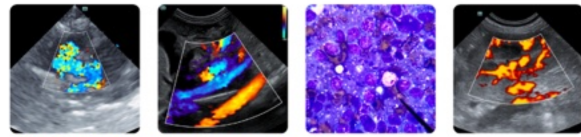


PATIENT

Luna Hawco

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

5 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Flanders VC

REFERRING VET

Dr. Kyle-Labell

INVOICE

72262

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- Lethargy, hyporexia
- Hepatomegaly on abdominal radiograph, abdomen very tense on palpation, unable to assess for string FB under tongues during exam due to fractious nature
- meds: Mireya's Transdermal
- Neut 2.25 (mild neutropenia) presence of nRBC, ALT 166

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 left kidney measured 3.7 cm. The right kidney measured 4.2 cm.

Adrenal Glands

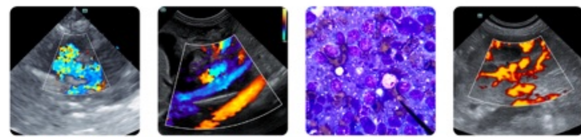
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.35 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

Pancreas

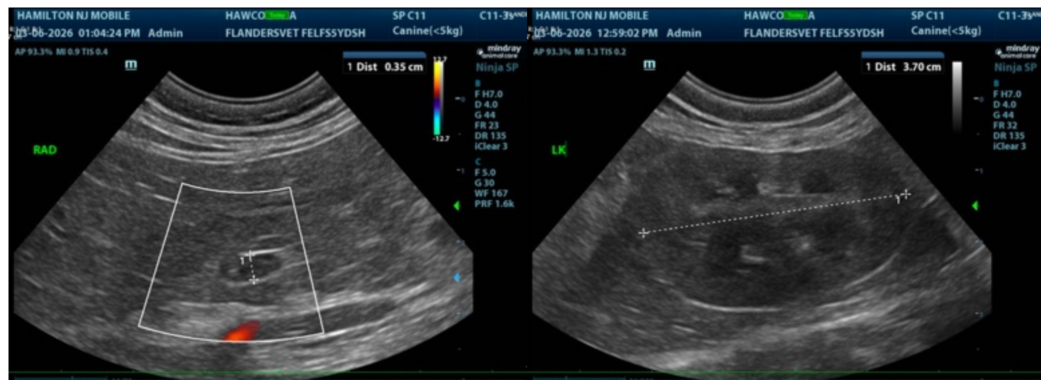
The **pancreas** was slightly hypoechoic in one area.

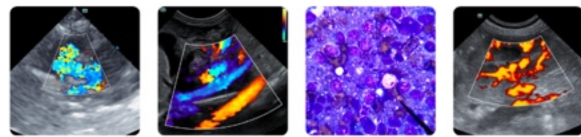
ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen other than minor splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss is an issue then 25-gauge FNA is indicated. The cause of the clinical signs are not overtly related to any abdominal pathology. Assessment for orthopedic pain, related anorexia and lethargy versus thoracic disease or CNS are all indicated. Screening FNA of the spleen can be considered. Subxiphoid palpation is warranted. Possible low-grade pancreatitis, yet the changes were minor. There was no evidence of GI foreign bodies. I recommend assessing for referred back pain as cause of abdominal discomfort.





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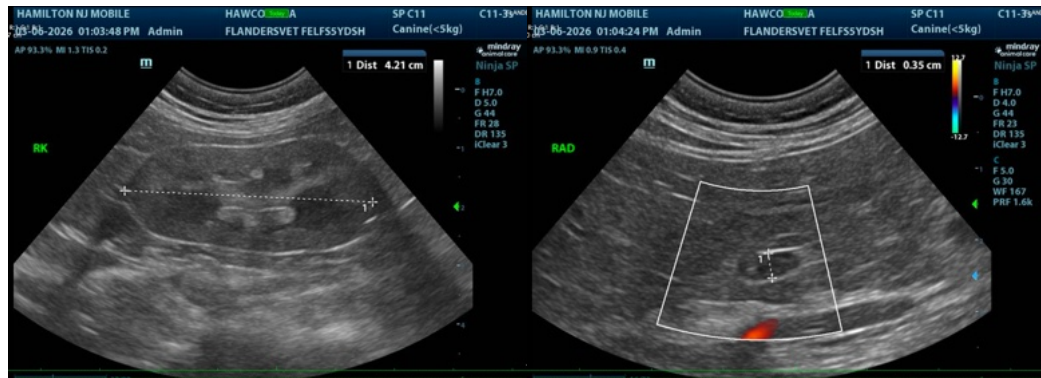

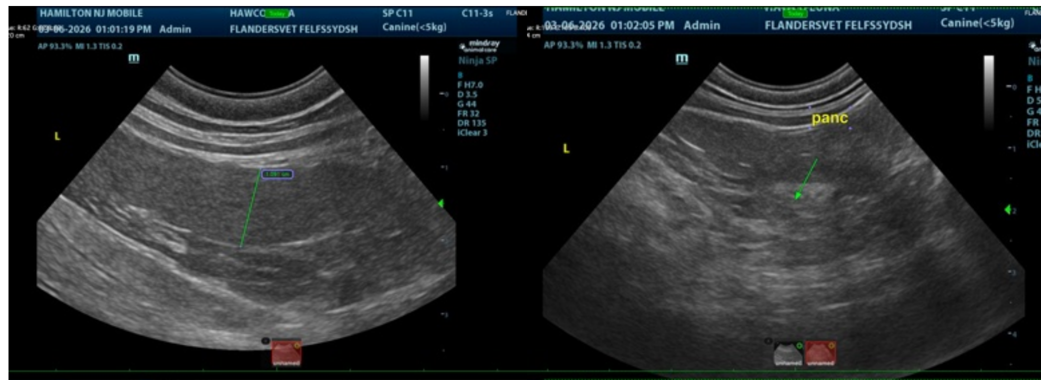

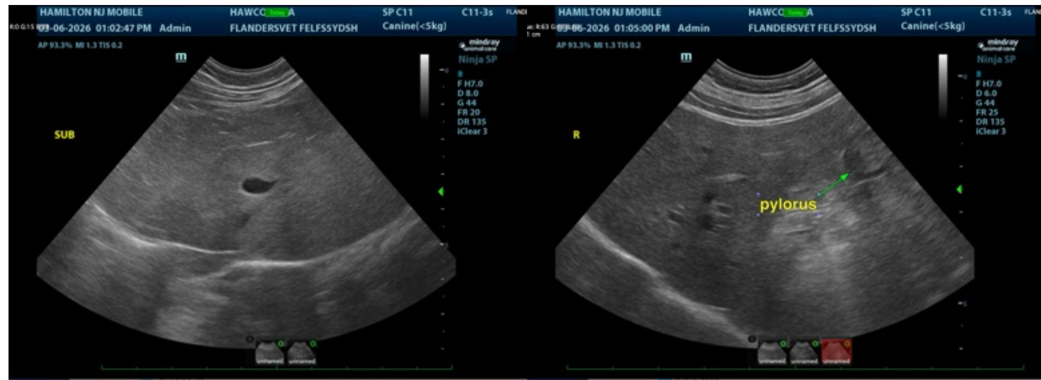

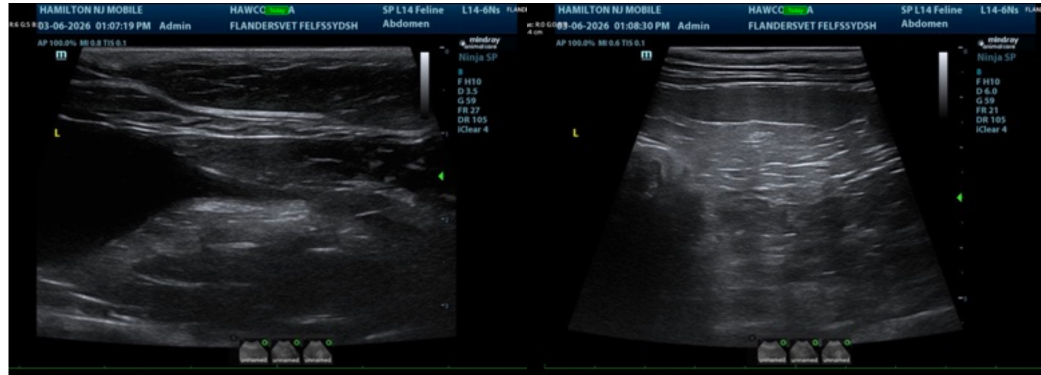

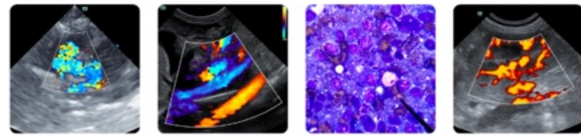

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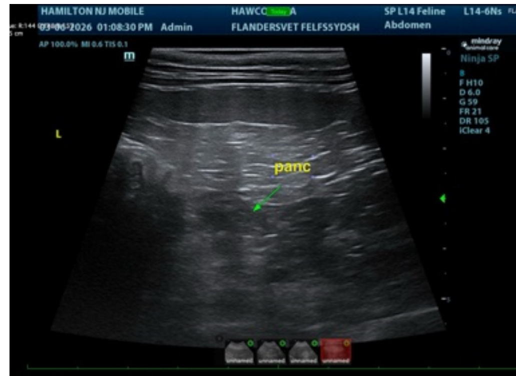

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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