



| <b>PATIENT</b>                            | <b>PRESENTING CLINICAL SIGNS</b>  |
|---|---|
| Mackie Muterspaw                          | Patient presented for ADR, diarrhea started Monday. Patient did have a normal BM today. No vomiting noted. Patient is lethargic/sleeping more per owner. Owner has noted licking lips at home. P is drinking a lot and decreased appetite P has not been grooming itself well and losing weight   |
| <b>SPECIES</b>                            | Abnormal PE/Chem/CBC/UA Results: -CBC- all values wnl -Chem/SDMA- PHOS 3.0 (L), K 2.6 (L), LIPA 2950 (H) -TT4- 2.2 ug/dl (0.8-4.7 ug/dl) -FPL- Abnormal   |
| Feline                                    |   |
| <b>BREED</b>                              | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>  |
| Domestic Longhair                         | <b>Urinary System</b>   |
| <b>SEX</b>                                | The <b>urinary bladder</b> , 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.  |
| Neutered male                             |   |
| <b>AGE</b>                                | The <b>kidneys</b> 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney revealed a cortical infarct with adjacent calculus. The calculus measured 0.7 cm and was non-obstructive at the time of the sonogram. |
| 16 years                                  |   |
| <b>WEIGHT</b>                             |   |
| 7.2 lbs                                   |   |
| <b>INTERPRETED BY</b>                     | <b>Adrenal Glands</b>   |
| Eric Lindquist, DMV<br>DABVP, Cert. IVUSS | Both <b>adrenal glands</b> 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 adrenal glands measured 0.4 cm each.  |
| <b>IMAGING PERFORMED BY</b>               | <b>Spleen</b>   |
| Dr. Griffin                               | The <b>spleen</b> 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. The spleen measured 0.64 cm.  |
| <b>HOSPITAL NAME</b>                      | <b>Liver</b>  |
| Northside VC                              | The <b>liver</b> revealed a cystadenoma type nodule in the left liver measuring 1.5 cm. This is not likely pathological. The remainder of the liver was unremarkable. The gallbladder and common bile duct were unremarkable.   |
| <b>REFERRING VET</b>                      |   |
| Dr. Griffin                               |   |
| <b>INVOICE</b>                            |   |
| 95358                                     |   |
| <b>DATE</b>                               |   |
| 1/18/22                                   |   |



**PATIENT**

**Gastrointestinal**

Mackie Muterspaw

The **pyloric** outflow revealed muscularis hypertrophy without loss of structural detail in the submucosal layer. Variable small intestinal thickening was noted with hypertrophied muscularis. The gastric fundus revealed progressively shadowing material, this is consistent with a hairball type density. Transti of chyme into the small intestine was present.

**SPECIES**

Feline

**BREED**

**Pancreas**

Domestic Longhair

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SEX**

Neutered male

**AGE**

16 years

**Free Abdomen**

A minor amount of free fluid was noted adjacent to the pylorus.

**WEIGHT**

7.2 lbs

**ULTRASONOGRAPHIC FINDINGS**

Right renal infarct with adjacent calculus.

Chronic pancreatic changes.

**INTERPRETED BY**

Diffuse gastrointestinal thickening without loss of mural detail.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Hypertrophied muscularis was noted.

**IMAGING PERFORMED BY**

Dr. Griffin

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full thickness gastrointestinal and pyloric biopsies would be ideal in this patient. Chronic triad disease is possible as cause of clinical signs. Hairball therapy, canned b.i.d. feedings and maldigestion panel is all indicated.

**HOSPITAL NAME**

Northside VC

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.

**REFERRING VET**

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**PATIENT**

Mackie Muterspaw

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

16 years

**WEIGHT**

7.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

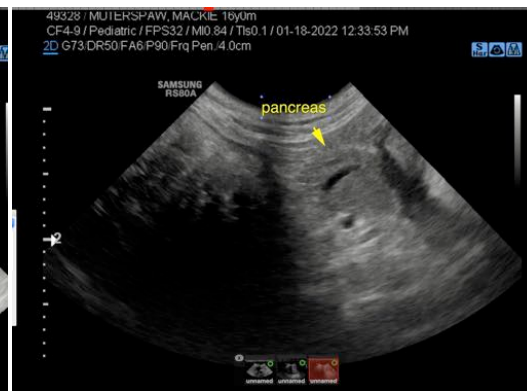
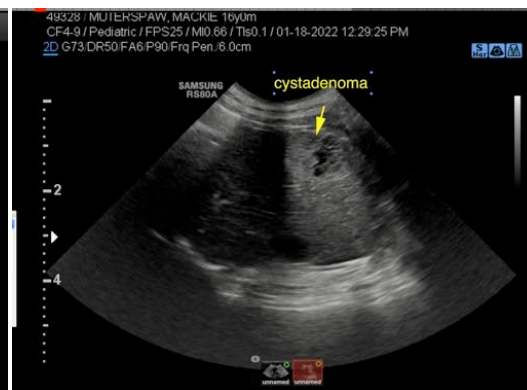
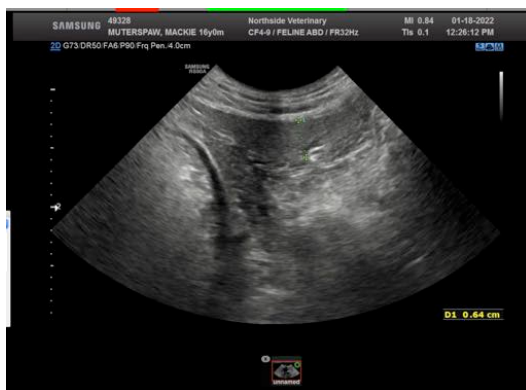
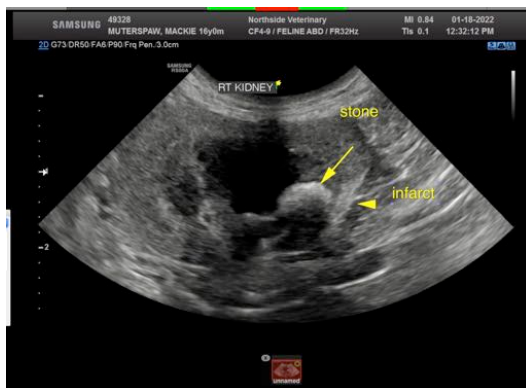
Dr. Griffin

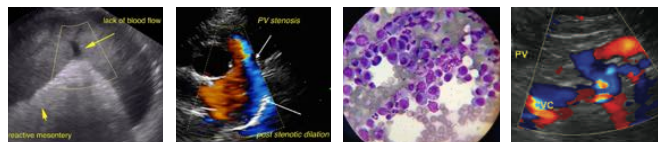
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**PATIENT**

Mackie Muterspaw

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.

**SPECIES**

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.

**BREED**

Domestic Longhair

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

**SEX**

Neutered male

**AGE**

16 years

**WEIGHT**

7.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

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