



PATIENT

Jinx Hause

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

10 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Rawn Gabbard

INVOICE

33171

DATE

12/2/21

PRESENTING CLINICAL SIGNS

Chronic weight loss that was initially thought to be IBD. The weight loss has continued in spite of appropriate treatment for IBD (steroids, B12). Appetite is poor, no diarrhea noted, really no vomiting. The RDVM believes that the cat has LSA. This cat started out at 17 lb, now weighs 10 lb.

Abnormal PE/Chem/CBC/UA Results: CBC was a decreased WBC, lymphopenia, thyroid was normal. UA low specific gravity (1.014). FeLV/FIV negative. Chemistry high Ca, low Mg, high amylase, high precision PSL. RDVM requested ionized calcium, which was high, 1.62; and the total Ca 13.5. There is no lymphadenopathy - survey films suggest thickened bowel wall.

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 were 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. The left kidney measured 3.3 cm with trace pyelectasia noted. Blood flow to the left kidney appeared to be mildly subnormal. The right kidney presented a mild pericapsular inflammatory pattern and 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 0.4 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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.

Gastrointestinal

Some hyperperistalsis was noted in the **gastrointestinal** tract. Structurally, the GI tract was unremarkable otherwise. Curvilinear patterns were maintained with some soft stool.



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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.

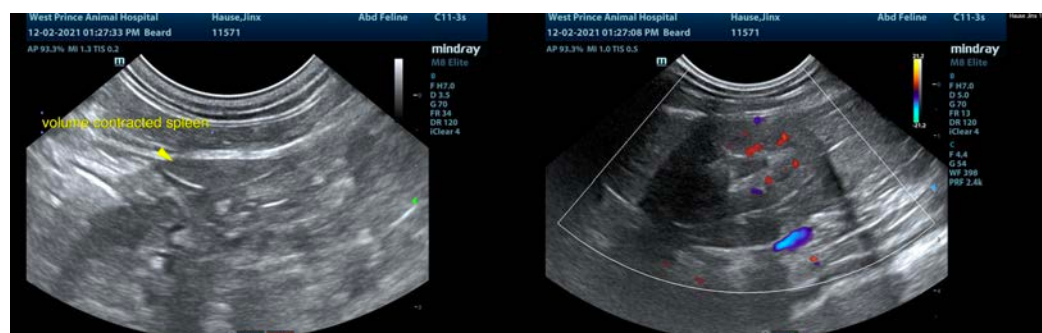
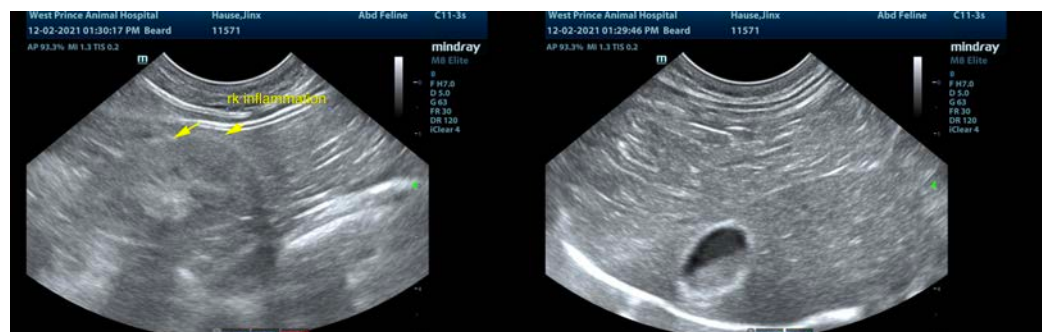
ULTRASONOGRAPHIC FINDINGS

- Volume contracted spleen
- Subacute on chronic degenerative renal presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Malassimilation of nutrients may be playing a role in this patient. Hydration status should be evaluated given the volume contracted spleen. No overt evidence of neoplasia. However, since steroids have been utilized in the clinical management, this may be suppressing a more significant presentation.

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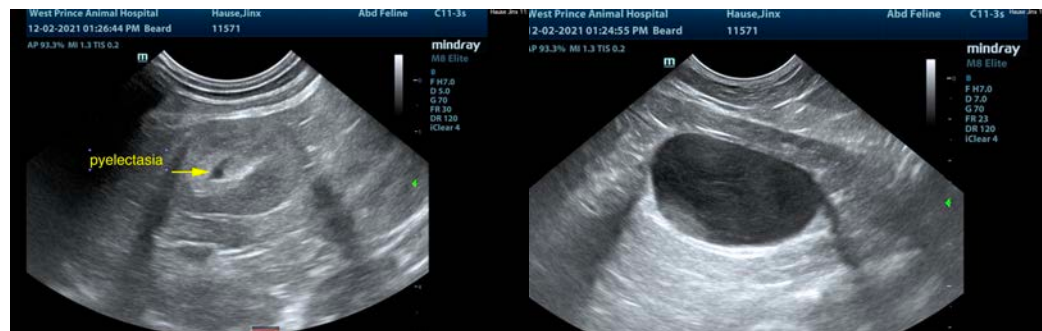
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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