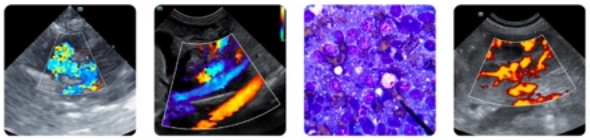

PATIENT

Mochi Suenaga

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 months

WEIGHT

3.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Gibson

INVOICE

73825

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- Failure to thrive since kittenhood, ataxia, waxing/waning appetite, 3/4 pounds at 8.5 months of age.
- Seen at ER and bloodwork done, rx meds:
- Panacur (Fenbendazole) Oral Liquid Give 1 mL by mouth every 24 hours for 3 days. This is a de-wormer.
- Lactulose solution per ml Give 1 mL by mouth every 12 hours. If improvement is noted, recommend to use long term.
- Light sensitive.
- Metronidazole Oral 100 mg/ml Give 0.15 mL by mouth every 12 hours. If improvement is noted, long term use is
- recommended.
- CBC- monocytosis, low eos, PLT low, PCT low Manual PLT count ~ 223,500-298,000 - clumping noted but adequate PCV - 37% TP- 7.6 Chem- crea low, ALT increased 446 Felv/Fiv/HW test - neg X 3 Updated owner that I am concerned pet may have a PSS. Discussed next steps - fasted bile acid test and abd u/s but may need IM consult for this. Poor prognosis if truly a PSS. Rec to start lactulose, metro and de-worm since pet hasn't had a fecal

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 right kidney measured 3.65 cm. The left kidney measured 3.4 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 right adrenal gland measured 0.48 cm. The left adrenal gland measured 0.4 cm.

Spleen

The **spleen** was mildly enlarged with slight scalloping contour and micronodular changes. This is most consistent with hyperplasia or possible splenitis. There is a mild potential for underlying neoplasia measuring 0.9 cm. FNA, cytology and culture are indicated.

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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The portal vein to vena cava ratio was 1:1. The portal vein measured 0.45 cm. The intrahepatic vasculature was normal. No evidence of portosystemic shunting. 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

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.

Pancreas

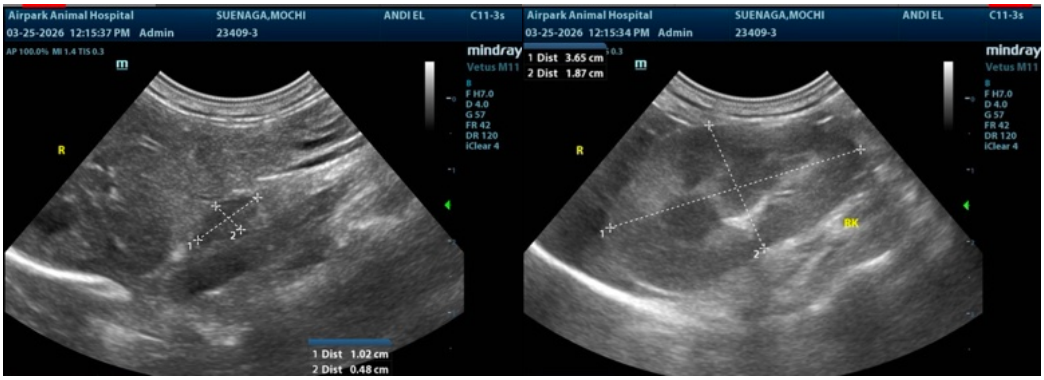
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Normal abdomen with minor splenic enlargement and micronodular changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of failure to thrive is not evident. Given the ataxia skull and cervical CT may be appropriate depending upon neurological exam, yet other than the splenic enlargement there was no overt evident pathology noted.



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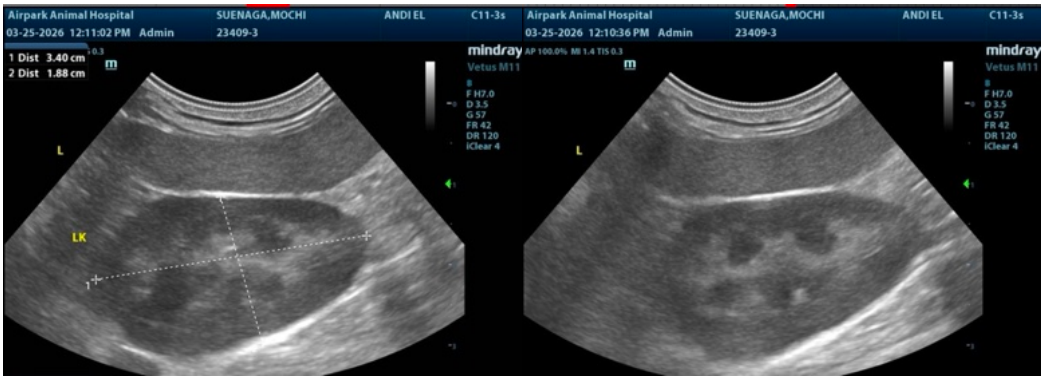

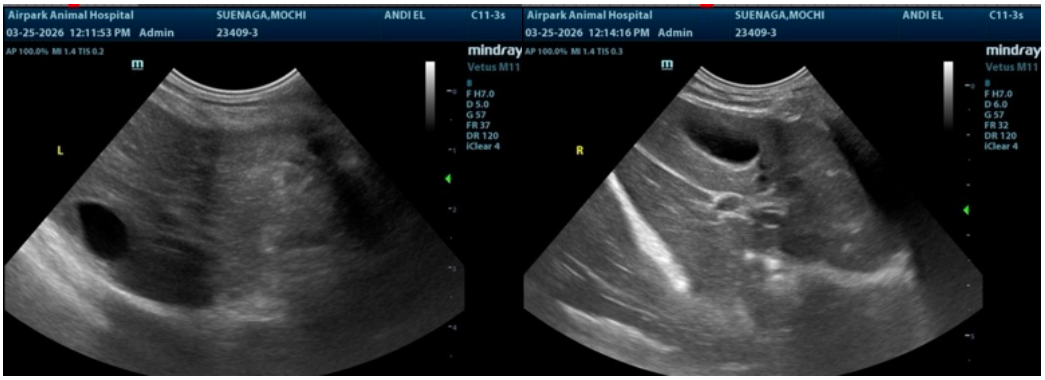

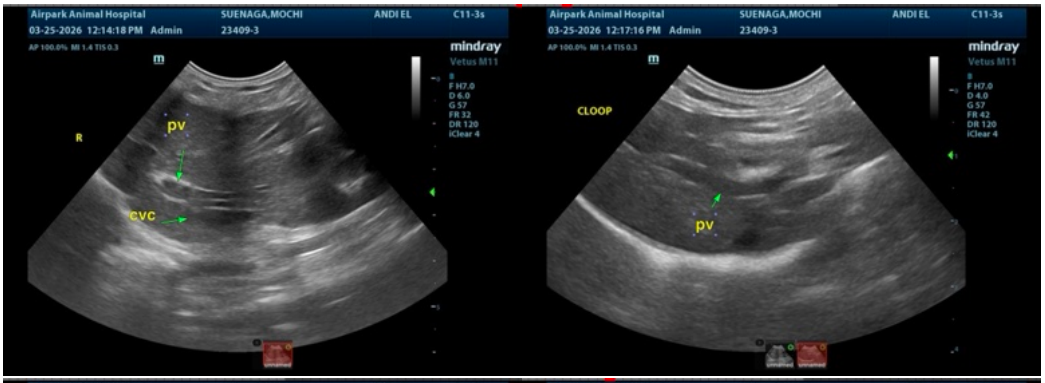

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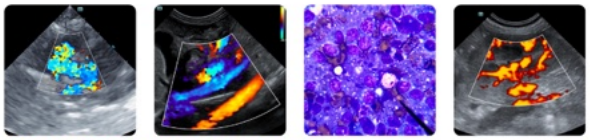

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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