



**PATIENT**

Nellie Meneghin

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

9 years

**WEIGHT**

7.94 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Marco Lichfield

**HOSPITAL NAME**

Sova AH

**REFERRING VET**

Dr. Bott-Wentworth

**INVOICE**

30521

**DATE**

5/19/22

**PRESENTING CLINICAL SIGNS**

History: History of anorexia, vomiting, weight loss, second time this year R/O cystitis, cystolith, other. second time this happened and responded with convenia injection.  
Abnormal PE/Chem/CBC/UA Results: hypoalbuminemia 2.4g/dL, mild hypocalcemia 7.4mg/dL, neutrophilia 11528, lymphopenia 1179/uL free t4 wnl and fecal negative

**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 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 3.81 cm. The left kidney measured 3.48 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 right adrenal gland measured 0.31 cm. The left adrenal gland measured 0.32 cm.

**Spleen**

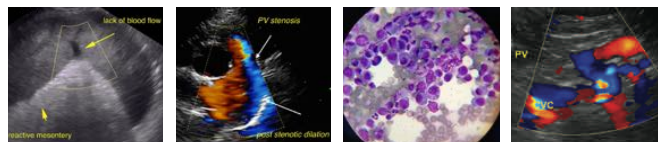
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** revealed coarse architecture with mildly increased portal markings. The gallbladder was essentially empty, yet mildly thickened. The cystic duct was mildly tortuous. The common bile duct was normal and measured 0.3 cm.

**Gastrointestinal**

The stomach was filled with ingesta. Transit of chyme appeared to be normal. This is consistent with post prandial presentation. Mucosal fogging was noted in portions of the small intestine. Soft stool was



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noted in the colon. 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.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

Structurally unremarkable abdomen with minor areas of mucosal fogging.

Full stomach, post prandial presentation.

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Protein losing enteropathy may be an issue given the albumin. There is no overt evidence of neoplasia.

**WEIGHT**

7.94 lbs

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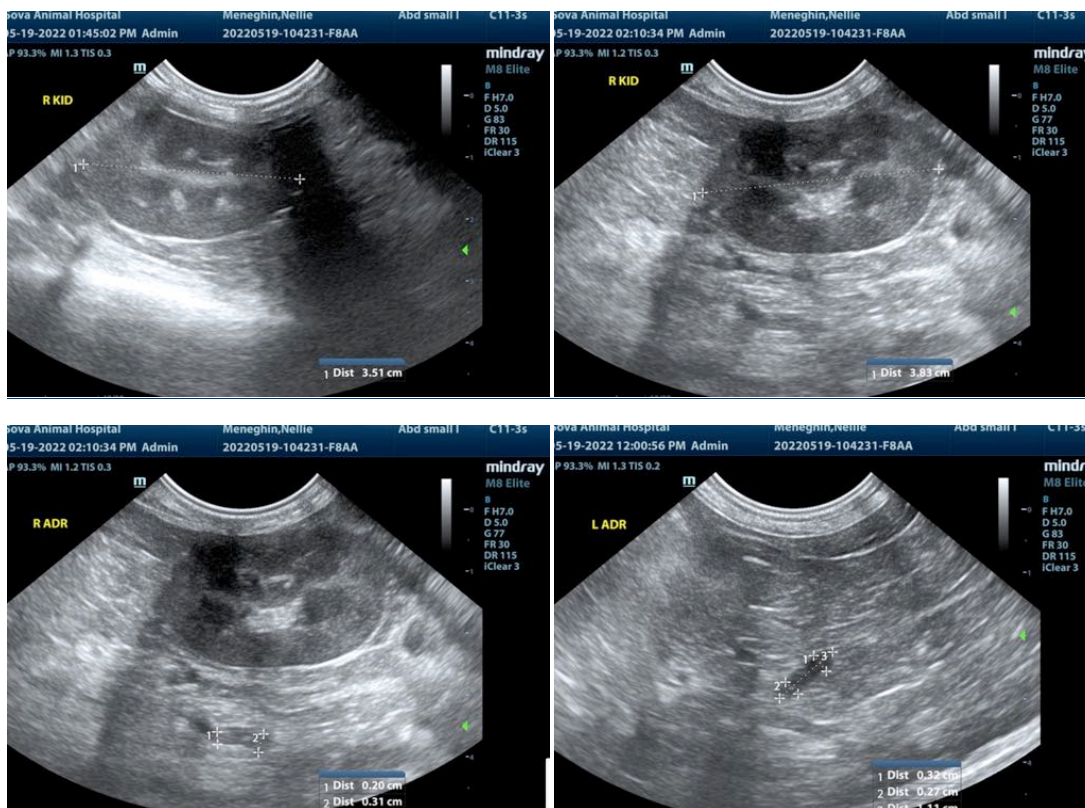
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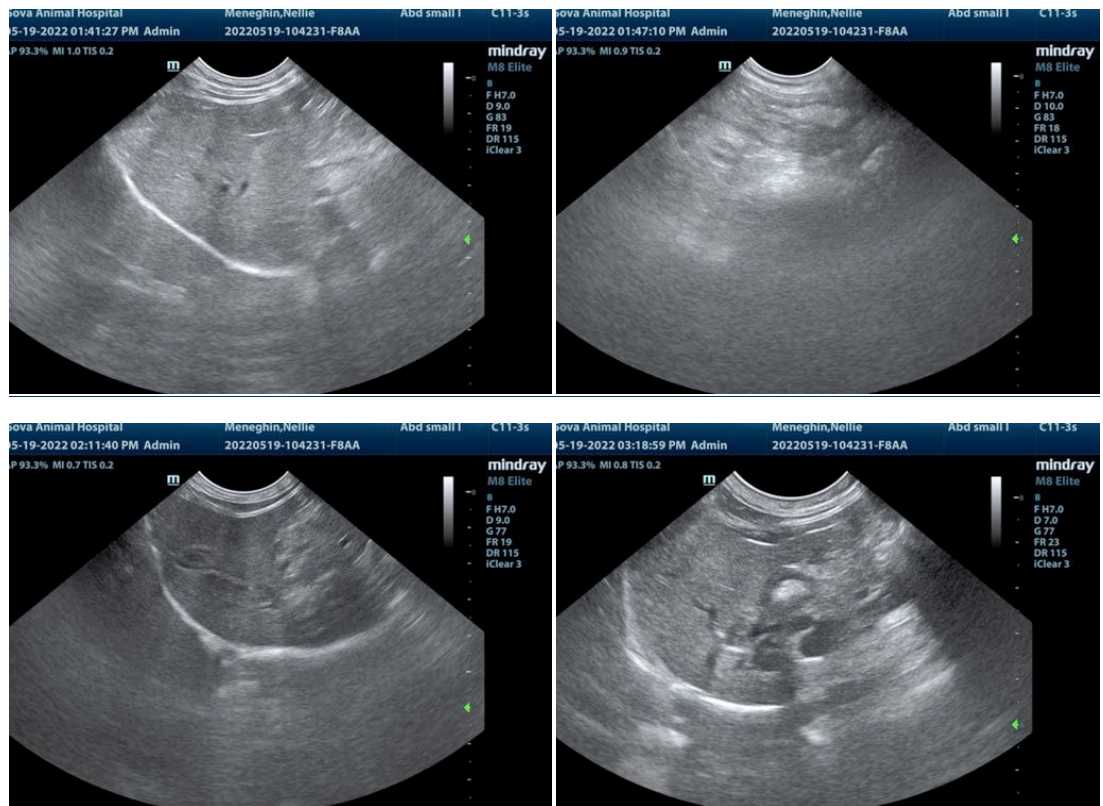
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com