



**PATIENT**

Callie Majewski

**PRESENTING CLINICAL SIGNS**

Chronic vomiting. Weight loss. Increased SDMA and creatinine.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate, non-dependent particulate to focally hyperechoic sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**SEX**

F/S

The area of the aortic trifurcation was free of pathology.

**AGE**

14 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.5 cm in length.

**WEIGHT**

3.5 kg

**Adrenal Glands**

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.3 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**Spleen**

The spleen exhibited overall normal size with minor areas of medial capsule asymmetry and subtle parenchyma heterogeneity. A solitary, nondisruptive, nonhomogeneous, potential cystic-like nodule was present measuring 0.48 cm. The spleen itself measured 0.83 cm width at the level of the hilus.

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**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, small, thinly-walled Intraparenchymal cysts containing anechoic fluid were present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**Gastrointestinal**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.



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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio without evidence of Intestinal mural hypertrophy, loss of intestinal wall layering, or visualized intestinal masses. Small possible nonobstructive hairball density within the jejunal lumen measuring 0.8 cm in diameter was present. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.26 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild pancreatic duct dilation was present.

**Free Abdomen**

No omental masses, overt lymphadenopathy, or evidence of peritoneal free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Overtly normal gastrointestinal tract with possible focal nonobstructive small bowel (jejunal) hairball density
- Age-related pancreas - possible chronic pancreatitis
- Nonspecific splenic nodule - multiple etiologies possible including splenic cyst, focal hyperplasia, hematopoiesis, hematoma, focal splenitis, while potential emerging neoplastic nodular criteria cannot be excluded

**Secondary Findings**

- Urinary bladder sediment
- Mild chronic renal changes
- Intermittent small benign hepatic intraparenchymal cysts

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, splenic nodule and parenchyma FNA, using a 25-gauge needle, is warranted for screening cytology.

Given the patient's weight loss, overt evidence of structural gastrointestinal pathology or significant pancreatic pathology as a contributing factor was not definitively evident. Potential passing small hairball-type density is possible yet did not appear to be obstructive. Sonographic monitoring of this hairball-type density within the jejunum would be ideal. Structurally insignificant GI disease, dietary indiscretion / food allergy, occult parasitism if the patient is indoor/outdoor, or low-grade pancreatitis are all possible.



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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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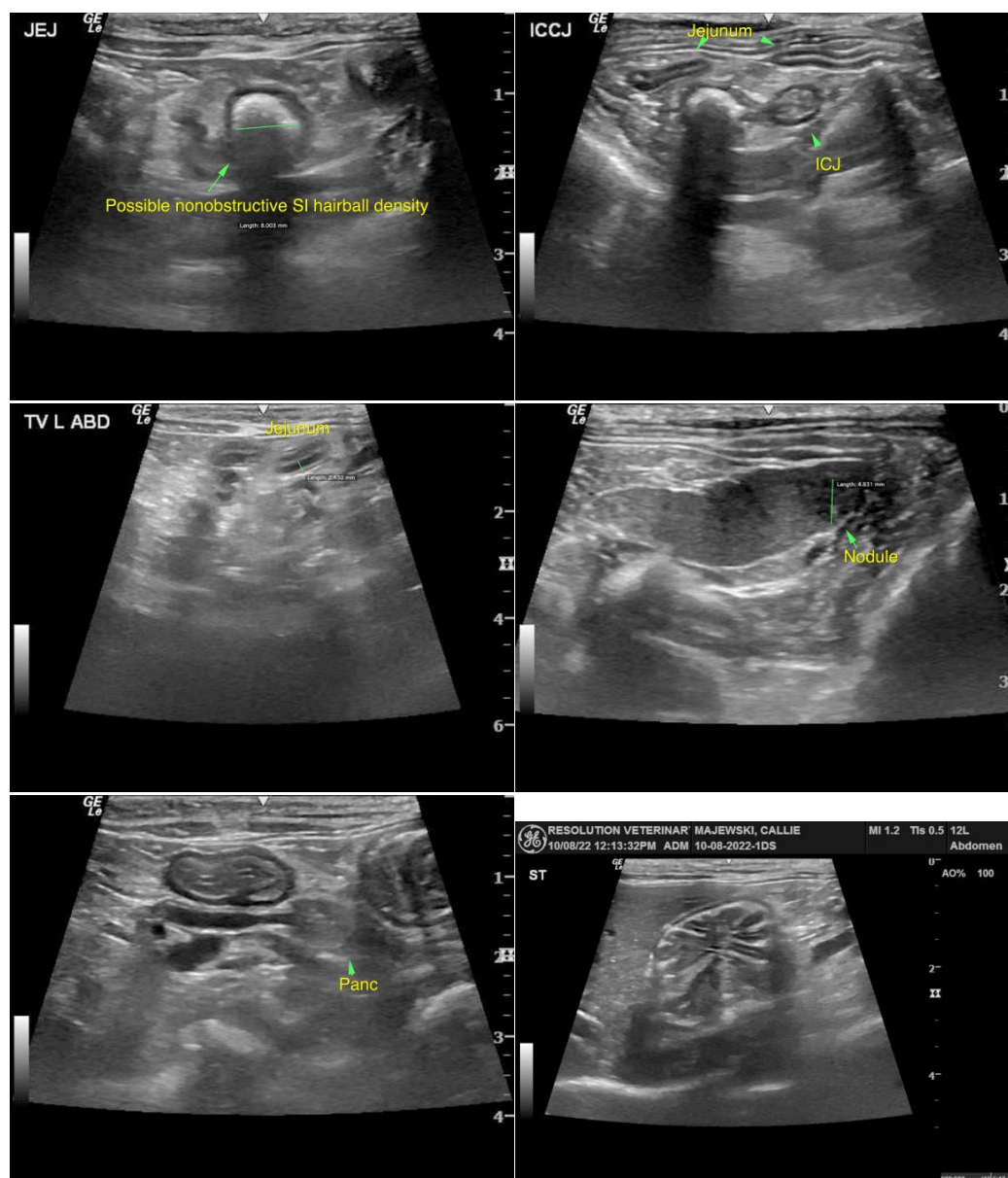
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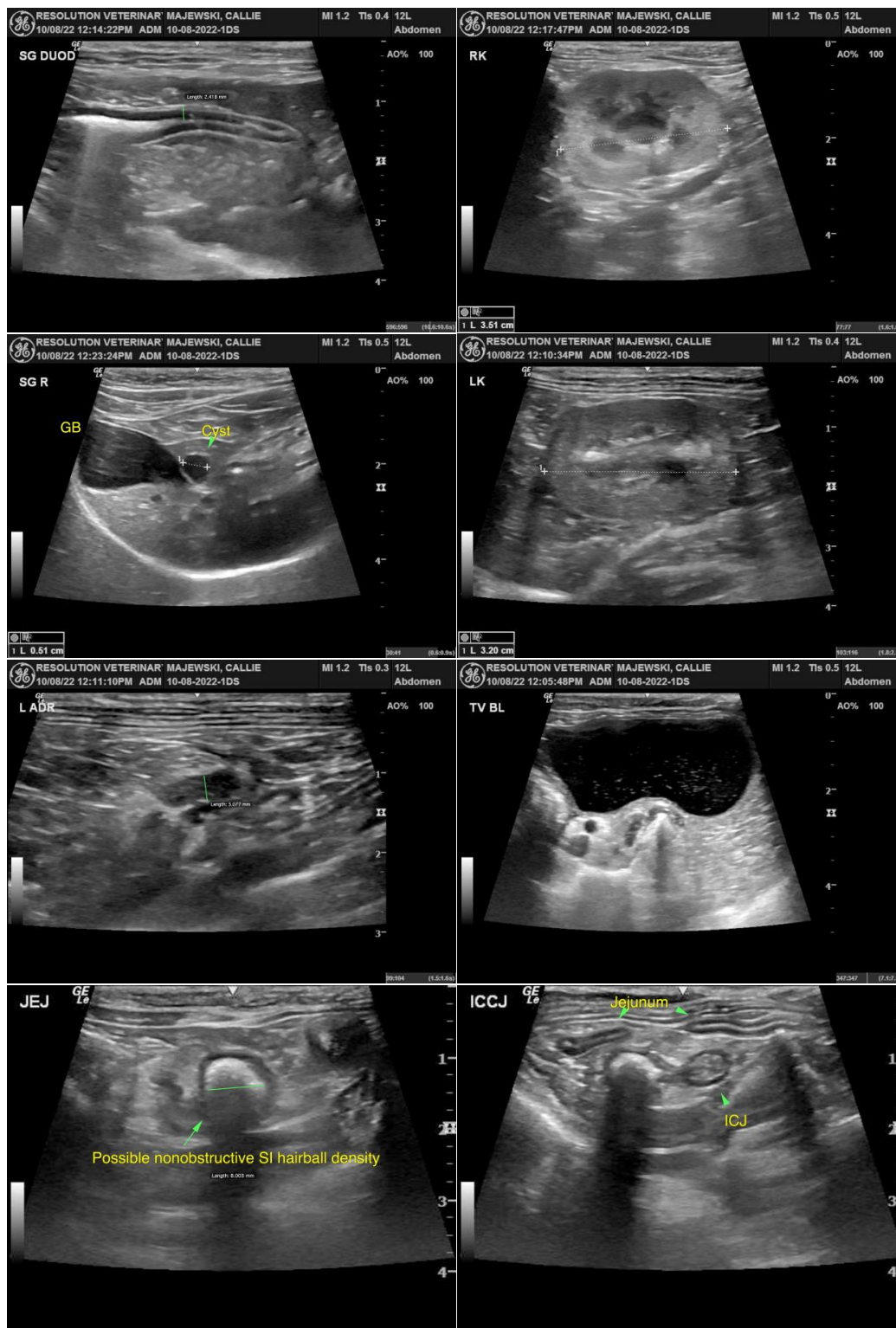
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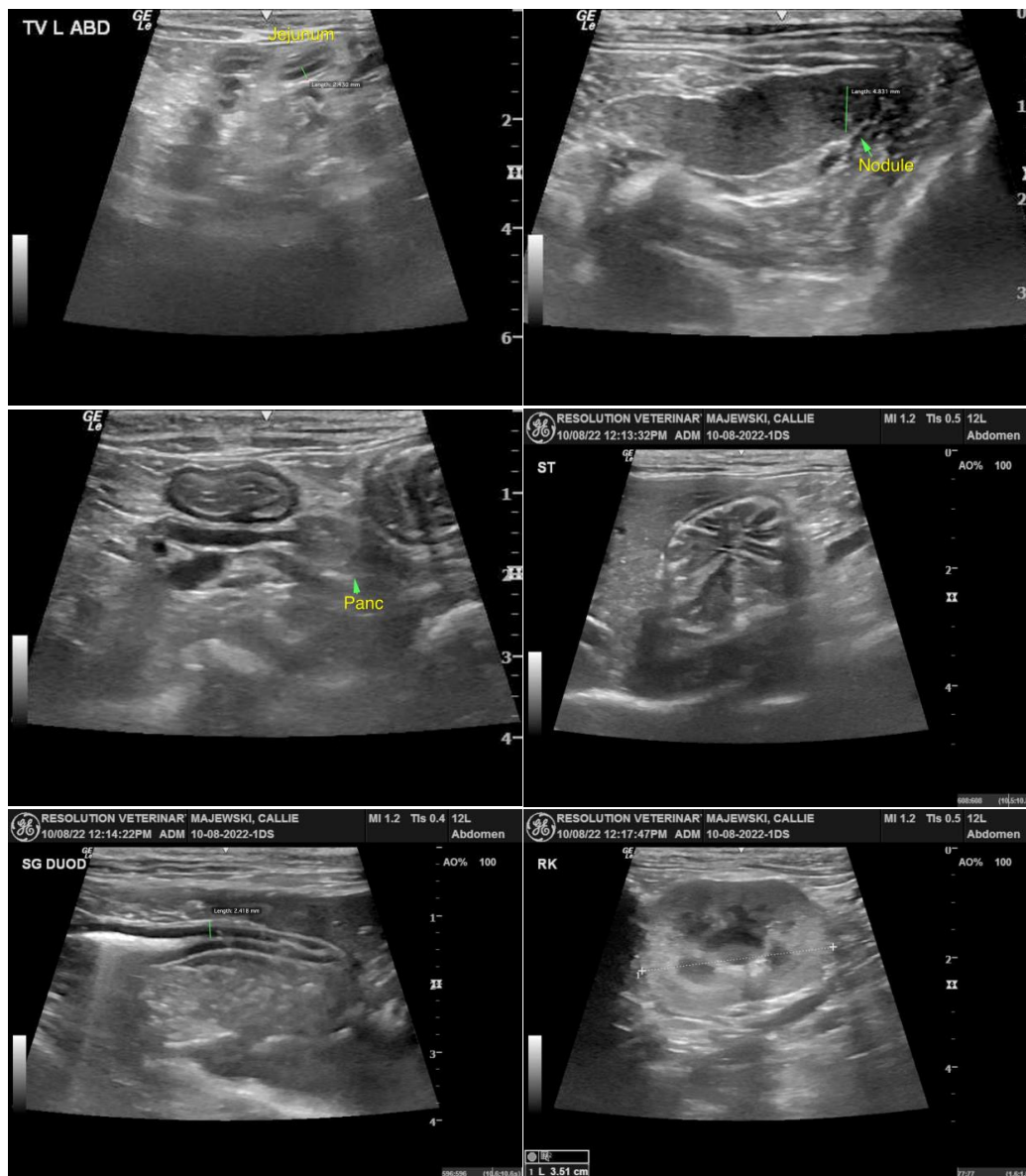
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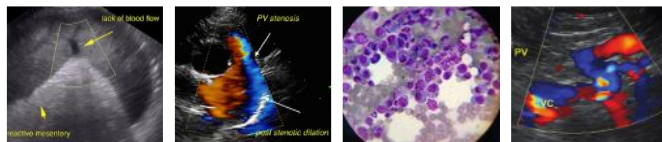
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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