



## PATIENT

Mia Lexmond/Renshaw

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

7 years

## WEIGHT

5.54 kg

## INTERPRETED BY

Kim Radway, DVM,  
DABVP (Canine/  
Feline)

## IMAGING PERFORMED BY

Dr. Diane McKelvey

## HOSPITAL NAME

Aberdeen VH

## REFERRING VET

Dr. McKelvey

## INVOICE

72125

## DATE

3/2/26

## PRESENTING CLINICAL SIGNS

- Mia exhibits signs of lethargy and decreased grooming, which are concerning despite normal blood work and near normal ultrasound findings.
- Possible pancreatitis indicated by ultrasound findings, though she continues to eat normally and is not vomiting or obviously painful
- increased echogenicity of the mesentery suggests possible pancreatitis
- she is FeLV positive on screening (ELISA) test - okay IFA or PCR testing with True North
- trialed pain control this weekend with SR buprenorphine injection - helped demeanor
- at this point, dx is open, with very few diagnostic abnormalities and still eating but apparently no longer grooming and owner assesses her as being somewhat depressed although not obviously painful
- FeLV weak positive, still awaiting PCR results from reference lab

## 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 **right kidney** 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 capsule was acceptably uniform without dramatic irregularities. The right kidney was 3.95 cm in length.

Images of the left kidney were not provided in this image set.

### Adrenal Glands

Images of the regions of the adrenal glands were not included in this image set.

### 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.



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## 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

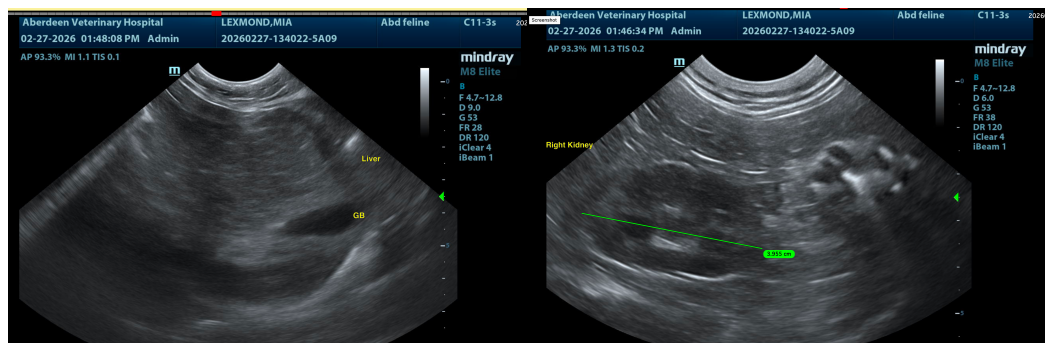
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Normal abdomen in the images provided.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient did not have evidence of discrete pathology within the image set provided. The region of the main body and right limb of the pancreas were visualized and found no evidence of acute or current pancreatitis. There were no enlarged lymph nodes within this abdomen and no evidence of discrete masses present. There is concern for possible chronic enteropathy with the current abnormal appetite and energy levels. This patient is positive for feline leukemia virus, which is currently waiting for PCR confirmation. Empirical therapy with feeding a hypoallergenic diet can be considered with the addition of daily probiotics. Symptomatic therapy with antiemetics and appetite stimulants may also be of benefit in this patient's overall management.





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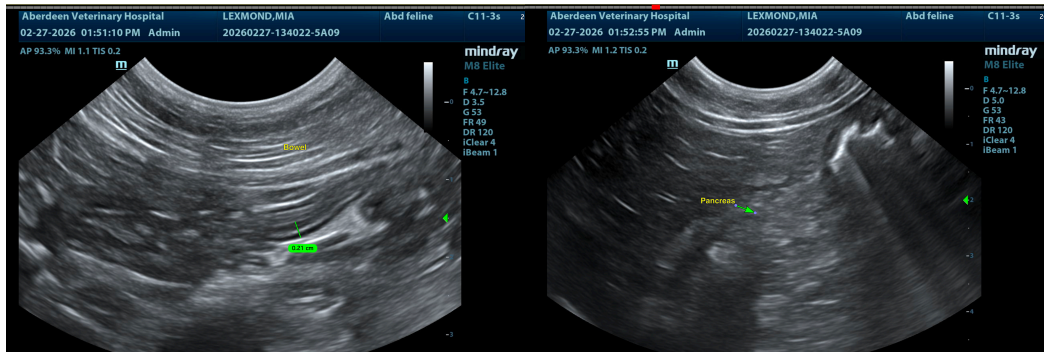
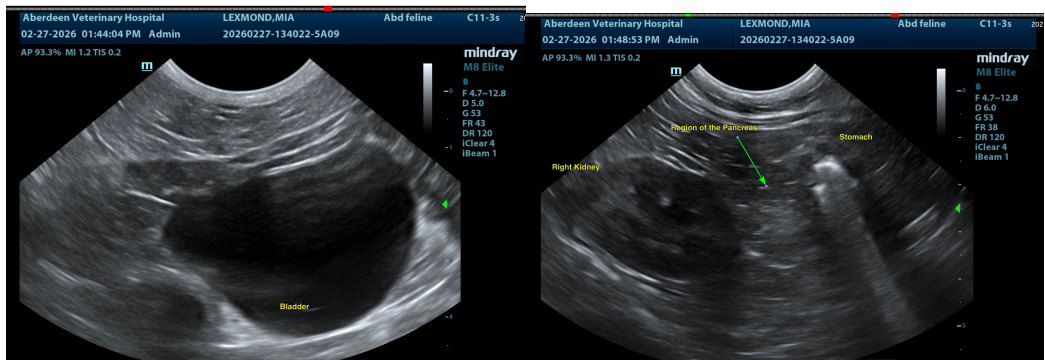
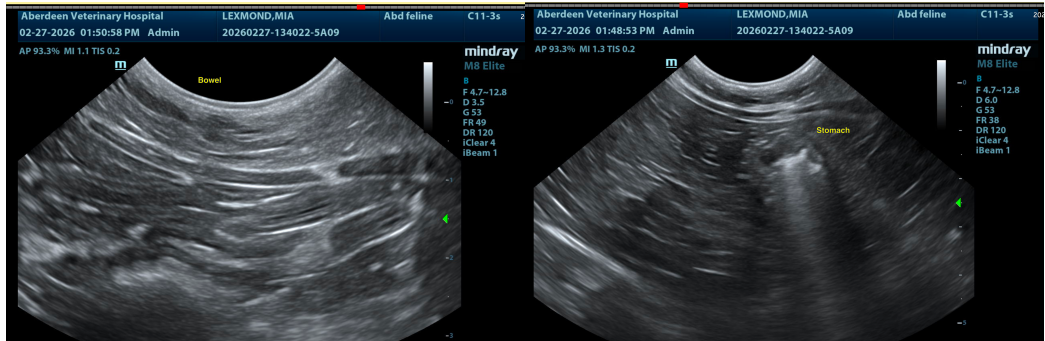
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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