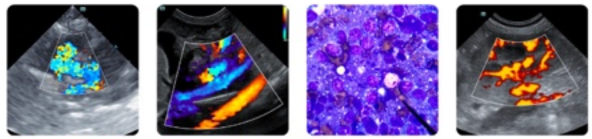
SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Grl Hebert

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

6 years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Gunther

INVOICE

78201

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Recheck AUS. Was treated with Convenia and Dexamethasone 0.1ml on 5/20/26 due to hyporexia
Since O have started using Mirtazapine for appetite, she is now eating well.
Weight has been stable since 5/20/26
Still having inappropriate urination
Patient is eating Hill;'s C/D
Abnormal PE/Chem/CBC/UA Results: Recheck calcium today is normal 10.1 (7.8 - 11.3) Spleen FNA from 5/18/26 - no infiltrative disease

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. Slight pinpoint mineralization was noted. The left kidney measured 3.3 cm. The right kidney measured 3.7 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 0.31 cm. The right adrenal gland measured 0.32 cm.

Spleen

The **spleen** was at the upper limits of normal measuring 0.91 cm and was uniform.

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.

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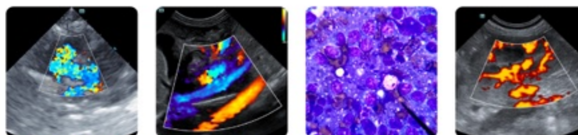

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an empty stomach. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The mid small intestine revealed no significant thickening. However, reactive, persistent mesentery was noted. This is consistent with steatitis. The colon presented normal content. Reactive mesenteric lymph nodes were noted with trace amounts of free fluid. The lymph nodes measured up to 1.0 x 0.5 cm.

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

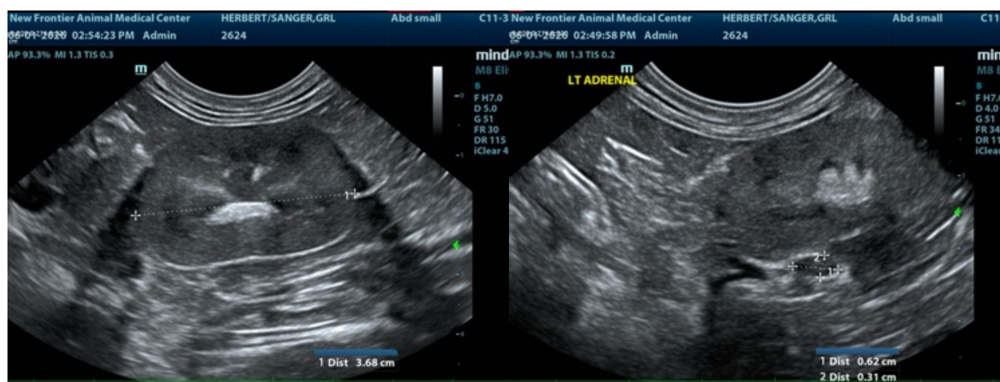
Steatitis pattern with reactive lymph nodes.

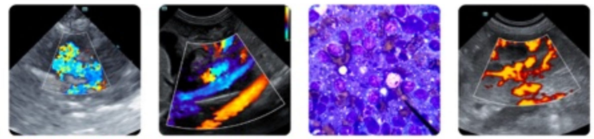
Pinpoint renal mineralization.

Upper limits of normal spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Steatitis is persistent, yet it is difficult to say how much active inflammation is present versus remodeling. Management would be based on the clinical status.





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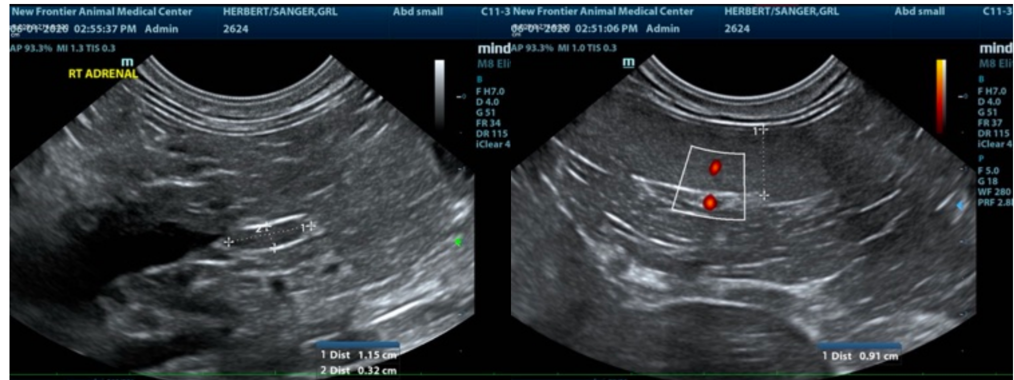

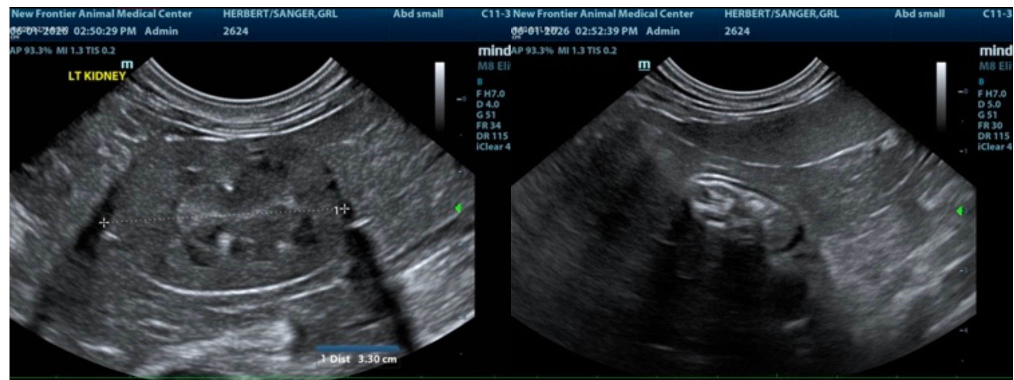

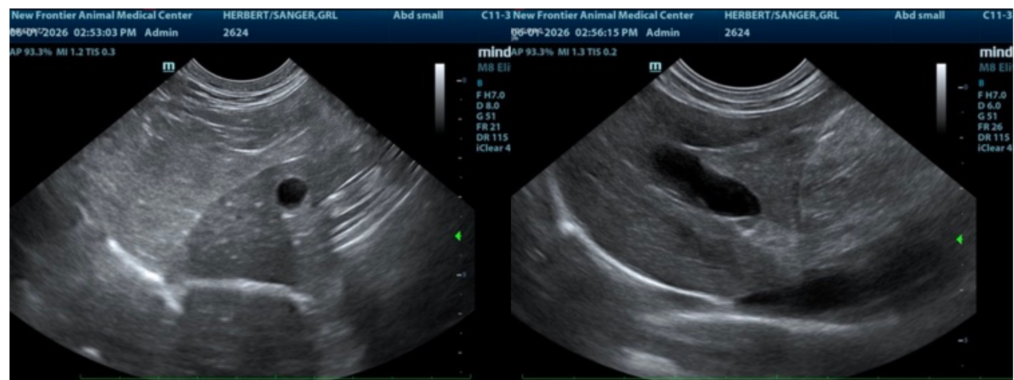

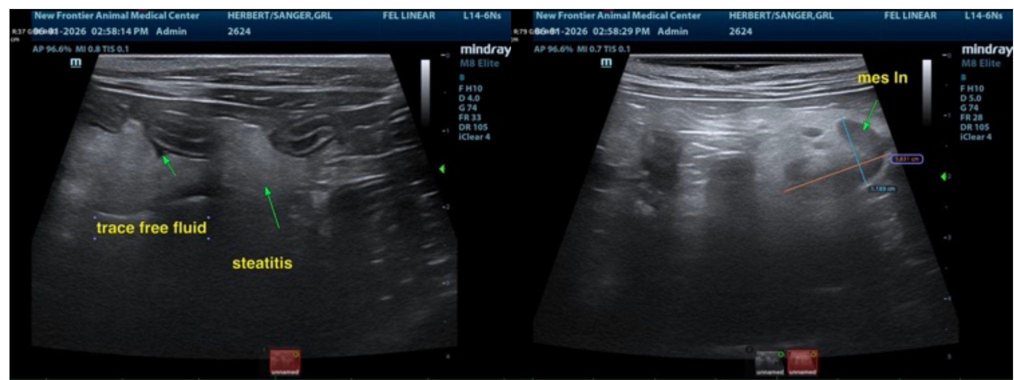

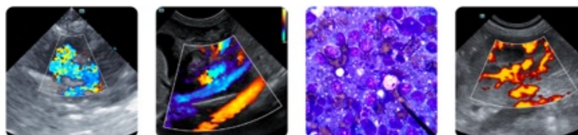

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com