



PATIENT

Moxie Wells

SPECIES

Feline

BREED

Main Coon Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

11.6 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Colleen Andrews, DVM

INVOICE

13821

DATE

2/4/22

PRESENTING CLINICAL SIGNS

History: Presented in November 2021 with URI congestion and #7 weight loss, Thoracic radiographs were take, potential alveolar pattern (concern for neoplasia), seen by oncologist, recommend repeat rads in 1 month. Per Oncologist chest rads looks clear after 1 month, but GI tract moderate gas on radiographs, ultrasound recommended at that time.

Abnormal PE/Chem/CBC/UA Results: Weight loss (17 lbs (8/2020) to 11.6 lbs), CBC, Chem 17 and UA have been NSF.

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 minor 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 4.06 cm. The right kidney measured 3.85 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 were noted.

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

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. Intestinal wall thickness measured 0.22 cm. Increased submucosal echogenicity and thickness noted. The descending colon was mildly thickened in this patient without loss of detail. No concerning



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lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a minor change.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- IBD GI pattern
- Age-related abdominal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No neoplastic criteria met, however variable areas of small intestinal thickening present. 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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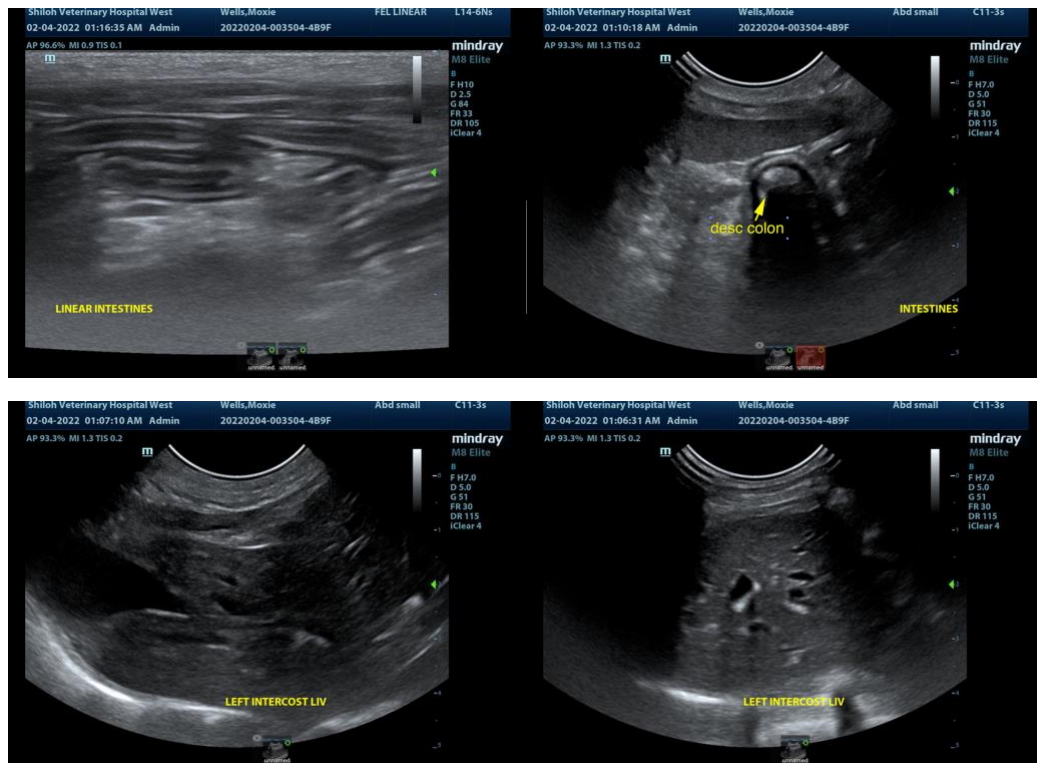
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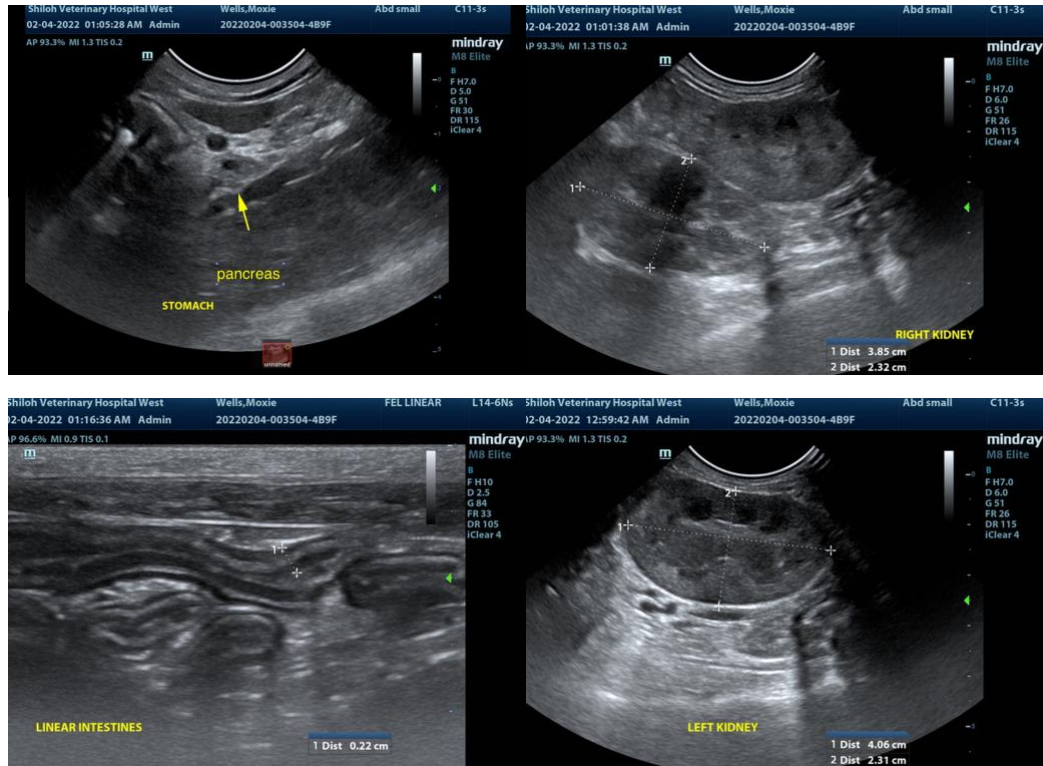
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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