



## PATIENT

Lily Mejias

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

7.8

## INTERPRETED BY

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

## IMAGING PERFORMED BY

Dr. Klein

## HOSPITAL NAME

Alison Animal Hospital

## REFERRING VET

Dr. Klein

## INVOICE

72157

## DATE

11/26/25

## PRESENTING CLINICAL SIGNS

Pt was presented for weight loss decreased appetite and vomiting. Pt had several lymph nodes that were enlarged. Pt appears nauseous as per O. CBC/Chem/T4 WNL with the exception of an elevated WBC count.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The bladder contents were anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys were normal in size with a mildly irregular capsule contour. The cortex was diffusely hyperechoic. There was hypertrophy of the cortex, resulting in an altered corticomedullary ratio. There was a mild loss of corticomedullary distinction. The left kidney measured 3.0 cm in length. The right kidney measured 3.0 cm in length. There were diffuse pinpoint hyperechoic densities in the renal cortex. These may represent cortical mineralization, fibrosis or microinfarcts.

### *Adrenal Glands*

The adrenal glands were not clearly visualized. The region of the adrenals appeared free of overt pathology.

### *Spleen*

The spleen was subnormal in size, likely due to volume contraction. The capsule contour of the visualized spleen appeared smooth, and the parenchyma appeared uniform. The spleen measured 0.50 cm in width at the hilus.

### *Liver*

The liver was subjectively normal in size with mildly irregular capsule contour. The hepatic parenchyma was mildly heterogenous with moderate coarse echotexture. The parenchymal changes are subjectively benign remodeling and likely represent an aging change. There were biliary lobar mineralizations present, which are likely an incidental finding. The hepatic vasculature was normal in volume and structure. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

### *Gastrointestinal*

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

### *Pancreas*

The pancreas was normal in size and shape with a smooth capsule contour. The parenchyma was isoechoic to hyperechoic diffusely with no evidence of nodules or masses.



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**Other**

There was small volume peritoneal free fluid present (anechoic). There were no visible enlarged mesenteric lymph nodes.

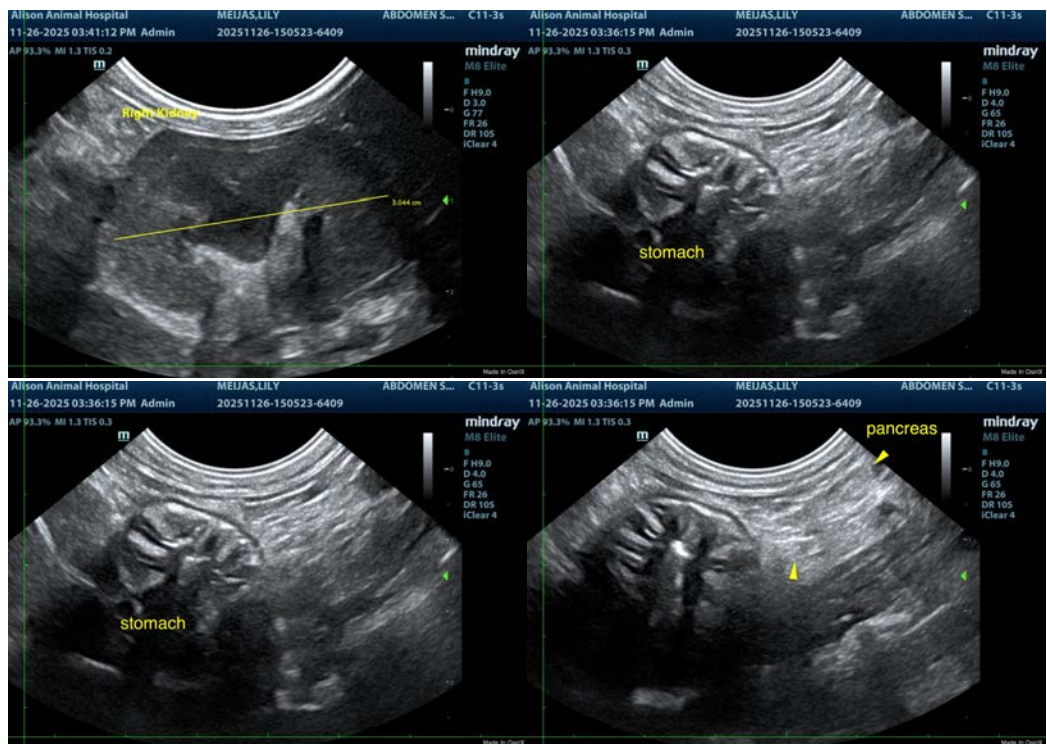
On transdiaphragmatic view there is possible small volume pleural effusion present.

**ULTRASONOGRAPHIC FINDINGS**

- Geriatric abdomen.
- Mildly hyperechoic pancreas – potential for previous bouts of pancreatitis or pancreatic fibrosis.
- Possible pleural effusion, small volume – confirm with further imaging.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chest radiographs are recommended for evaluation of the thorax. There is no clear cause for the reported clinical signs within the abdomen. That being said, intestinal lymphoma or clinically significant IBD and pancreatitis can have a normal sonographic appearance at times. A GI panel is recommended as well. Hydration, antiemetics, and supportive care are indicated pending diagnostic results.





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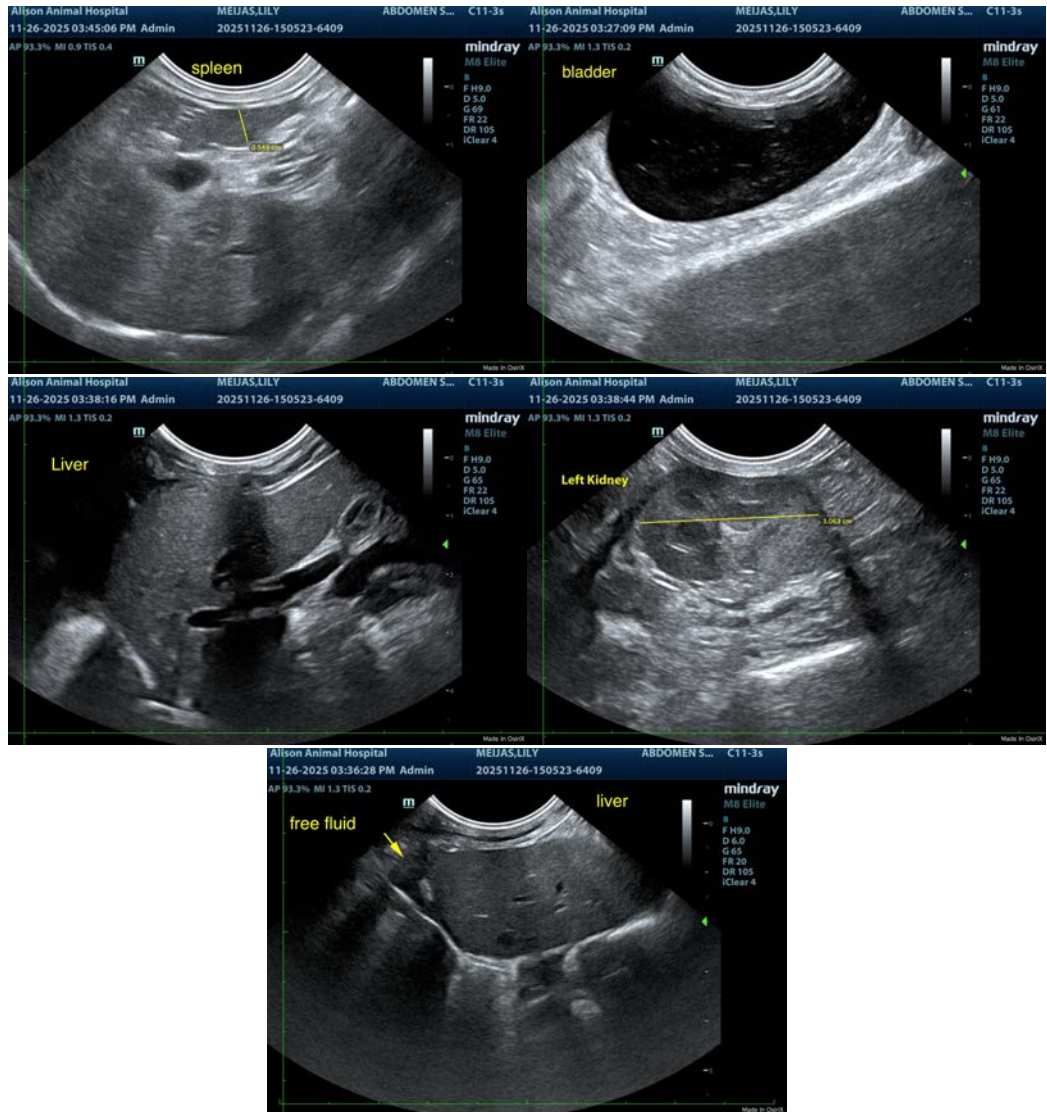
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)  
info@SonoPath.com