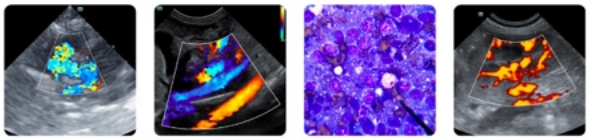


PATIENT

Knight McIntyre

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 ½ years

WEIGHT

9.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Kinney

INVOICE

71118

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- Knight has a history of chronic vomiting, diarrhea, and weight loss. He had a normal Texas GI panel 3/2025. He was started on RC PR diet and b vitamin injections. Minimal improvement was seen. He was started on transdermal cerenia (difficult to pill) and probiotics. He had a high normal thyroid 3.6 and low TSH <0.03 and a low dose of methimazole 2.5mg BID and is doing better. He had chronic coughing/wheezing and feline asthma was suspected. Ceterizine 5mg SID and this has greatly improved his coughing. He eats well and can be polyphagic at times.
- He is clinically much improved since last March. His vomiting has resolved and his stools are now soft but formed. His is thin but is maintaining his weight consistently. Owner elected to proceed with AUS to r/o any other cause of his thin body condition.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Microinfarcts were noted at the dorsal cortex. The right kidney measured 4.37 cm. The left kidney measured 4.22 cm.

Adrenal Glands

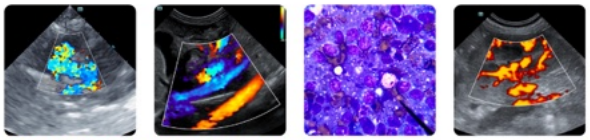
Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.31 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** was at the upper limits of normal and measured 0.93 cm. Subtle micronodular changes were noted as well as slight, swollen contour.

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



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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

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. Mucosal remodeling was noted in portions of the small intestines. The cecum was slightly dilated. The colon was fluid filled. The mesenteric lymph nodes were reactive and measured up to 1.0 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.

ULTRASONOGRAPHIC FINDINGS

Chronic pancreatic remodeling.

Variable minor small intestinal thickening with reactive lymph nodes.

Thickened cecum and colon.

Micronodular spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt neoplastic criteria present. However, intestinal dysbiosis or abnormal bacterial may be an issue. FNA of the spleen is indicated to assess for reactive spleen, splenitis or emerging round cell neoplasia.

Chronic GI changes, yet no overt neoplastic criteria was noted.

Management for intestinal dysbiosis is warranted and inflammatory bowel. Prednisolone trial may be necessary in this patient unless full thickness GI biopsies can be utilized. Antibacterial management for enterotoxin issues may also prove effective.

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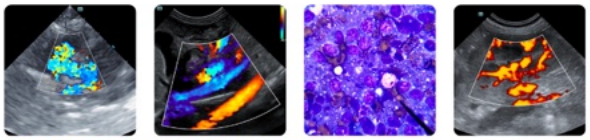

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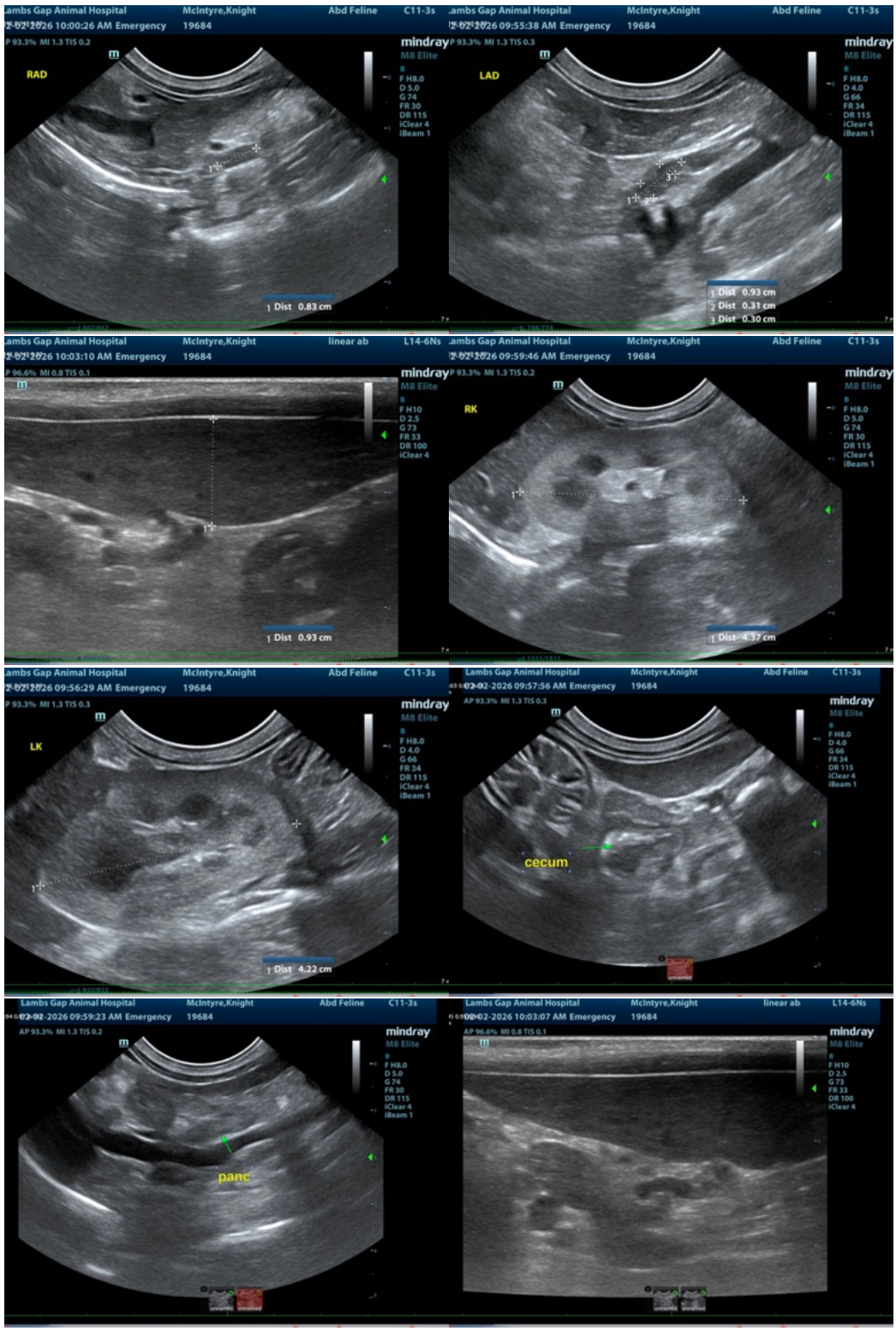

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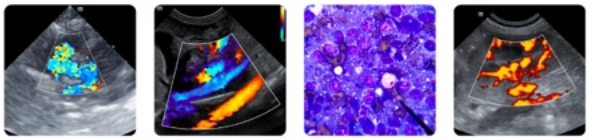

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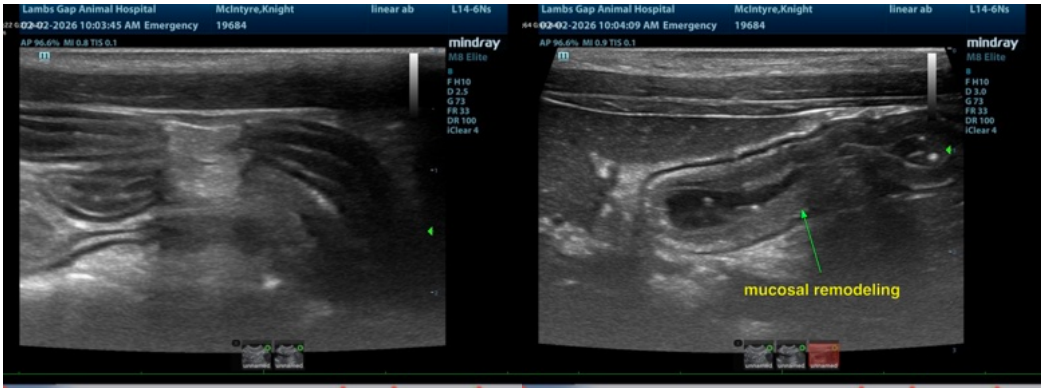

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com