



PATIENT

Lulu Ricciotti

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

8.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Country Lakes AC

REFERRING VET

Dr. Griffith

INVOICE

68263

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: Well regulated diabetic. PU/PD and abdominal distension. Medications: Vetsulin 3 unites bid

Abnormal PE/Chem/CBC/UA Results: Elevated AlkPhos and ALT

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** were swollen with thickened, irregular cortices. There was some loss of corticomedullary definition. The left kidney measured 4.66 cm. The right kidney measured 4.7 cm.

Adrenal Glands

The right **adrenal gland** was enlarged, hypoechoic and slightly irregular measuring 1.33 cm. Slight phrenic vein occupation was noted. There was no obvious caval invasion noted. The right adrenal gland was moderately vascular. Slight areas of mineralization were noted in the left adrenal gland. The left adrenal gland was normal in size and contour measuring 0.46 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** was uniformly enlarged and hyperechoic to minimal falciform fat. The gallbladder revealed minor, non-obstructive calculi that measured up to 0.4 cm, grouping of 0.6 cm.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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 **pancreas** was hypoechoic, irregular and nodular. Enhanced surrounding mesentery suggestive for chronic pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Enlarged right adrenal gland. Strong concern for carcinoma, minor potential for pheochromocytoma.
- Chronic active pancreatitis and nodular hyperplasia pattern.
- Metabolic hepatopathy.
- Swollen kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

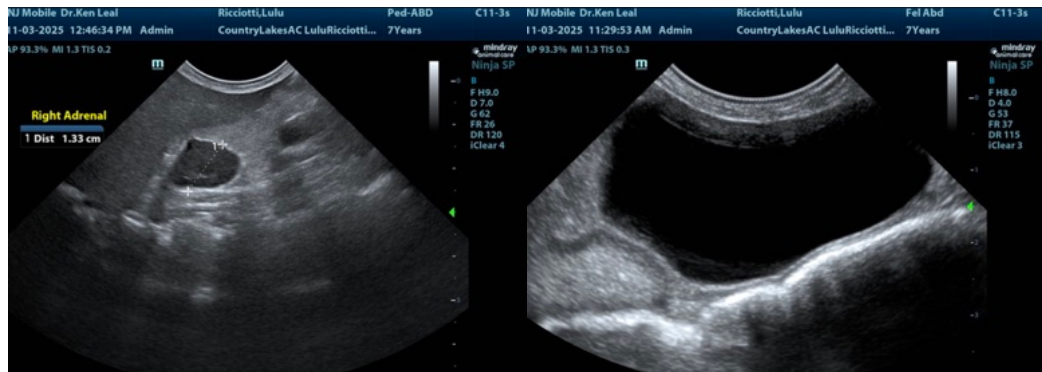
If hypokalemia is present then aldosterone levels are warranted to assess for Conn's syndrome. Functional right adrenal carcinoma is possible potentially creating a Cushingoid status. If urine specific gravity is less than 1.020 and urine cortisol to creatinine ratio is elevated and the patient does not have an elevated aldosterone then LDDST would be indicated to assess for Cushing's. Right adrenalectomy is recommended. Abdominal and chest CT would be ideal prior to surgery for surgical planning and to ensure that metastatic disease is not present. Serial blood pressure measurements are also indicated.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/vetimaging/>

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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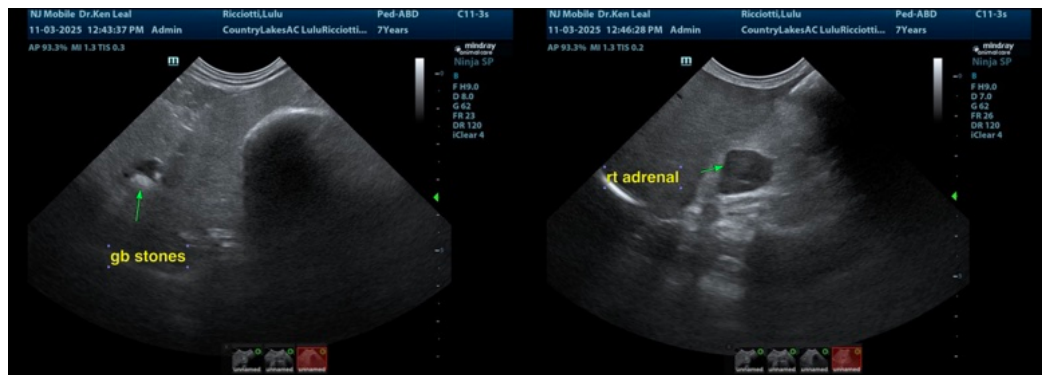
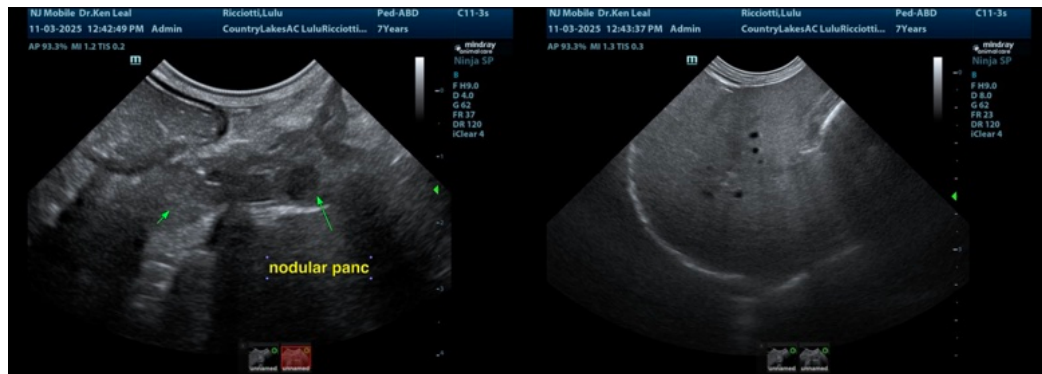
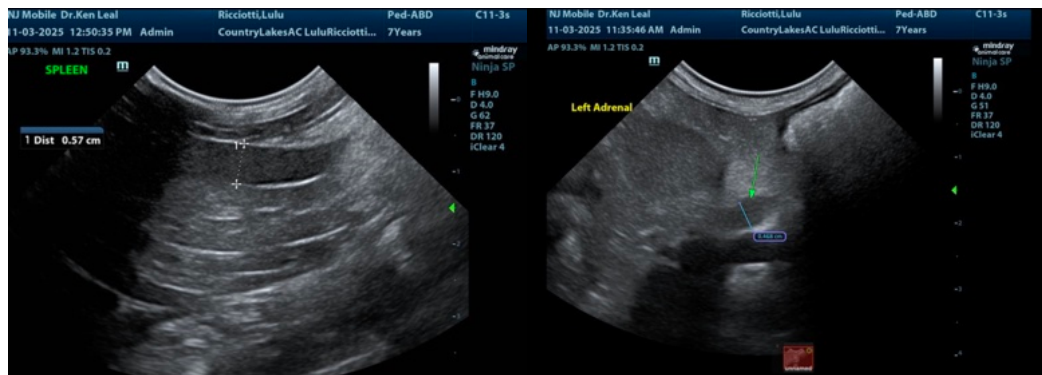
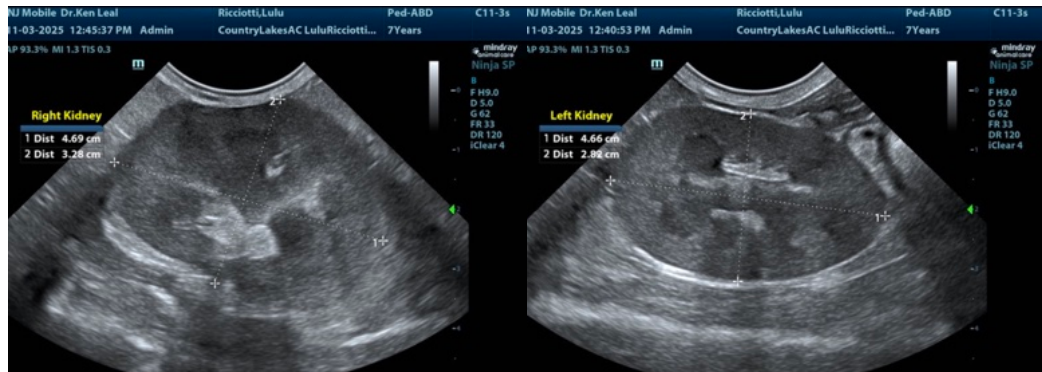
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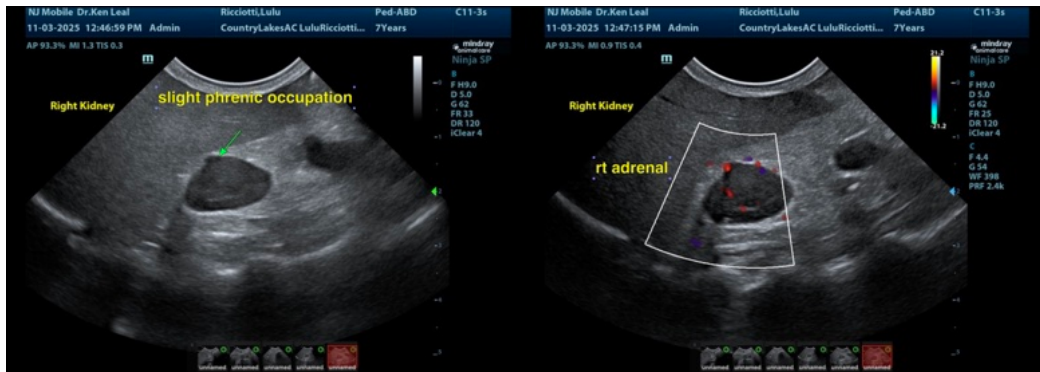
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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