



**PATIENT PRESENTING CLINICAL SIGNS**

Nala Tamayo  
History: splenomegaly on rads 5/25; vomiting all food ingested for the past 2 days  
Abnormal PE/Chem/CBC/UA Results: BW pending

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

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.

**SEX**

Spayed Female

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 4.0 cm.

**AGE**

11 years

**WEIGHT**

12 lbs

**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 0.19 cm. The right adrenal gland measured 0.44 cm. The right adrenal gland measured 0.44 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was at the upper limits of normal at 1.0 cm with uniform parenchyma. Hypoechoic, mid body nodule was noted and measured 0.76 x 0.37 cm.

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**HOSPITAL NAME**

Mount Olive VH

**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. Duplicated gallbladder was noted. This is a normal variant.

**REFERRING VET**

Dr. Jones

**INVOICE**

30752

**Gastrointestinal**

**DATE**

5/26/22

The **stomach** and pylorus were free of luminal pathology. However, minor, hyperechoic, ill-defined fat was noted around the pyloric antrum. This is suggestive for low grade inflammation. Transit of chyme was present in the small intestine with muscularis thickening. The small intestine and colon were unremarkable.



**PATIENT**

**Pancreas**

Nala Tamayo

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.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

A large amount of abdominal fat was noted.

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Inflammatory bowel presentation with slight pyloric inflammation.

Spayed Female

Splenic nodule and mild splenomegaly.

**AGE**

Duplicated gallbladder.

11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

A clinical trial of the following may prove effective empirically.

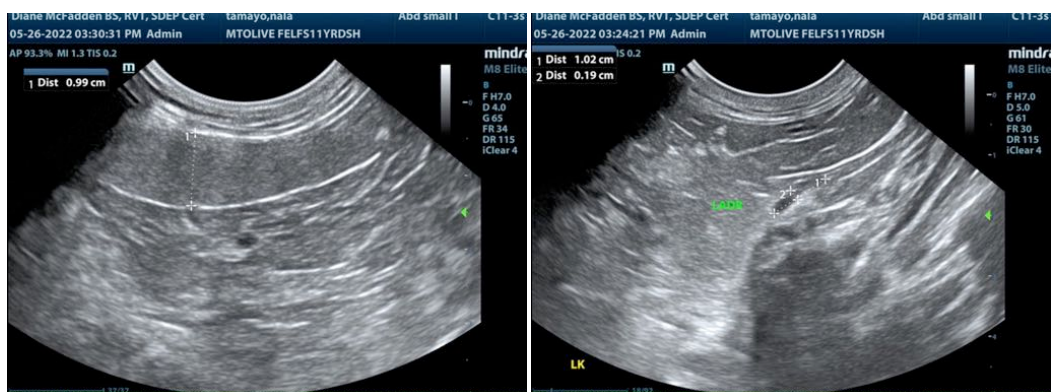
12 lbs

Empirical treatment with Zithromax at 10 mg/kg s.i.d. for 5 days and then every other day up to 14-21 (if Bartonella +) days and B12 injections twice a week, hydrolyzed diet +/- Prednisolone therapy would be recommended at the minimal necessary dose to control symptoms.

**INTERPRETED BY**

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DABVP, Cert. IVUSS

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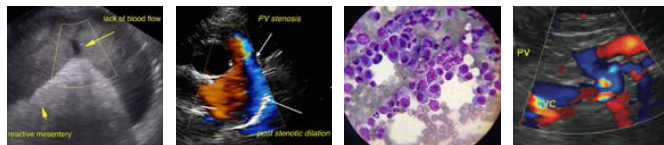
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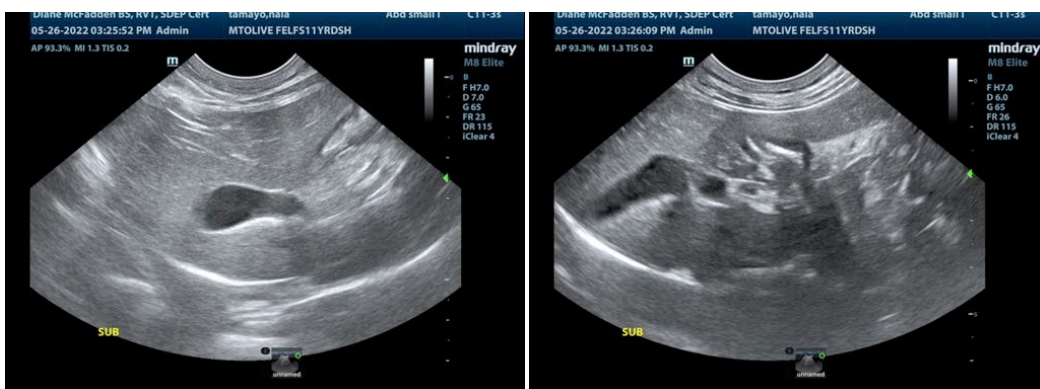
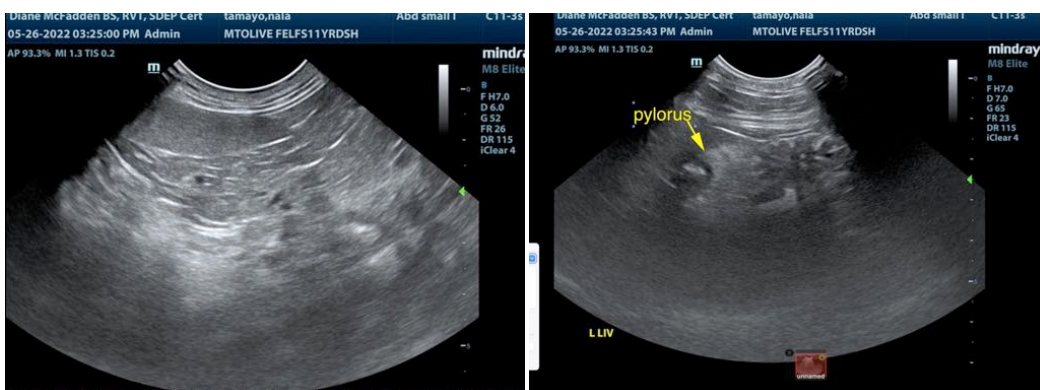
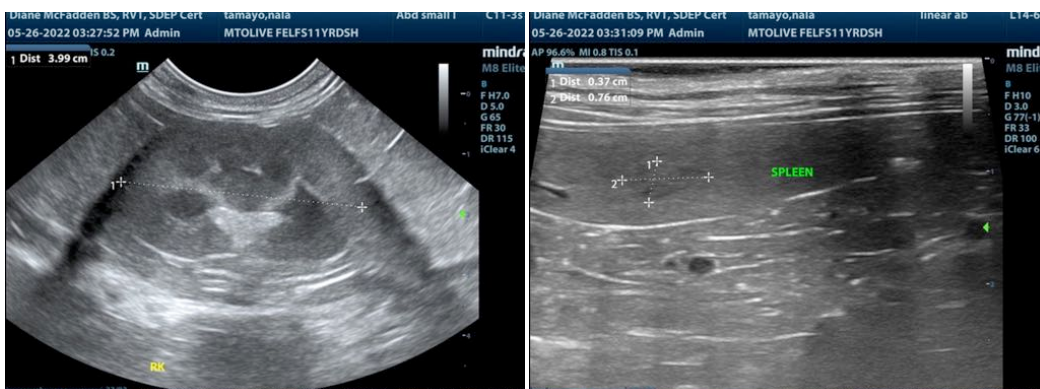
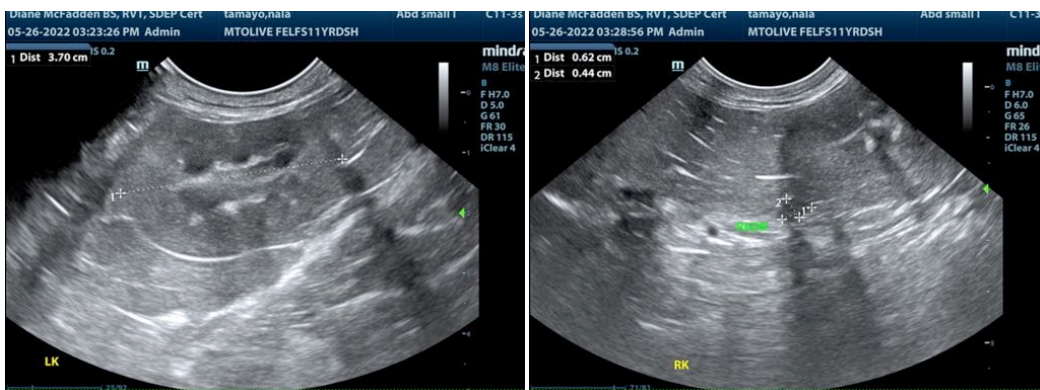
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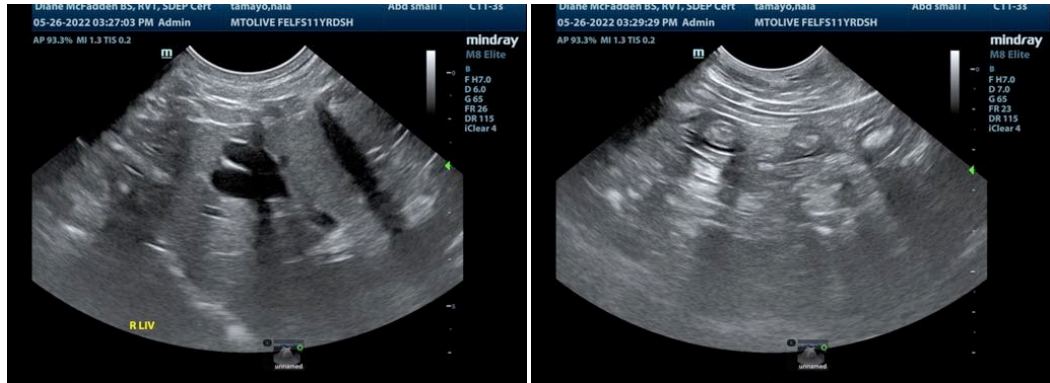
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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