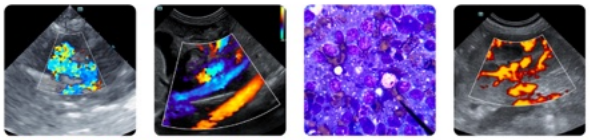


PATIENT

Jonah Gale

SPECIES

Feline

BREED

Domestic Longhair

SEX

Female

AGE

7 years

WEIGHT

4.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Emily Salmon, DVM

HOSPITAL NAME

TotalBond VH Forestbrook

REFERRING VET

Dr. Salmon

INVOICE

70192

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Adult female cat that was found a few months ago. Has been chronically thin, but rapidly losing weight. Has lost 1.7 pounds in 2 months. Appetite is decreased, but better with mirtazipine. Also has 2-3/6 systolic heart murmur
Abnormal PE/Chem/CBC/UA Results: Labwork including T4 was WNL, GI/pancreas panel- elevated FPLI(13.1), low normal cobalamine (355), Low folate (8.5).

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** were normal in size and contour with thickened cortices and corticomedullary calculi. The right kidney measured 3.77 cm. The left kidney measured 3.56 cm with a slight cortical infarct in the caudal pole.

Adrenal Glands

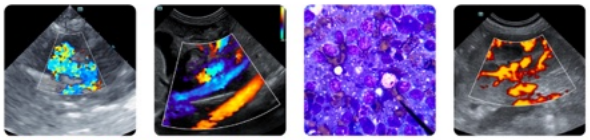
The left **adrenal gland** was rounded, hypoechoic and slightly mineralized. The left adrenal gland measured 0.56 cm. The right adrenal gland was uniform and measured 0.5 cm.

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

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. There was some shadowing material present in the distal small intestine measuring 1.2 cm. This may be a passing medication or similar and should be monitored. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Soft stool was noted in the colon. The mesenteric lymph nodes were slightly enlarged.

Pancreas

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

Free Abdomen

A slight amount of free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Minor IBD GI pattern. Shadowing material in the distal small intestine, may be passing medication.

Mild, degenerative renal changs with non-obstructive nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There were no overt neoplastic criteria with any of the organ systems in this patient. Malassimilation/maldigestion and chronic inflammatory bowel is the most likely explanation.

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.

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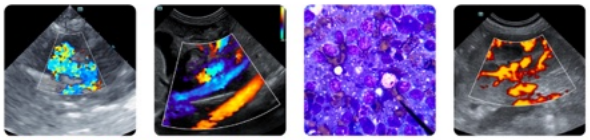

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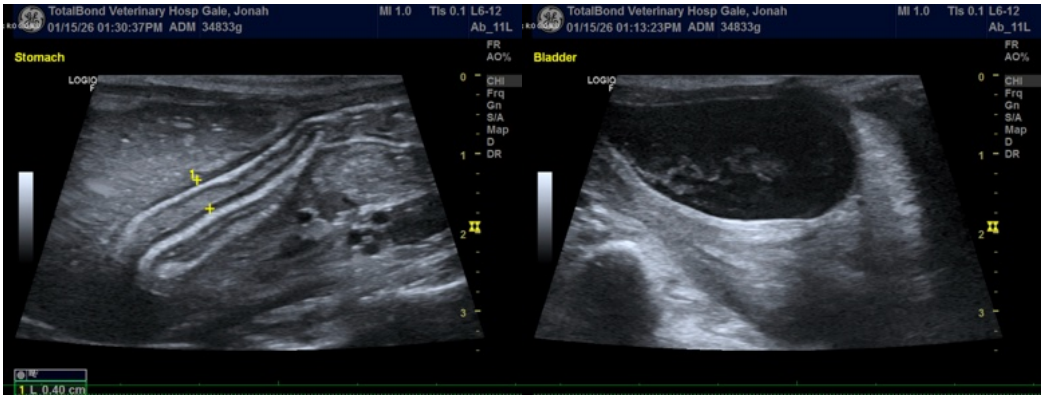

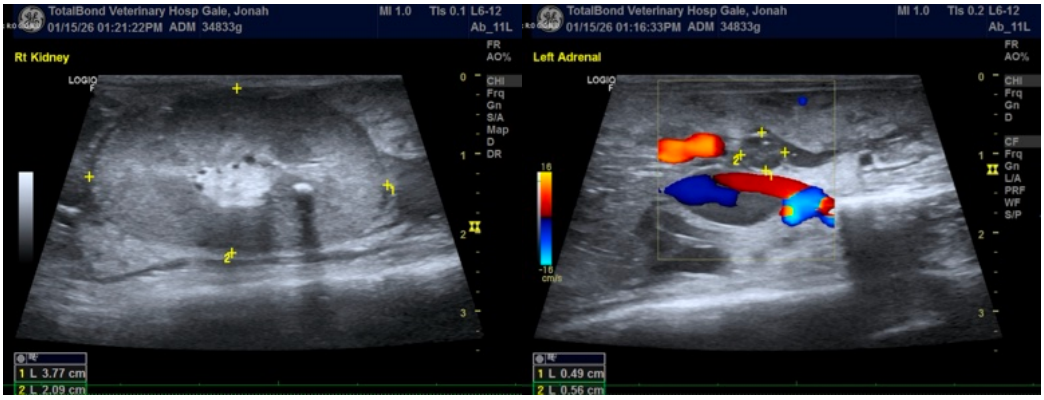

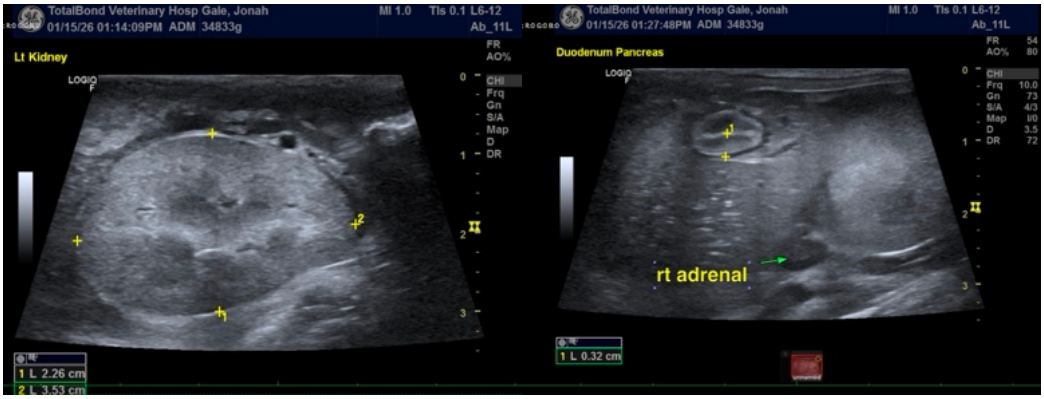

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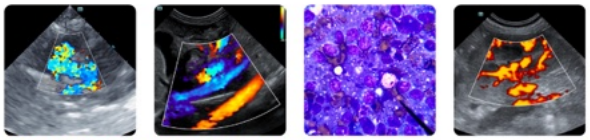

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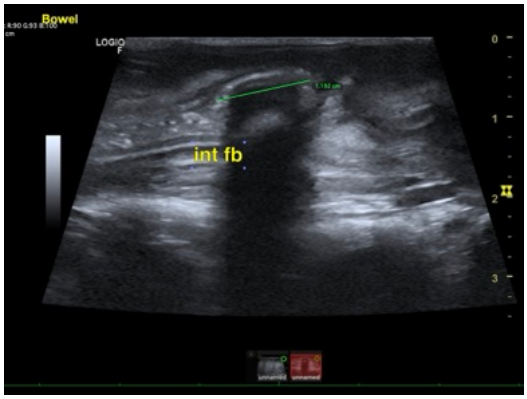

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com