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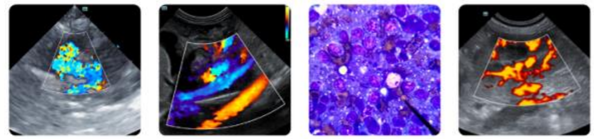


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Lucy Kinnear

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

13.3

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

12940

DATE

01/03/26

PRESENTING CLINICAL SIGNS

Presented on 12/31/25 with a 4 day history of anorexia and lethargy. No vomiting observed. Partially improved today.

Abnormal PE/Chem/CBC/UA Results: Was subdued, mildly febrile (103.3°F), elevated TEL and episcleral injection. CBC - mild lymphopenia, chem - elevated amylase (1659 U/L), equivocal fPL elevation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal material is present, typical of mucus. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left and right adrenal glands both measured 4.0 mm in width.

Spleen

The spleen is subjectively enlarged and has normal homogenous parenchyma with scalloped margins. The spleen is folded in the region of the hilus. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness of the splenic hilus is 9.4 mm.

Liver

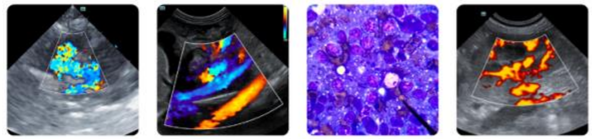
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with ingesta. The gastric wall is 2.3 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction was not seen. The colon measured 1.0 mm in width.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the spleen. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

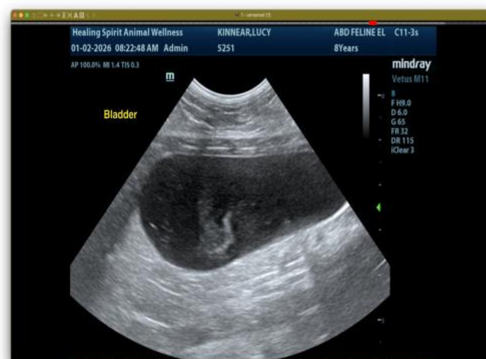
- Subjectively enlarged spleen with associated steatitis.

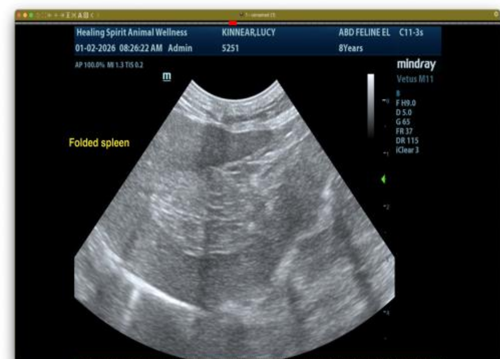
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

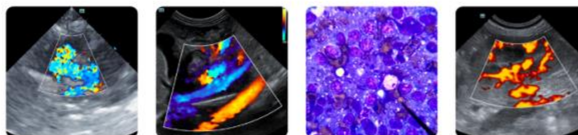
The changes in the spleen are nonspecific and could represent a reactive splenitis secondary to other inflammation. For example, if the patient had low-grade pancreatitis that was not sonographically evident. However, it could also represent more significant pathology including infiltrative neoplasia such as lymphoma or mast cell disease, FIP or infectious disease such as toxoplasmosis or flea-borne infectious disease. If the patient's symptoms persist, then splenic aspiration with a 25-gauge needle and diphenhydramine premedication would be recommended.

Additional suggestions for investigation of the fever, should it persist, would include:

- Testing for arthropod-borne infections
- Three view chest radiographs
- Urine culture
- Testing for retroviral infections is recommended if not recently performed







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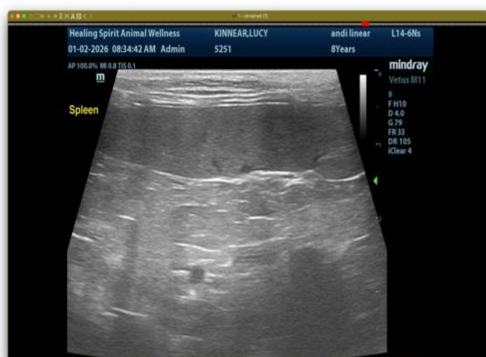

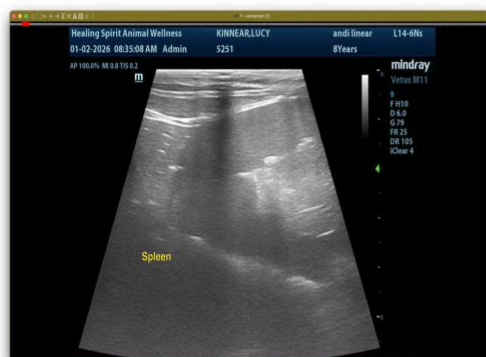

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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