



## PATIENT

Townshend Smith

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

15 ½ years

## WEIGHT

14 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Carter

## HOSPITAL NAME

Willamette VH

## REFERRING VET

Dr. Carter

## INVOICE

73414

## DATE

3/11/26

## PRESENTING CLINICAL SIGNS

- Vomiting and weight loss for the last 2-3 months.
- Normal to maybe increased appetite
- Vomits ~ q10-15 days
- Vomitus is brown sludge, very watery
- Hasn't seen a vet in 6-7 yr
- Exam unremarkable other than reported weight loss; no previous records or known wt prior to exam neutrophils 12798, monocytes 632 T4 normal at 2.2 usg 1.019 No parasites seen on fecal Felv, FIV, hwt all neg

## 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. The left kidney measured 3.94 cm. The right kidney measured 3.3 cm. Blood flow to the kidneys was subnormal on color flow assessment.

### Adrenal Glands

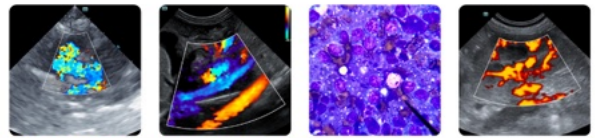
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

### Spleen

The **spleen** revealed subtle, micronodular changes were noted with slight scalloping contour. The spleen was at the upper limits of normal in size and measured 0.83 cm.

### Liver

The **liver** was swollen and mildly irregular in contour with slightly increased portal markings. 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.



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## Gastrointestinal

The **stomach** revealed a 3.0 cm hairball type density noted in the stomach. The gastric wall and small intestine were unremarkable other than minor muscularis hypertrophy. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

## 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

Swollen and mildly irregular liver.

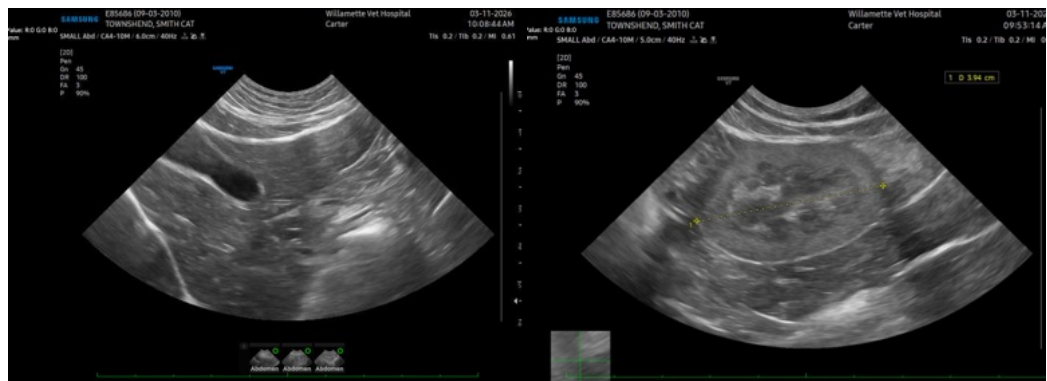
Micronodular splenic changes.

Otherwise, geriatric abdomen with minor hairball density and slight intestinal thickening.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver could be considered for further definition to ensure that an occult neoplastic round cell event is not occurring at a very early phase. However, these changes may be completely benign. Given the weight loss, this is likely a solid next step. Management for hairball accumulation and further diagnostics for the weight loss would be indicated. Diet change to a hydrolyzed diet is indicated.

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.





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