



PATIENT PRESENTING CLINICAL SIGNS

Portia Stecker

History: Poor, finicky appetite, occasional 1-2 x/week vomiting (mucus and food scant or bile). Sedentary cat by nature. Stools normal. Mild flinch mid lumbar spine, mild tartar, otherwise unremarkable. No reported weight loss.

SPECIES

CBC: WNL. Superchem: WNL. T4 2.6/FT4=WNL. Fecal (neg). fPLI pending.

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Domestic Shorthair

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

SEX

Spayed Female

AGE

The left kidney has a normal shape and size (4.7cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

9 years

WEIGHT

The right kidney has a normal shape and size (3.76 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

14 lbs

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The left adrenal gland is normal/borderline enlarged in size measuring 0.45 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

The right adrenal gland is normal in size measuring 0.38 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

HOSPITAL NAME

Westwood Regional
VH

Spleen

REFERRING VET

Dr. Hartwick

The spleen is subjectively normal to borderline enlarged in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized. The spleen measured 1.03 cm.

INVOICE

91614

Liver

DATE

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended.

9/1/21



PATIENT	The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.
Portia Stecker	
SPECIES	Gastrointestinal
Feline	The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.
BREED	
Domestic Shorthair	The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
SEX	
Spayed Female	
AGE	The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.
9 years	
WEIGHT	Pancreas
14 lbs	The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.
INTERPRETED BY	
Eric Lindquist, DMV DABVP, Cert. IVUSS	Free Abdomen
IMAGING PERFORMED BY	Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.
Kelly Vazquez , CVT	
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Westwood Regional VH	PRIMARY FINDINGS:
REFERRING VET	<ul style="list-style-type: none"> • Borderline, bilateral adrenomegaly. The adrenal glands are prominent, but this is a big cat so I suspect that they are normal for this individual. Possible differentials would be hyperadrenocorticism, acromegaly or primary hyperaldosteronism. • Borderline enlarged spleen. The spleen measures 1.03 cm, > 1.0 cm is considered abnormal. Again this is a large cat and the spleen appears relatively normal. A FNA can be considered. • Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
Dr. Hartwick	
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DATE	
9/1/21	



PATIENT

Portia Stecker

SECONDARY FINDINGS:

- Shadowing material in gastric lumen. Correlate with feeding history. I suspect that this is kibble.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

9 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Hartwick

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DATE

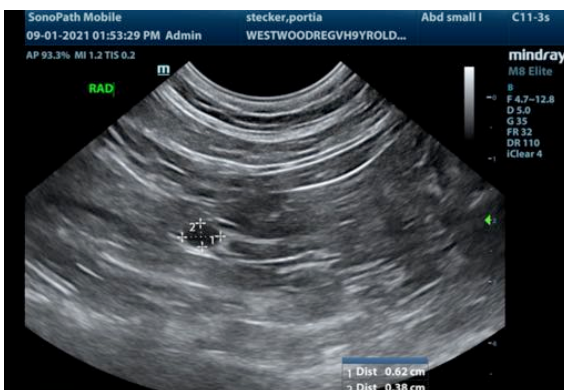
9/1/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the symptoms described is not observed. The pancreas is somewhat prominent so the pending PLI will be helpful in determining if pancreatitis is present. Both the adrenal glands and the spleen appear prominent. This is a relatively big cat so this can be normal for this individual or these can be abnormalities. You can consider a FNA of the spleen. Most cats with clinical adrenomegaly are diabetic, but this does not always have to be the case. If signs of acromegaly were present (big wide head, etc) IGF-1 levels could be measured.

Additionally, many pets can have underlying gastrointestinal disease, which does not result in significant ultrasonographic changes. Consider a GI panel to measure B12 and folate levels to look for evidence of small intestinal disease. You can consider a hypoallergenic or novel protein diet. Symptomatic therapy for GI upset is recommended and if symptoms persist and vomiting is persisting consider obtaining GI biopsies.

Blood work is reported as normal and no weight loss is reported which is encouraging and may be more consistent with dietary intolerance/IBD if no further evidence of pancreatitis present.





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SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

9 years

WEIGHT

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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