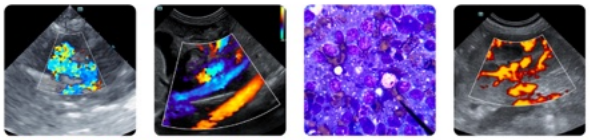


PATIENT

Koda Letts

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

10.06 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rosenberg

HOSPITAL NAME

London Cat Clinic

REFERRING VET

Dr. Rosenberg

INVOICE

69055

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Chronic weight loss over the past year (3.3 lbs) with mild to moderate decreased mcs. Lifelong history of being a picky eater, with multiple food trials at previous clinic (including chicken, fish, rabbit, kangaroo) and current rotation of 5 different foods to maintain interest. Chronic intermittent V, including regurgitation of food post-meal and HBs. Chronic intermittent explosive diarrhea for the past 18 months, with a fecal score fluctuating between 4-7 A comprehensive blood panel on Oct 23 2025, was largely unremarkable including T4 and PLI. NO B12/folate was done. A diet trial with Hill's GI Biome was initiated (eats about 1/4 Biome dry, rest canned) with no notable difference. A fecal diarrhea panel was negative for infectious causes. Chronic intermittent cough (C) for a couple of years, suggestive of inflammatory airway disease. Monitored for now.

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.7 cm. The right kidney measured 4.02 cm.

Adrenal Glands

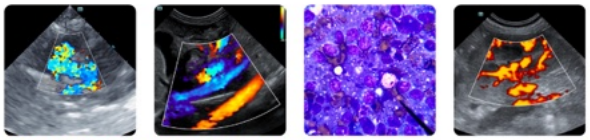
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

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. The spleen measured 0.83 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. A hypoechoic nodule was noted in the mid cranial liver adjacent to the



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diaphragm and measured 0.48 cm. A separate nodule was noted and measured 0.36 cm. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured up to 0.26 cm. The mesenteric lymph nodes were slightly enlarged and measured 0.5 cm. The epigastric lymph nodes are slightly enlarged and rounded measuring 0.3 cm.

Pancreas

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. The pancreas measured 0.57 cm in width.

ULTRASONOGRAPHIC FINDINGS

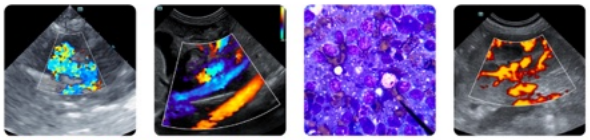
Subtle liver nodules.

Diffuse intestinal thickening with muscularis hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic nodules is indicated to ensure that this is hyperplasia as opposed to emerging neoplasia or metastatic disease. The nodular changes are minor and fairly subtle. Full thickness GI biopsies would be necessary for a definitive diagnosis. However, structurally this is most consistent with inflammatory bowel. There was no overt evidence of neoplasia. Prednisolone trial may be necessary in this patient as an empirical measure if surgical sampling is not an option and all other empirical measures have been exhausted.

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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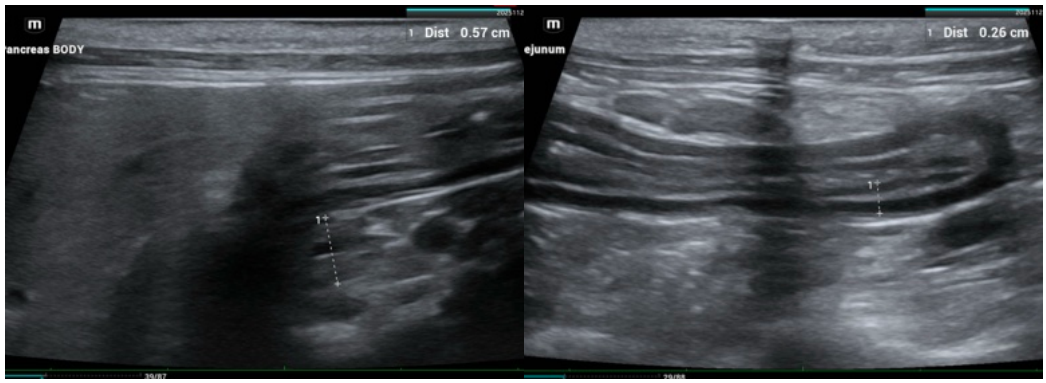

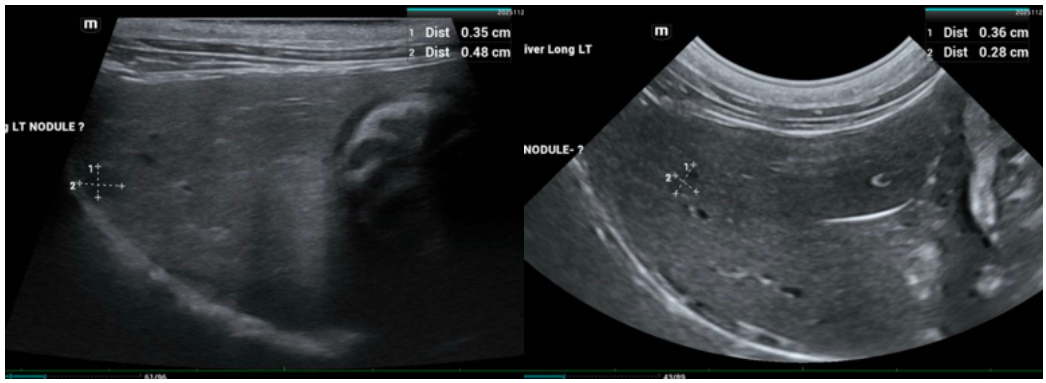

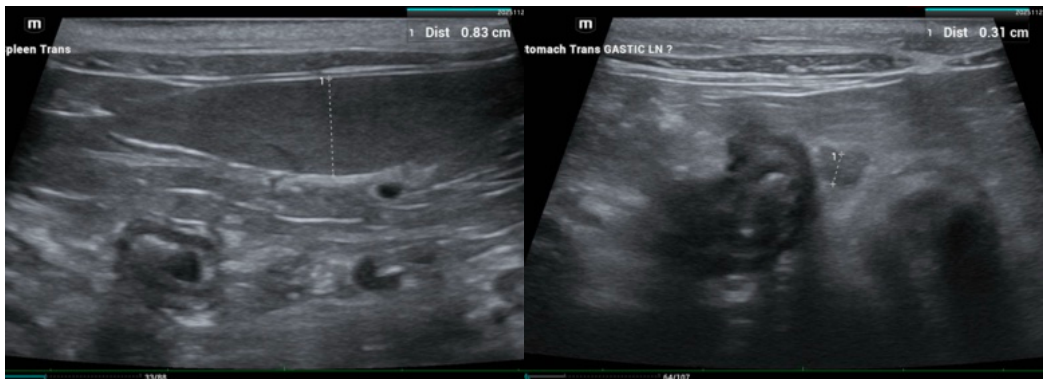

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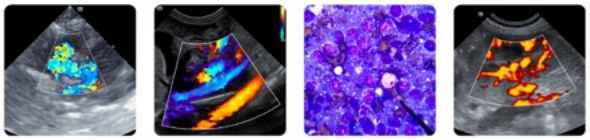

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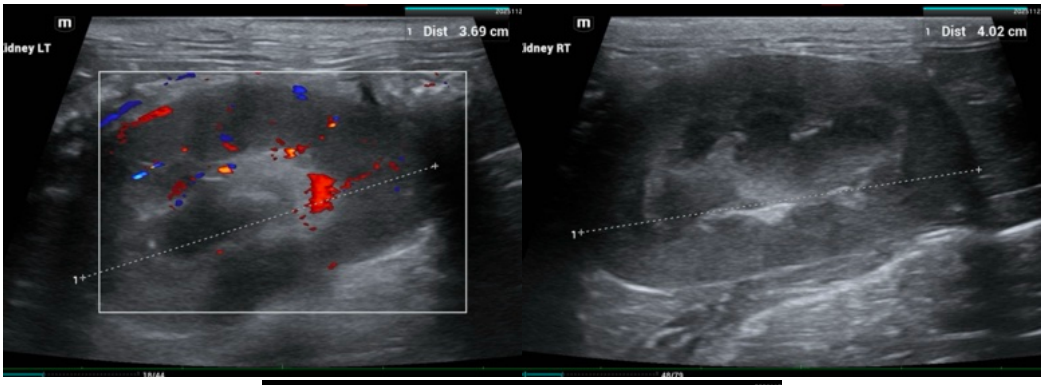

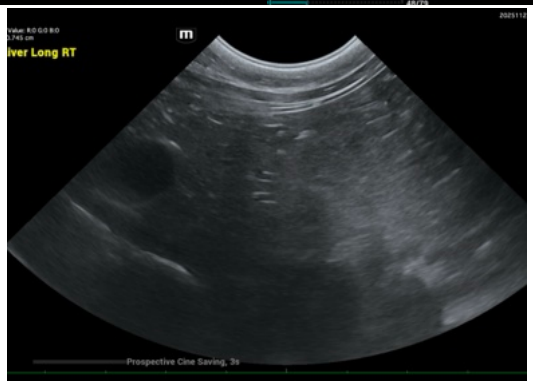

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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