



**PATIENT**

Daisy Mutch

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Female

**AGE**

10 years

**WEIGHT**

8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Haghghat

**HOSPITAL NAME**

Beaches Fallingbrook  
VC

**REFERRING VET**

Dr. Haghghat

**INVOICE**

42049

**DATE**

1/10/23

**PRESENTING CLINICAL SIGNS**

History: Daisy is a 10 year old female spayed indoor, DSH that was presented initially 12 months ago for weight loss and soft stool. She also has been having chronic vomiting over the past 3-4 months. her frequency of vomiting is around 2-3 times a month. She is on hypoallergenic diet and loss almost 1.5 lbs since her last visit on Nov, 2021. Her last blood work on Nov, 2021 was also NSF.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.82 cm. The left kidney measured 3.84 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 unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.35 cm. The left adrenal gland measured 0.4 cm.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Soft stool was noted in the colon. The colonic wall was structurally unremarkable. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

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The **pancreas** was mildly enlarged, hypoechoic and mildly irregular. The pancreas measured 0.82 cm in the right limb. Minor pancreatic duct dilation was noted. Minor cystic changes were noted in the pancreas.

**SEX**

Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 years

Mild, chronic pancreatic changes.

Soft stool.

**WEIGHT**

8 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of neoplasia. Malassimilation of nutrients and periodic pancreatitis may be playing a role in this patient. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Underlying inflammatory bowel is likely, ye the changes in the GI tract are largely normal for this age and species other than the soft stool. Dietary intolerance, occult parasitism and malassimilation of nutrients are all potentials.

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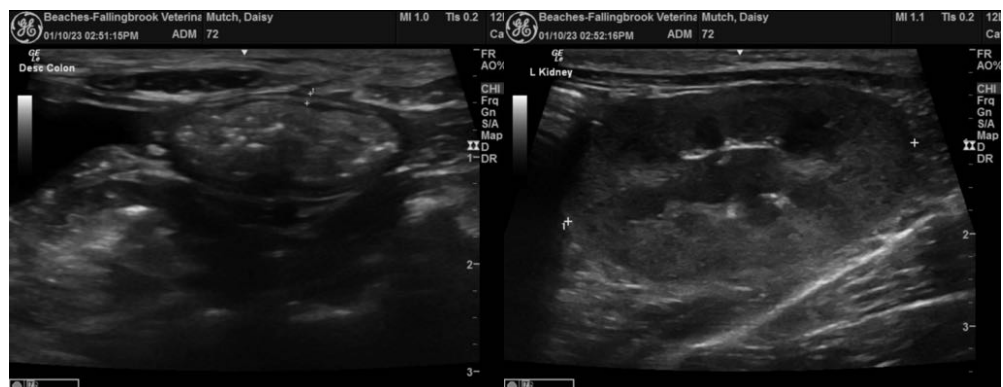
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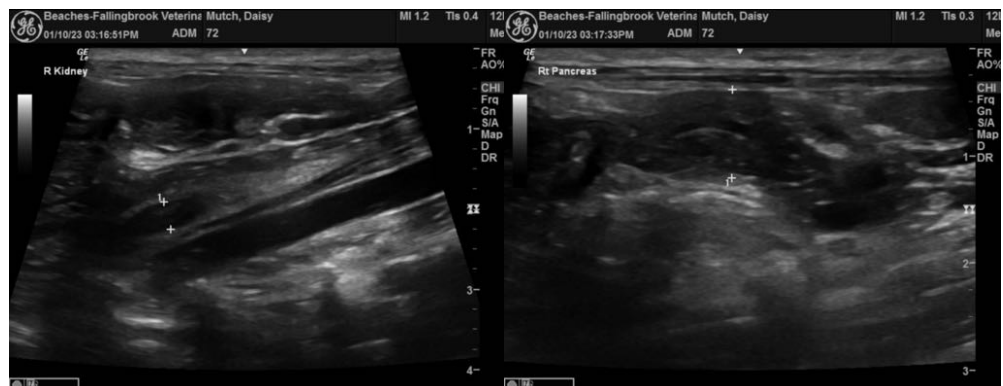
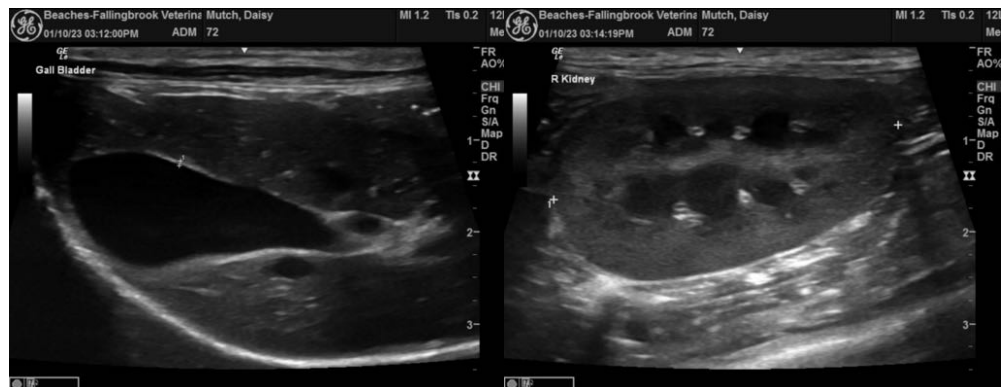
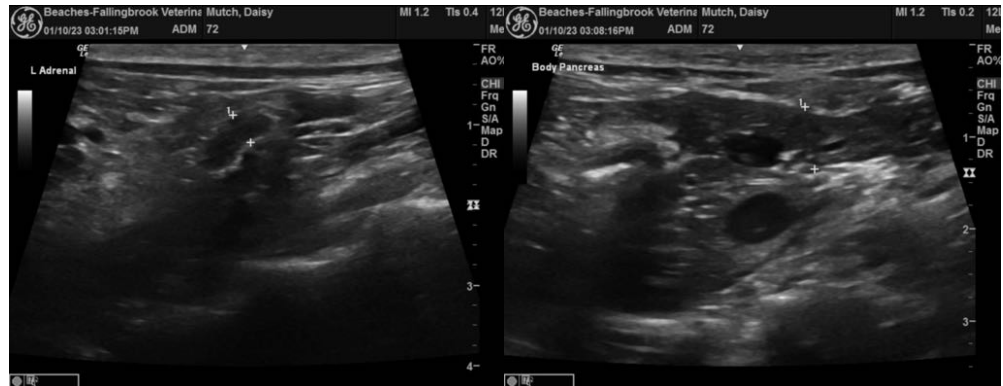
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Feline

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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Domestic Shorthair

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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