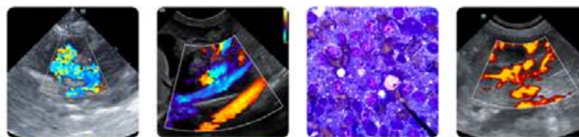


PATIENT

Lucy Arachtingi

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15.5

WEIGHT

4.0

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Leah Richter

HOSPITAL NAME

Allied Veterinary Emergency & Referral

REFERRING VET

Dr. Leah Richter

INVOICE

75165

DATE

5/14/26

PRESENTING CLINICAL SIGNS

Suspect IBD vs lymphoma and has been struggling to control nausea. Vomited last night.
History of chronic upper respiratory infection and hyperthyroidism. Meds: Chlorambucil -- last received last night, Prednisolone 2.5mg PO q12 -- last received this morning, Cerenia PRN for nausea -- last received last night. Methimazole 1.25mg PO q12 -- last received this morning. Proviable w/ food once daily (PM). Abnormal PE/Chem/CBC/UA Results: WNL

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 were noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.2 cm. The right kidney measured 4.2 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 adrenals measured 0.40 cm each.

Spleen

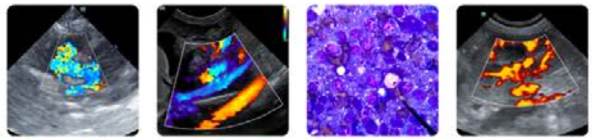
The **spleen** presented uniform parenchyma with minor capsular swelling at 0.90 cm in width (upper limits of normal).

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 was empty.

Gastrointestinal

The **stomach** was filled with ingesta or possible hair accumulation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.



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Pancreas

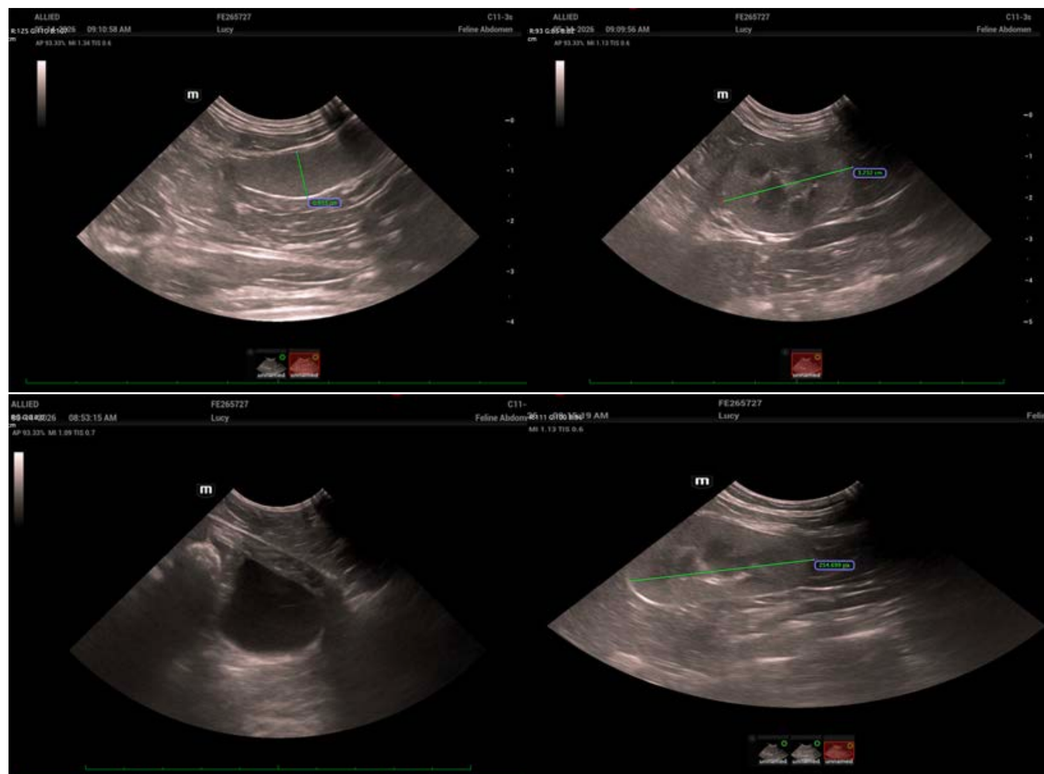
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

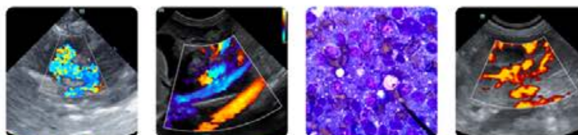
ULTRASONOGRAPHIC FINDINGS

- Interstitial nephrosis renal pattern.
- Minor splenic swelling.
- Ingesta or possible hairball in stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unremarkable abdomen. I cannot rule out a suppressed round cell neoplastic event given Prednisone/Leukeran combination, yet no overt evidence of neoplasia present other than slight splenic swelling. Promotility medications and hairball therapy may be appropriate given the patient history.





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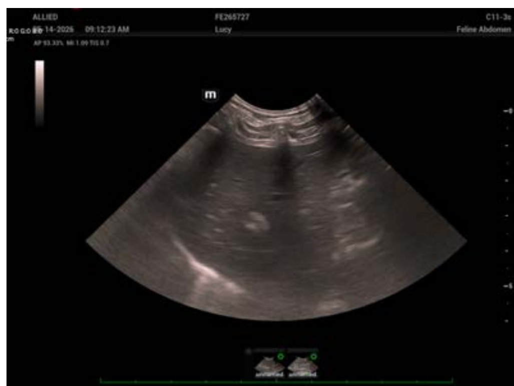

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com