



PATIENT

Cecil Forest

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

15 Years 10 Months

WEIGHT

15.26 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Melinda Persson

INVOICE

72239

DATE

1/15/26

PRESENTING CLINICAL SIGNS

*Had a decreased appetite at appointment in December *Elevated creatinine - 3.0 *Elevated PSL - 36 (8-26)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The kidneys had a mildly irregular capsular contour. Left kidney measured 3.96 cm. Right kidney measures 4.4 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 acceptable. There was a central foci of mineralization within the left adrenal gland. Left measured 0.60 cm x 0.43 cm. Right measured 0.51 cm x 0.33 cm.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. Within the main body of the pancreas there was a discrete, irregular, hypoechoic, small nodular pattern present. The overall size of this region measured 0.90 cm x 1.4 cm in size.



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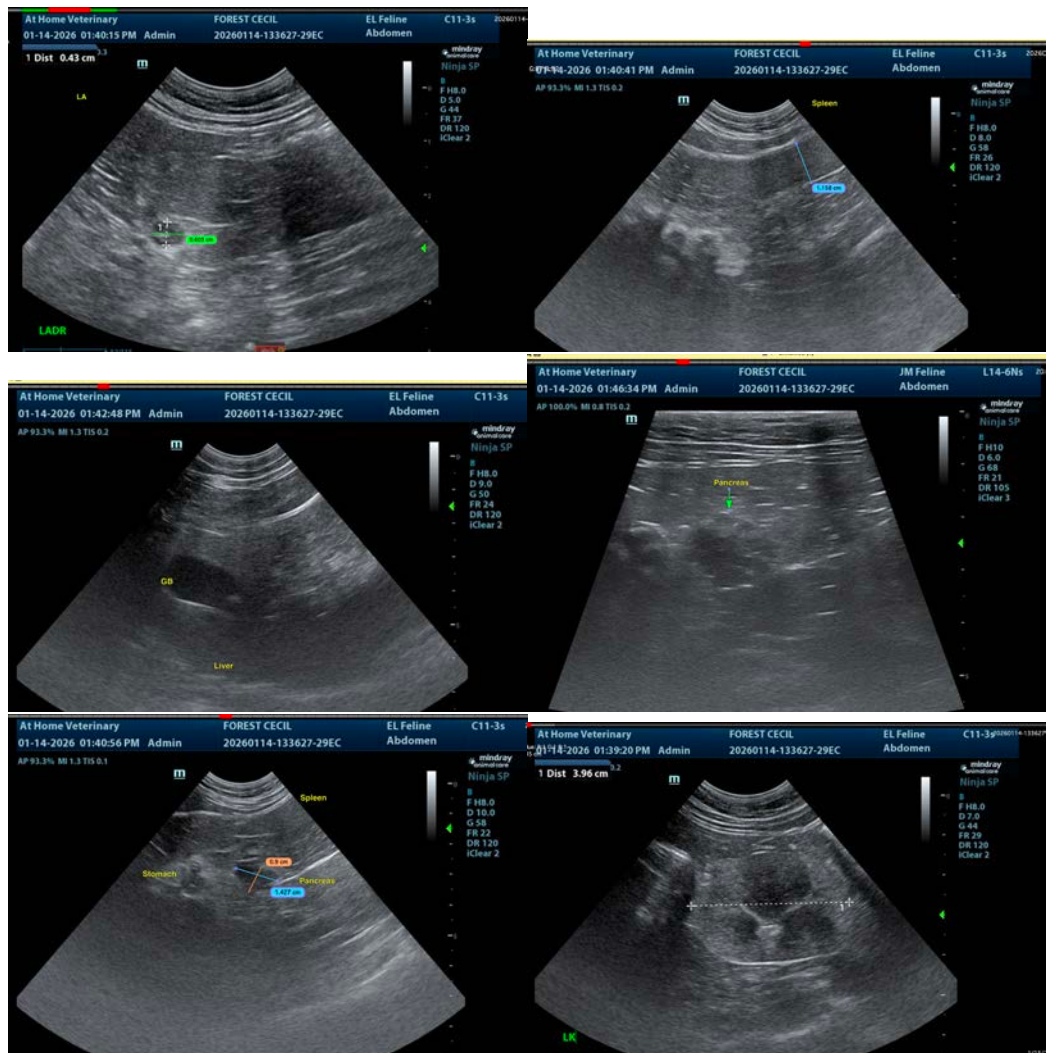
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ULTRASONOGRAPHIC FINDINGS

- Mildly hypoechoic and irregular appearance to the main body of the pancreas.
- Central foci of mineralization within the left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly hypoechoic and nodular appearance of the main body of the pancreas may represent underlying pancreatic inflammation. This could also be individual variation. It is thought to less likely represent pancreatic neoplasia. It is recommended to feed this patient a low-fat diet and provide any supportive care for abnormal clinical signs that may occur, including the addition of cerenia or mirtazapine. If this patient's diet does not improve, a hypoallergenic diet could also be considered. Daily probiotics would give additional supportive care to maintain the microbiome in this patient. It is felt that the central foci of mineralization in the left adrenal gland is benign and incidental.





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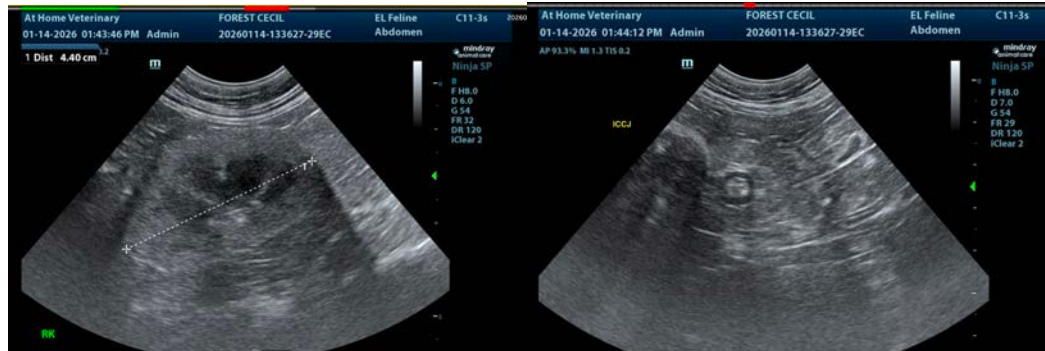
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

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