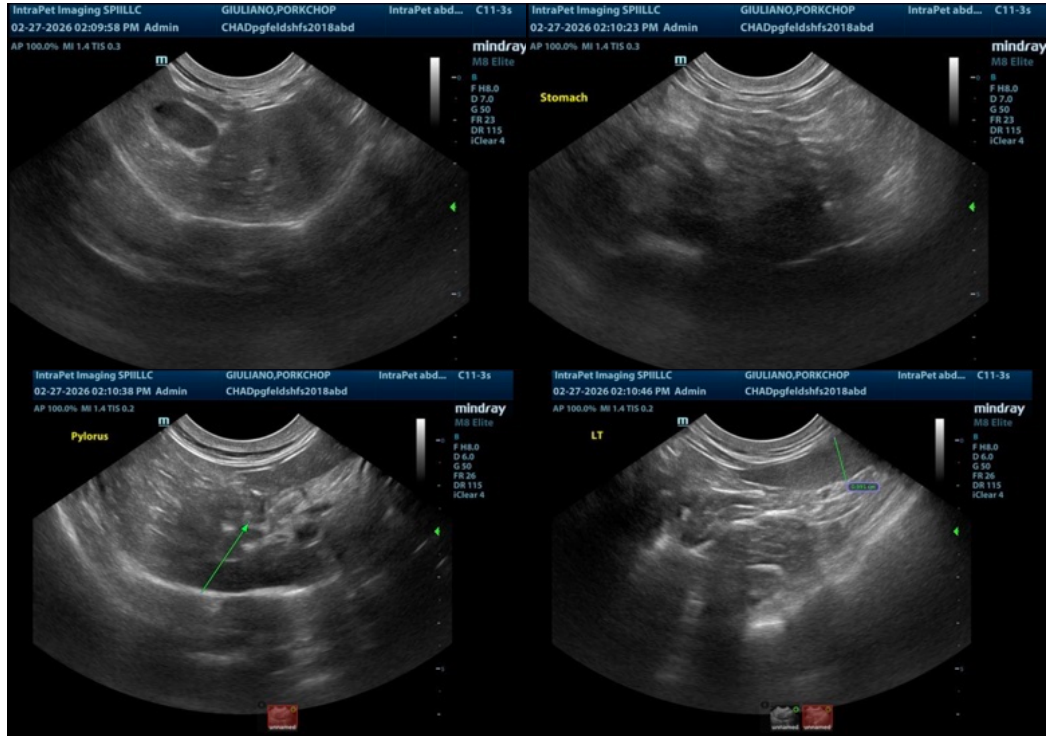
Structurally unremarkable abdomen.

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

There was no evidence of visceral pathology directly related to the clinical history. Screening FNA of the spleen could be considered, yet structurally appears unremarkable.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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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