



PATIENT

Suzan Mann

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

7.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. DiNello-Schleicher

INVOICE

42585

DATE

1/9/23

PRESENTING CLINICAL SIGNS

History: Presented for weight loss despite normal appetite, lost 1.1lb from April to December, PUPD per owner, no masses palpated in abdomen but intestines feel slightly ropey, intestinal parasite screening negative.

Abnormal PE/Chem/CBC/UA Results: 12/31/22 CBC/Chem/Lytes/T4 wnl, USG 1.037, pH 5.5, protein 1+, blood 1+, remainder wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed moderate, degenerative renal changes. The right kidney measured 3.42 cm with corticomedullary calculi noted up to 0.4 cm. Subnormal blood flow was noted in the kidneys. The left kidney measured 4.31 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 left adrenal gland measured 0.26 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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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule more significant disease than IBD. The mesenteric lymph nodes were reactive and measured 1.0 x 0.5 cm.

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.

ULTRASONOGRAPHIC FINDINGS

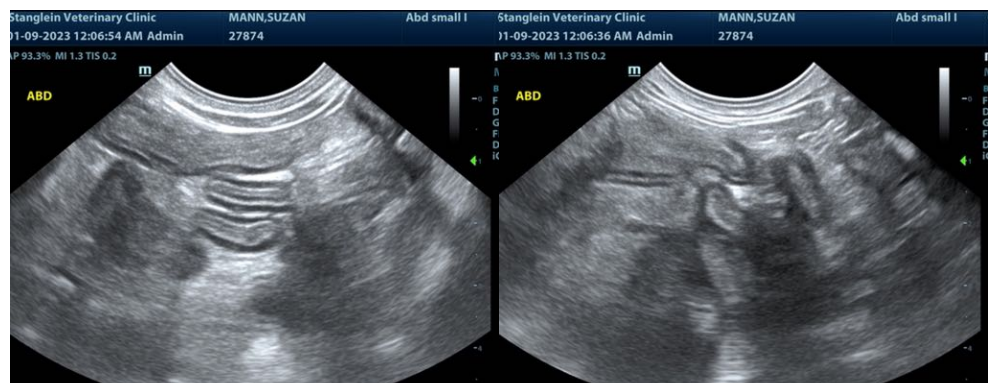
Diffuse intestinal thickening.

Moderate degenerative renal changes with non-obstructive nephrolithiasis.

Reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt neoplastic criteria was noted in the GI tract or elsewhere. However, I cannot rule out a precancerous state. Full thickness intestinal biopsies would be ideal in this patient for further management. I am concerned about the long term viability of the kidneys. Renal values, urine specific gravity as well as blood pressure measurements are recommended. 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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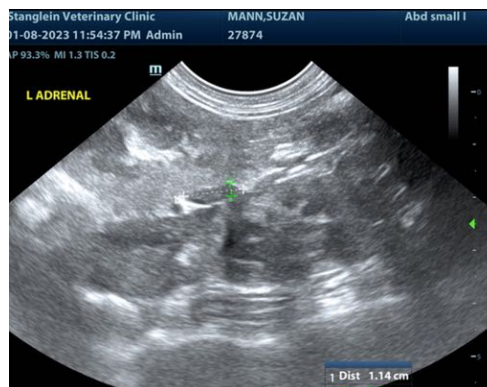
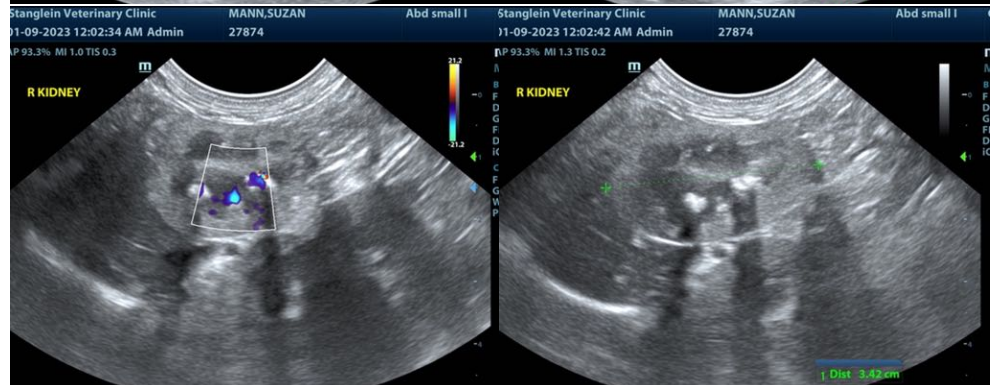
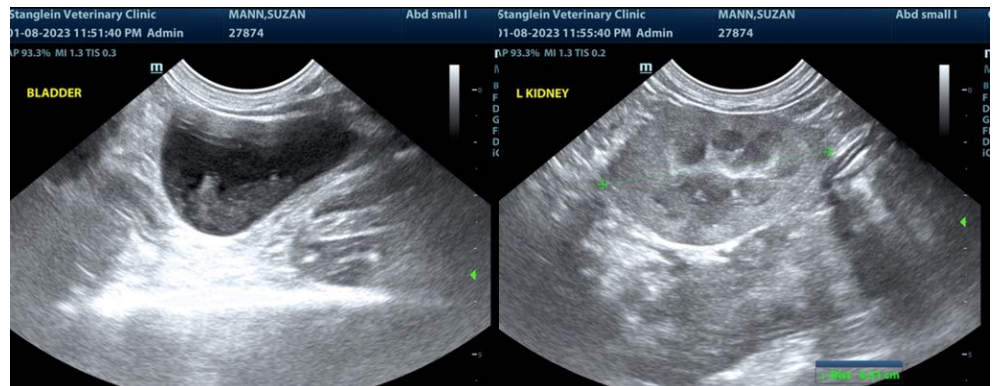
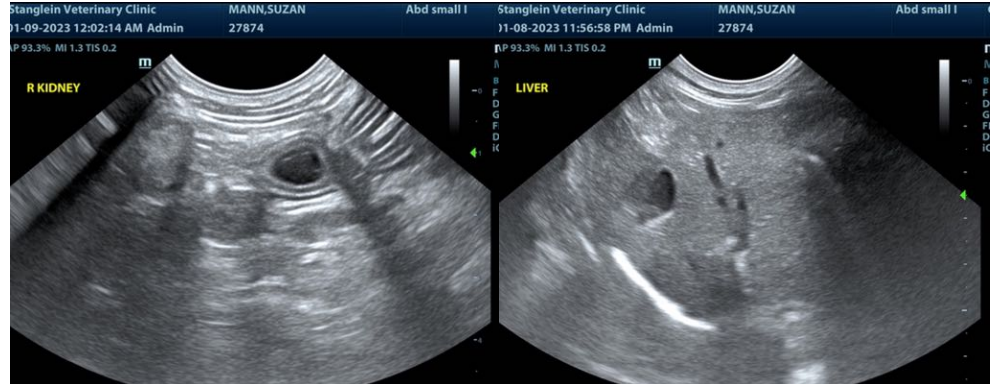
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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