



**PATIENT**

Abby TLVC

**PRESENTING CLINICAL SIGNS**

History: Intermittent Vomiting - relinquished due to owner moving to assisted living facility  
Abnormal PE/Chem/CBC/UA Results: HCT - 25.9 SDMA - 16 Everything else WNL

**SPECIES**

Feline

**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.

**BREED**

Domestic Shorthair

**SEX**

Spayed female

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.5 cm with slight pyelectasia. The right kidney measured 3.36 cm.

**AGE**

10 years

**WEIGHT**

8.5 lbs

**Adrenal Glands**

The left adrenal gland was uniform and measured 0.3 cm. The right adrenal gland was enlarged, hypoechoic and swollen measuring up to 1.3 cm in width x 1.7 cm in length. Capsular expansion was noted without caval invasion. There is a strong concern for carcinoma/Conn syndrome.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Dr. Waffle

**HOSPITAL NAME**

Torch Lake VC

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**REFERRING VET**

Dr. Waffle

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6/22/23



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**Gastrointestinal**

Abby TLVC

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

**SPECIES**

Feline

**Pancreas**

**BREED**

Domestic Shorthair

The **pancreas** was hypoechoic and mildly irregular in the right limb and base. There is a potential for low-grade inflammation. History of inflammation is likely.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Enlarged, right adrenal gland. Adenocarcinoma, hyperplasia and pheochromocytoma are technically possible, yet extremely rare in cats.

**AGE**

10 years

Prominent pancreas.

Intestinal thickening.

**WEIGHT**

8.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If sodium potassium ratio is abnormal in this patient then Aldosterone testing is indicated. CBC path review +/- bone marrow aspirate is warranted given the anemia. Eventual right adrenalectomy is indicated depending on further testing.

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DABVP, Cert. IVUS

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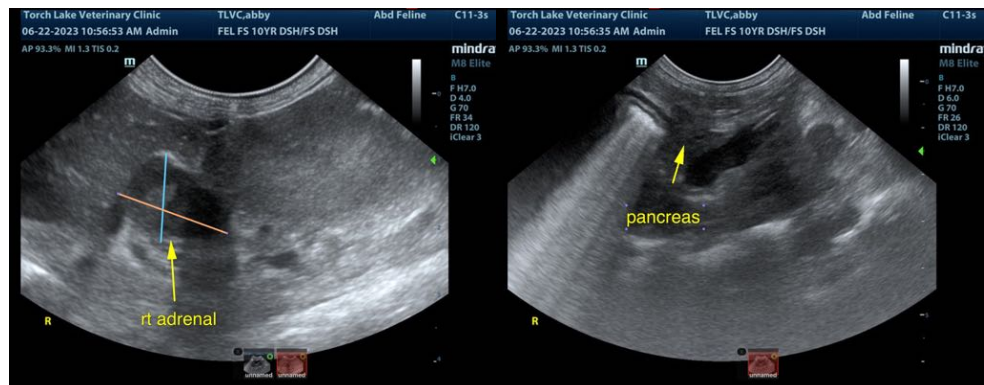
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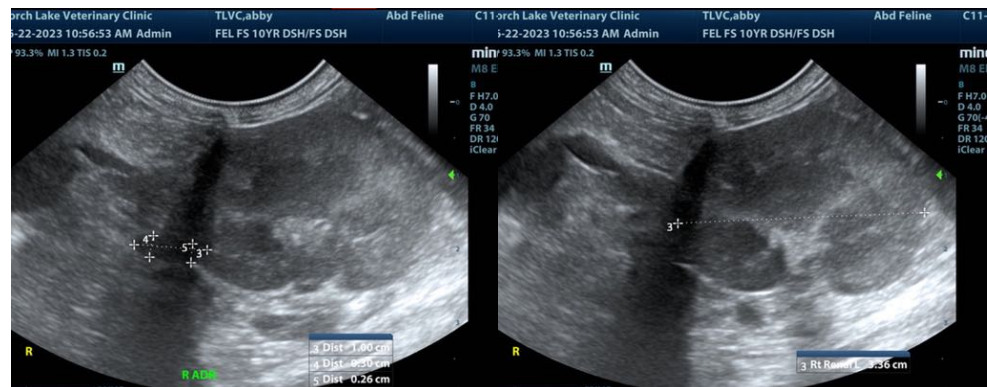
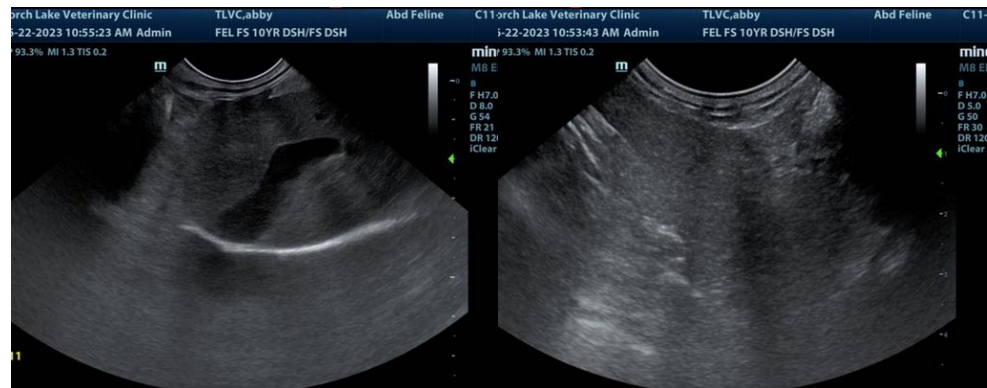
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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