



**PATIENT**

Tabasco Weber

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Byrnes

**HOSPITAL NAME**

Stewart's Mountain  
View AH

**REFERRING VET**

Byrnes Veterinary  
Relief Services

**INVOICE**

42343

**DATE**

11/4/22

**PRESENTING CLINICAL SIGNS**

History: P has intermittent history of diarrhea and will vomit several times per week. P has had weight loss of 1# in 4 months. P was sedated for ultrasound using Dexdomitor 0.1 ml Butorphanol 0.1 ml  
Abnormal PE/Chem/CBC/UA Results: Previous history of hookworms treated with Profender

**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 left kidney measured 3.0 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 0.24 cm. The right adrenal gland measured 0.35 cm.

**Spleen**

The **spleen** was mildly enlarged with slight, scalloping contour. The spleen measured 1.0 cm in width with uniform parenchyma.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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.



**PATIENT**

Tabasco Weber

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Byrnes

**HOSPITAL NAME**

Stewart's Mountain  
View AH

**REFERRING VET**

Byrnes Veterinary  
Relief Services

**INVOICE**

42343

**DATE**

11/4/22

**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. The intestinal lumen was fluid filled with echogenic mucosal remodeling. No obvious neoplastic patterns were noted and luminal content as unremarkable.

**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**

Structurally unremarkable abdomen.

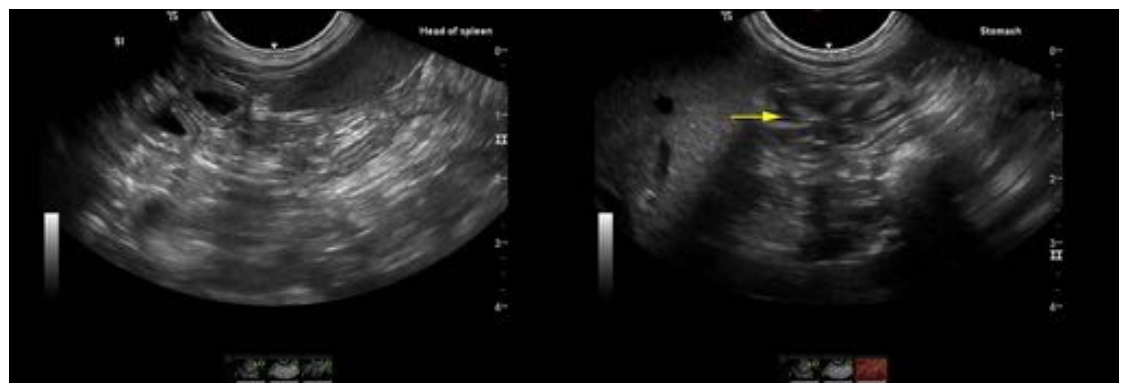
Minor areas of fluid filled intestinal lumen was also noted with echogenic mucosal remodeling.

Mildly enlarged spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of specific disease, minor chronic GI changes were noted. There is no evidence of neoplastic criteria. FNA of the spleen could be considered to ensure that this is a reactive state as opposed to a very early round cell neoplasia, yet the changes were minor with a minimal increase in size present. Hydrolyzed geriatric diet, B12 injection, Prednisolone trial and anti-parasitic protocol could all be utilized.

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.





**PATIENT**

Tabasco Weber

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Byrnes

**HOSPITAL NAME**

Stewart's Mountain  
View AH

**REFERRING VET**

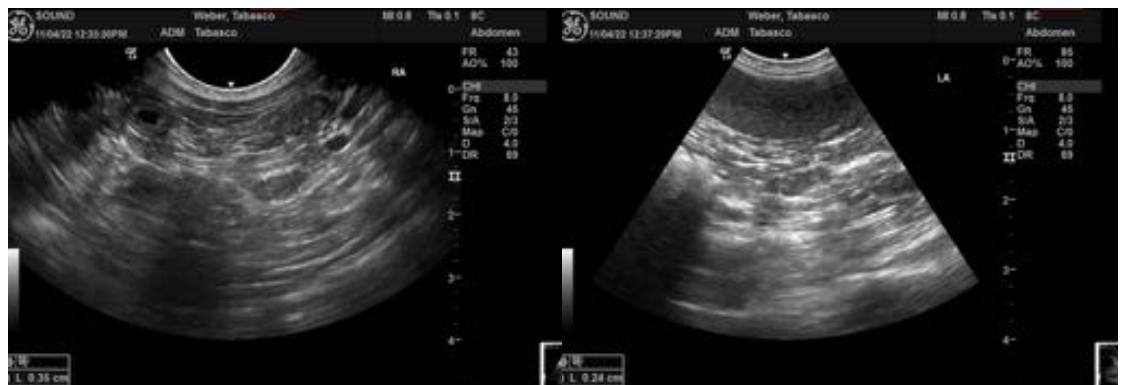
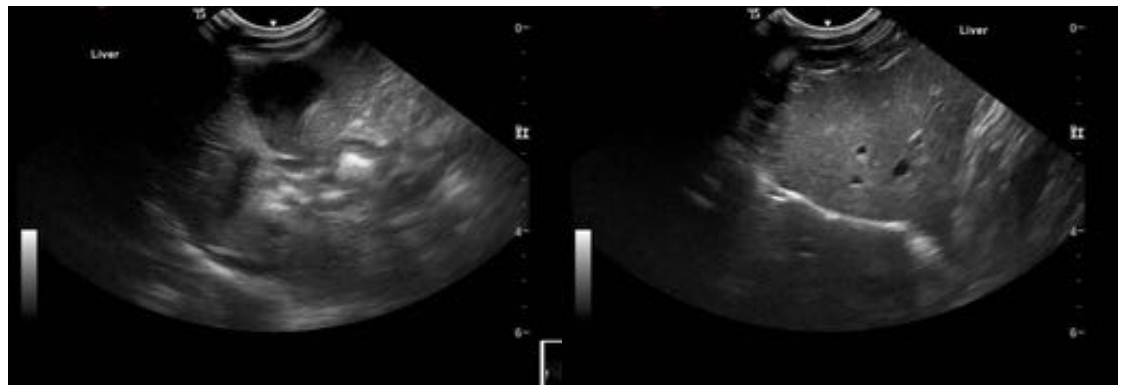
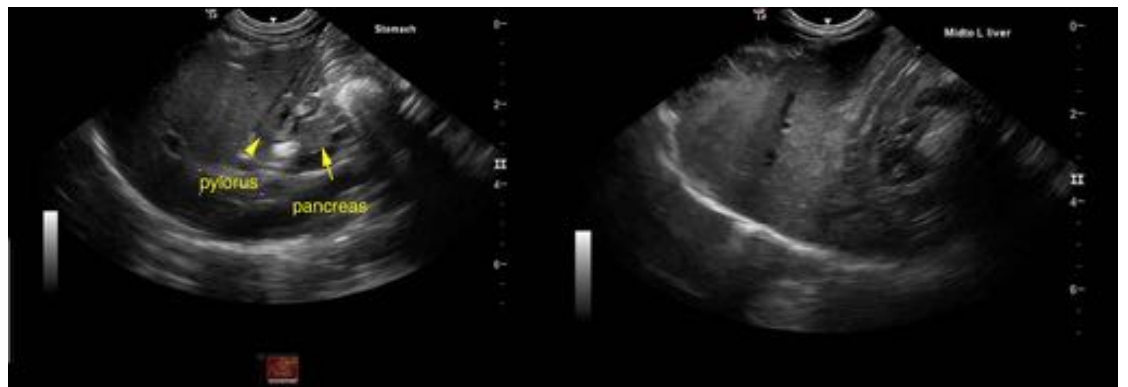
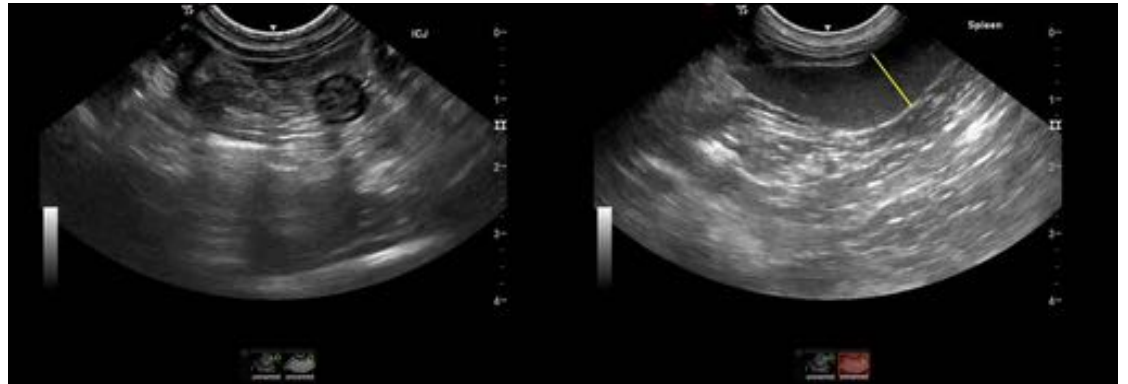
Byrnes Veterinary  
Relief Services

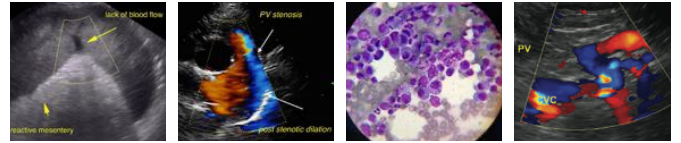
**INVOICE**

42343

**DATE**

11/4/22





**PATIENT**

Tabasco Weber

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Byrnes

**HOSPITAL NAME**

Stewart's Mountain  
View AH

**REFERRING VET**

Byrnes Veterinary  
Relief Services

**INVOICE**

42343

**DATE**

11/4/22



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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com