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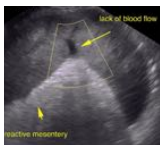
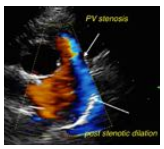
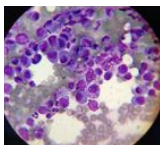
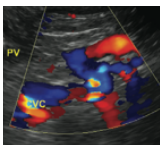

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1-800-838-4268 info@sonopath.com

PATIENT
Joey Hower

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
14 years

WEIGHT
11.4 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Lincoski

HOSPITAL NAME
University Drive VH

REFERRING VET
Dr. Lincoski

INVOICE
42849

DATE
12/5/22

PRESENTING CLINICAL SIGNS

History: Weight loss and diarrhea intermittently, hyperthyroid cat but he is euthyroid on methimazole2.5mg bid. New kittens in house this summer, otherwise nothing new.
Abnormal PE/Chem/CBC/UA Results: Fecal and giardia negative, Fecal PCR positive coronavirus and low copies C. perfingens, below threshold for likely contribution. GI?LSA panel from VDI run and low LSA index, more likely IBD +/- pancreatitis. (see attached). Survey radiographs normal abdomen, and mild bronchointerstitial pattern and mild cardiomegaly. No obvious neoplasia

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. Slight pyelectasia and minor cortical infarcts were noted in the kidneys. The left kidney measured 3.53 cm. The right kidney measured 3.4 cm.

Adrenal Glands

The right **adrenal gland** was uniform and measured 0.44 cm. The left adrenal gland measured 1.24 cm with slight pinpoint mineralization and age related change.

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 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.

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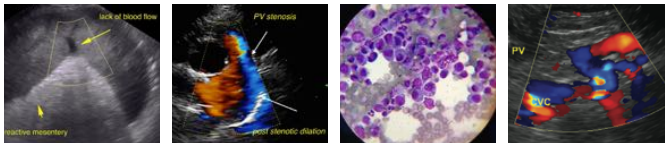

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Gastrointestinal

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. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The **pancreas** was hypoechoic and irregular with no evidence of active inflammation. However, low-grade inflammation cannot be ruled out. This may be an age related change, hyperplasia or possible low-grade pancreatitis.

ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen.

Moderate degenerative renal changes.

Prominent pancreas.

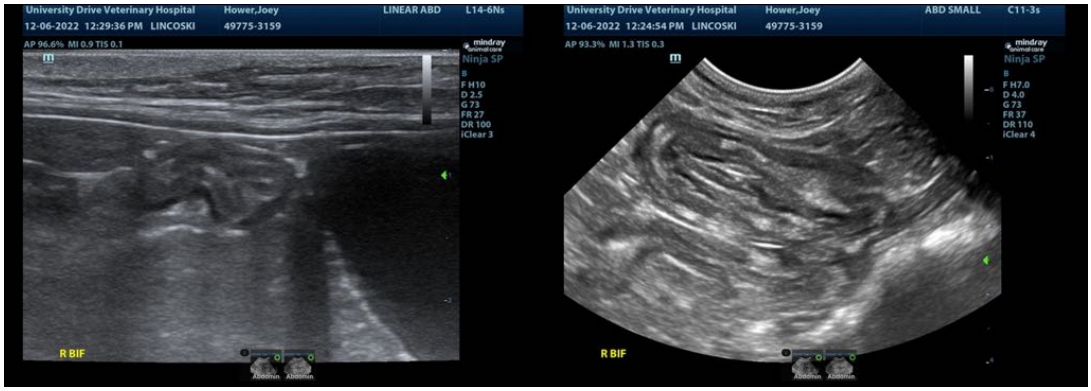
Mild hepatic remodeling.

Minor intestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. The changes are largely expected for this age patient.

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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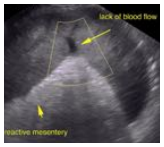

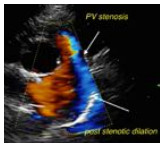

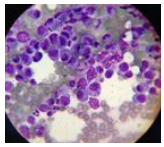
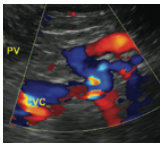

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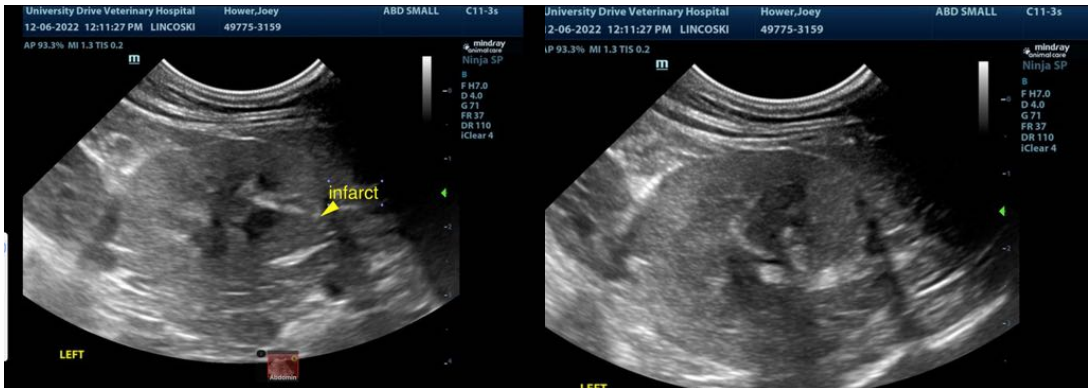

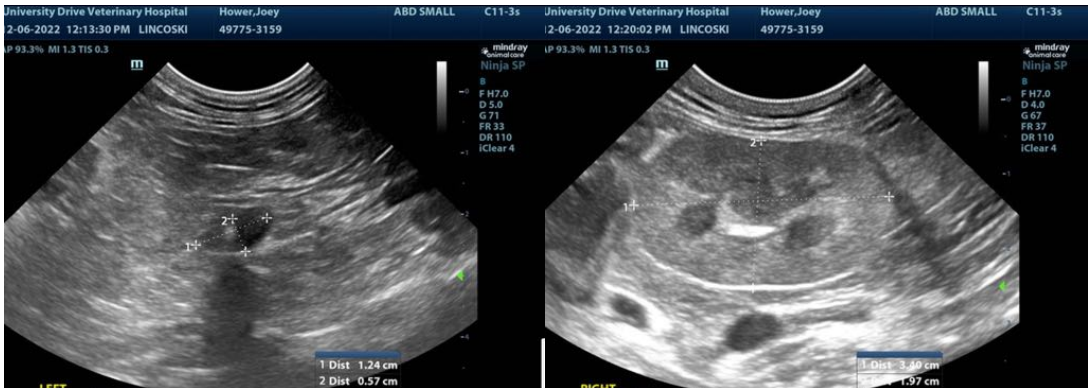

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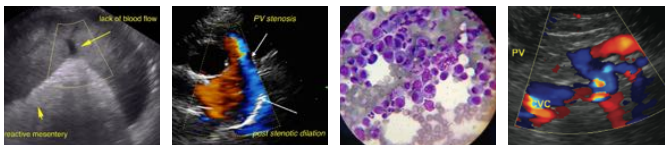

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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