



PATIENT PRESENTING CLINICAL SIGNS

Dougie Waudby

History: One year history of weight loss and soft stool; his stool is solid now on a once a day prednisolone regimen. This regimen was started after an u/s in July 2022 larger mesenteric ln were identified; O elected a GI panel vs biopsy/FNA, GI panel revealed low cobalamin, rest WNL, started on prednisolone and B12 did well, started gaining weight. End of February appetite started decreasing and he is now losing weight again, stool is still firm, but does go out of the box from time to time.
Abnormal PE/Chem/CBC/UA Results: GI panel July 2022 - low cobalamin; Senior blood panel WNL July 2022

SPECIES

Feline

BREED

Bengal

SEX

Neutered male

AGE

6 years

WEIGHT

13.7 lbs

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 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. The left kidney measured 4.66 cm. The right kidney measured 4.8 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Vezzetti

Spleen

HOSPITAL NAME

Stuga North VC

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.

REFERRING VET

Dr. Vezzetti

Liver

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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.

DATE

3/14/23



PATIENT

Gastrointestinal

Dougie Waudby

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

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Pancreas

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The **pancreas** was hypoechoic and irregular. Subxiphoid palpation is recommended to assess for any pain. Mildly enhanced surrounding mesentery was noted.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered male

Possible low-grade pancreatitis.

AGE

Otherwise, unremarkable abdomen.

6 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Prednisolone may be suppressing a more significant presentation. However, structurally the abdomen is unremarkable.

13.7 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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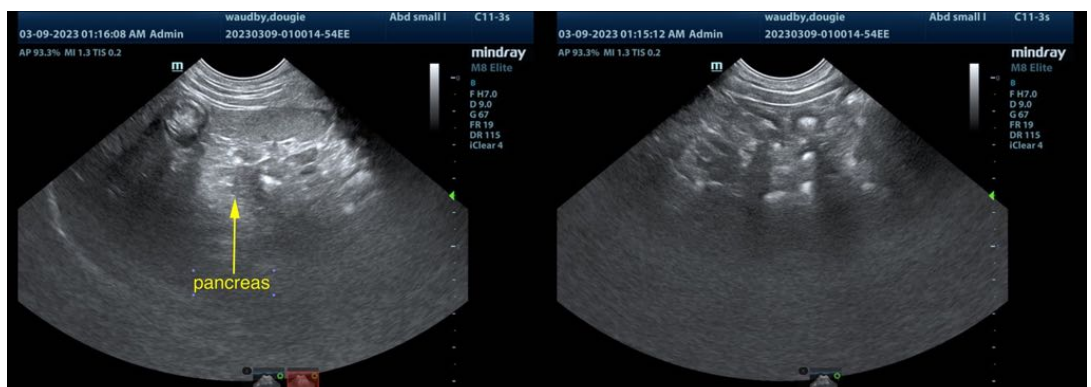
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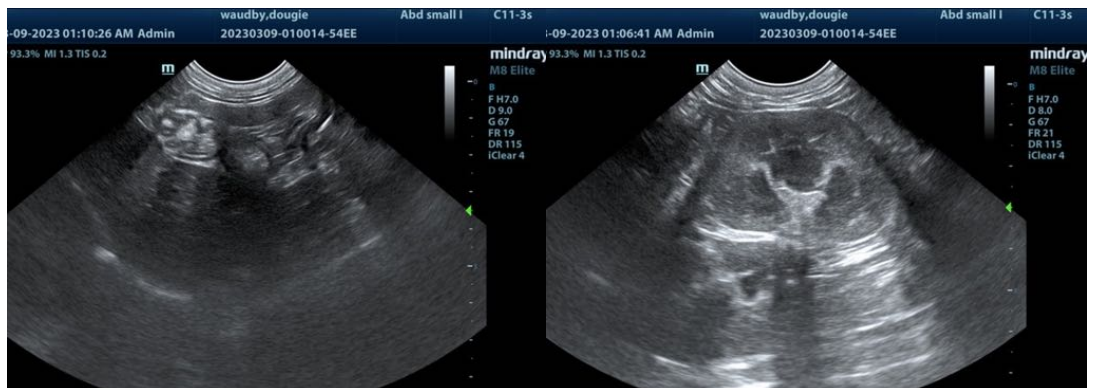
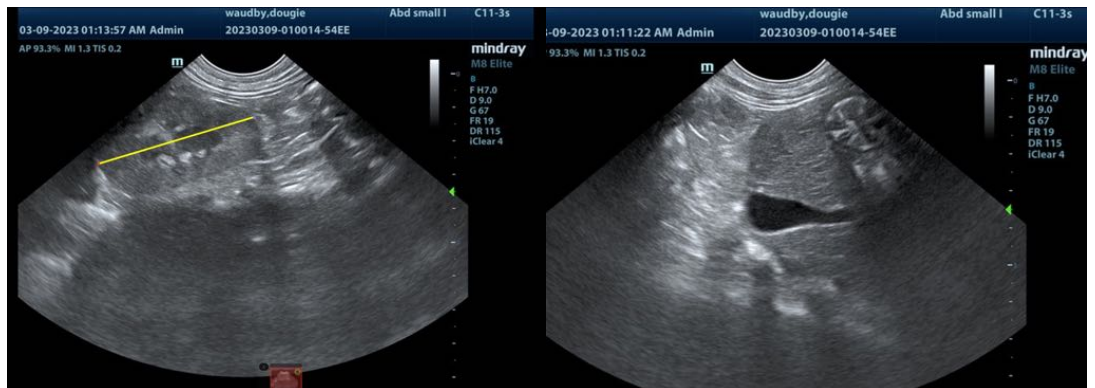
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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