



PATIENT

Mr. Max Watts

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

5.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Stan Carlin

INVOICE

33878

DATE

12/31/21

PRESENTING CLINICAL SIGNS

Six months poor appetite, weight loss. Treated for hyperthyroidism with no improvement (Methimazole). Total thyroid was always normal.

Abnormal PE/Chem/CBC/UA Results: Dehydrated, thin cat with pale mucous membranes. CBC/Chem/UA and thyroid testing pending. Previous testing revealed increased in albumin, increase in ALT, and low glucose (may have set on clot). FeLV/FIV negative. Survey abdominal and chest xrays reveal loss of abdominal visceral detail in the abdomen.

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. A minor amount of suspended debris 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 and no evidence of pelvic dilation was present.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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

Hyperperistalsis noted throughout the **GI** tract with mural thickening. Some retention of ingesta noted in the stomach. Mucosal thinning and fogging present throughout the GI tract. A mesenteric lymph node was slightly enlarged and reactive.

Pancreas

The **pancreas** was uniform, no evident pathology.

Free Abdomen

Slight amount of free fluid. Minimal abdominal fat noted, likely owing to wasting.



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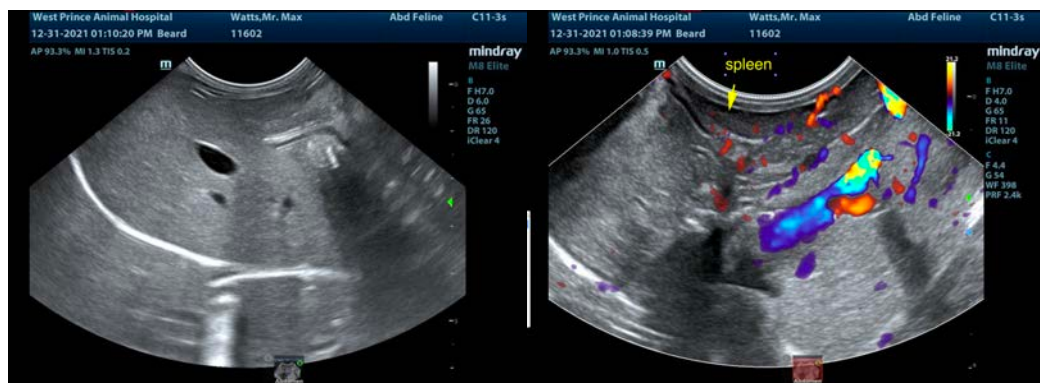
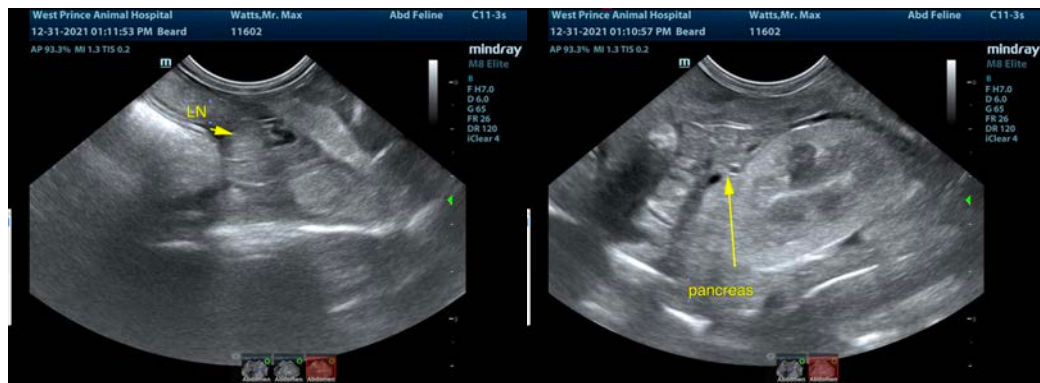
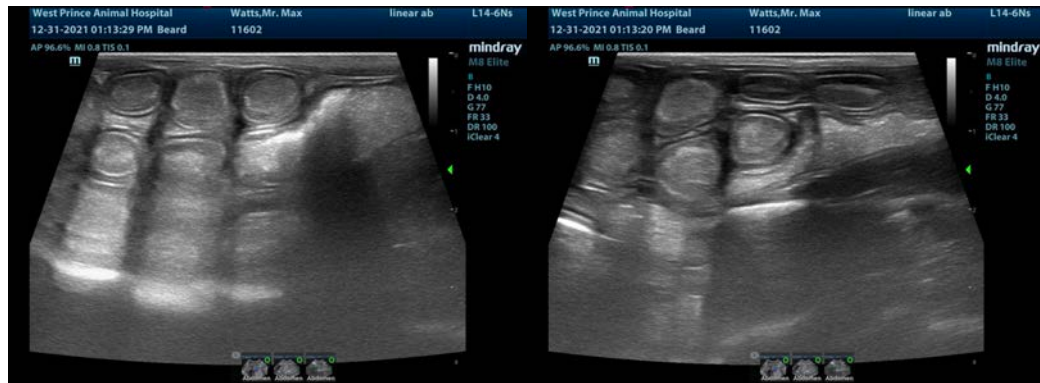
ULTRASONOGRAPHIC FINDINGS

- Chronic GI changes
- Age related abdominal changes otherwise
- Trace fluid – likely owing to wasting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect malassimilation/maldigestion in this patient. No overt evidence of neoplasia.

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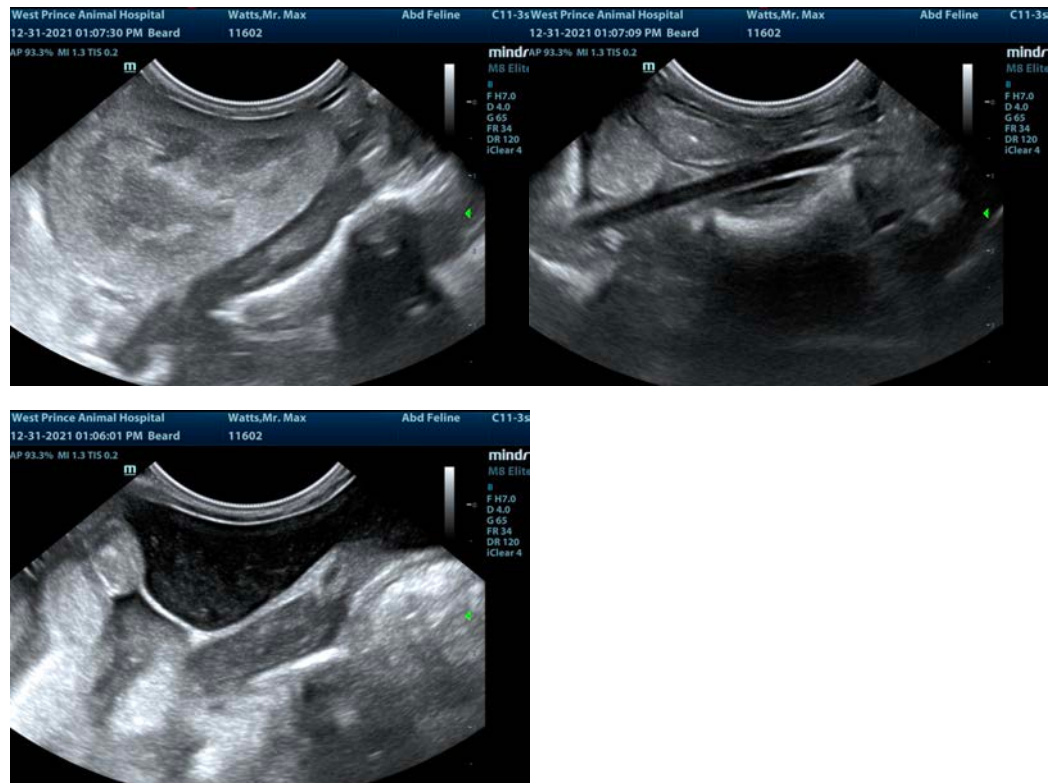
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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