



PATIENT

Nadi Wu

SPECIES

Feline

BREED

Devon Rex

SEX

Male

AGE

10 Months

WEIGHT

3.22 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Clinic
(Flanders)

REFERRING VET

Dr. Hallihan

INVOICE

73586

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Chronic diarrhea. Failure to thrive - not gaining weight. Thickened bowel loops. Switched to eating ID only about 1 month go

Abnormal PE/Chem/CBC/UA Results: chol(lo)- 29, glob(hi)-6.4, creat(0.5), chlor(hi)-127, TP(hi)9.4, RBC(lo) - 6.35, hemo(lo)-9.9, MCV(hi)-55, mchc(lo)28.3, wbc- 51.1(hi), neu-34.237(hi), bands(hi) 1.022, lymph(hi) 9.198, mono - 6.643(hi), EOS-0 (lo), platelets-591(hi), fip PCR NEG, Bun - 39, path review possible concern for lymphoma-lymphocytic leukemia

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Left kidney measured 3.5 cm. Right kidney measured 3.9 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 adrenals measured 0.40 cm each.

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. Portal vein to vena cava ratio was 1:1.

Gastrointestinal

Hyperperistalsis noted throughout the **gastrointestinal tract**. Some retention of ingesta or possible soft foreign matter or hair accumulation noted in the stomach. Reactive mesenteric lymph nodes noted.



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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.

Other

Mild free fluid noted. Poor amount of body fat noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with hyperperistaltic bowel.
- Mild free fluid.
- Poor amount of body fat.

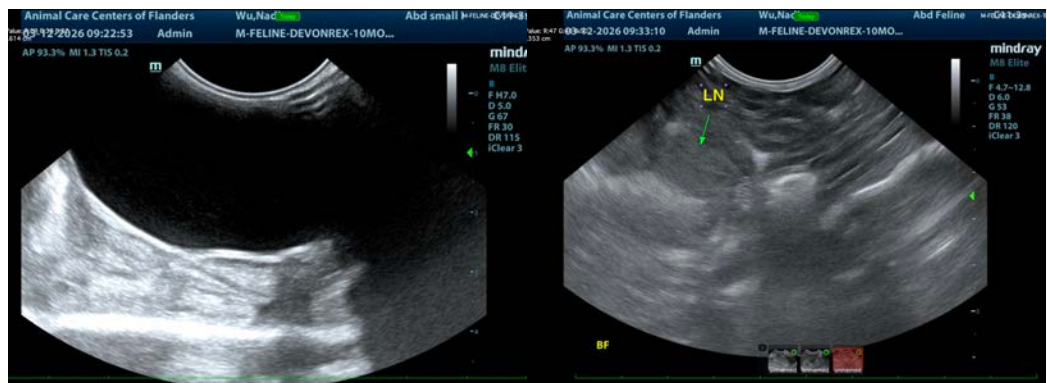
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of portosystemic shunting. Malassimilation/maldigestion is strong potential. Occult parasitism possible. No structural evidence of significant disease. The gastric contents should be assessed based on post-prandial timing.

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.

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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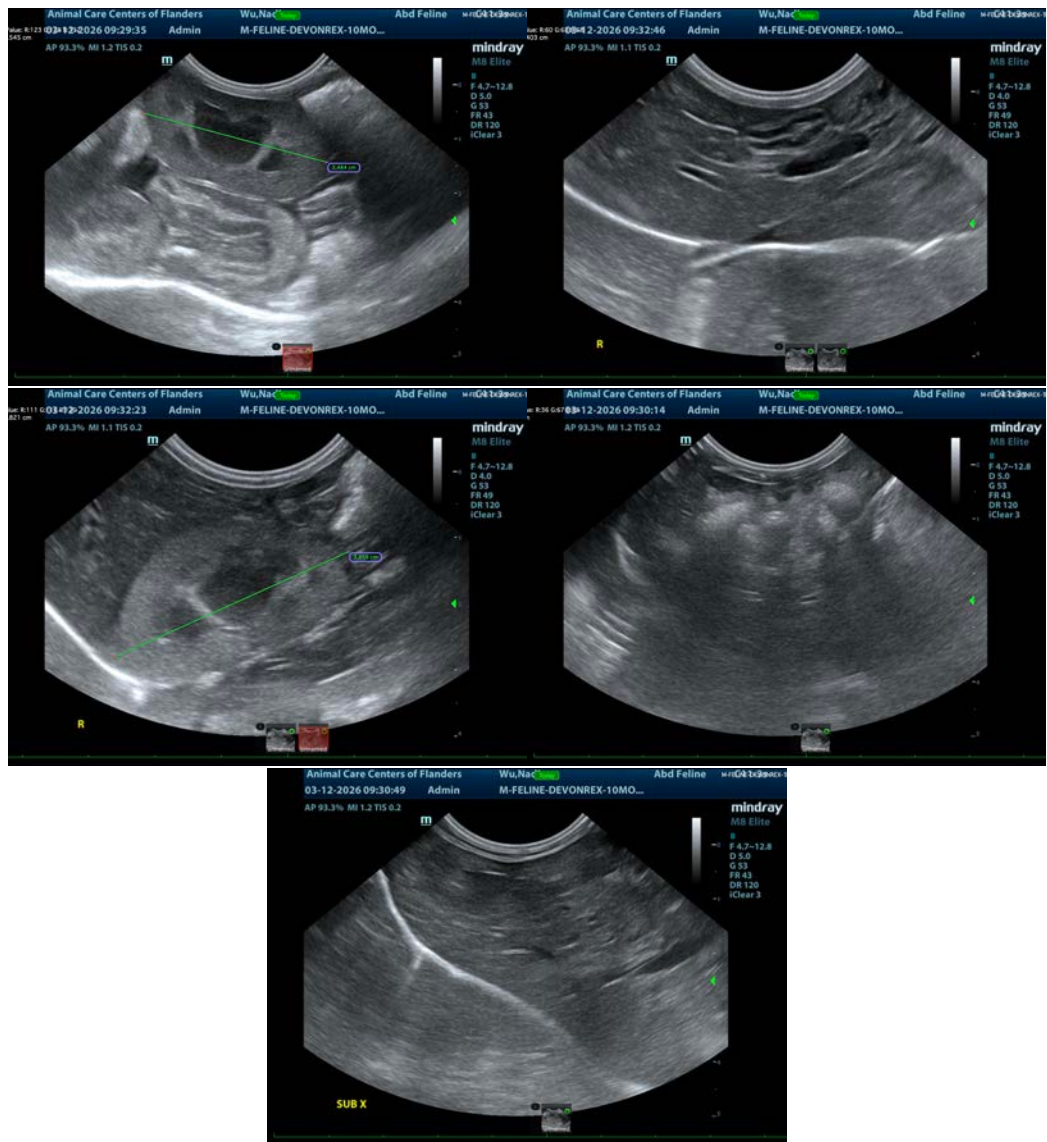
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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info@SonoPath.com