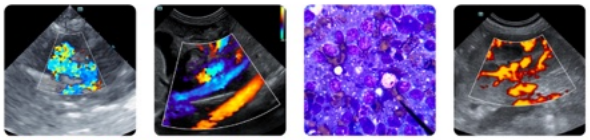


PATIENT

Lucky Nakelski

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

18 years

WEIGHT

5.3 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Insight Imaging

REFERRING VET

Dr. Wasserman

INVOICE

72207

DATE

3/4/26

PRESENTING CLINICAL SIGNS

- 3-month history of intermittent vomiting and weight loss.
- Sedated today with 0.03ml equal volume of the following drugs IM: Dexdomitor 0.5mg/ml, ketamine 100mg/ml, butorphanol 10mg/ml. Adequate sedation for sonogram.
- Vomiting has been occurring for 3 months. The vomitus is described as liquid, sometimes containing bile, and other times containing food. He may vomit multiple times in a row and will often return to his food bowl shortly after an episode.
- - Diarrhea occurs intermittently, approximately twice per week.
- On revolution plus for prevention.
- TLI,PLI,COB,FOL panel sample obtained today and to be submitted. Urine obtained via cystocentesis today for completion of Superchem/Senior Wellness - submitting today. Fecal pending/owner to drop off. Abnormals: Precision PSL: 46 U/L. Chest radiographs within normal limits today. Worth Noting: TT4: 2.4mcg/ml, no murmur, no crackles no wheezes, ravenous appetite at home reported. BCS 1/9

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.

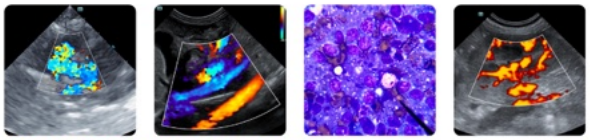
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Pockets of fluid were noted in the pelvic inlet. The right kidney measured 4.09 cm. The left kidney measured 3.64 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 0.43 cm. The left adrenal gland measured 0.47 cm.

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 was noted. The spleen measured 0.65 cm.



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Liver

The **liver** revealed coarse architecture with echogenic, coarse remodeling. The gallbladder presented acceptably thin walls with primarily anechoic content. A minor amount of age related tortuosity to the cystic duct was noted. Mild common bile duct dilation was noted, which is an age related change and measured up to 0.42 cm. 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. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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.

Free Abdomen

A slight amount of free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen with chronic GI and pancreatic changes.

Slight free fluid likely owing to wasting or malassimilation.

Chronic inflammatory bowel with secondary malassimilation, maldigestion is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of neoplasia noted; however, I am concerned for malassimilation/maldigestion.

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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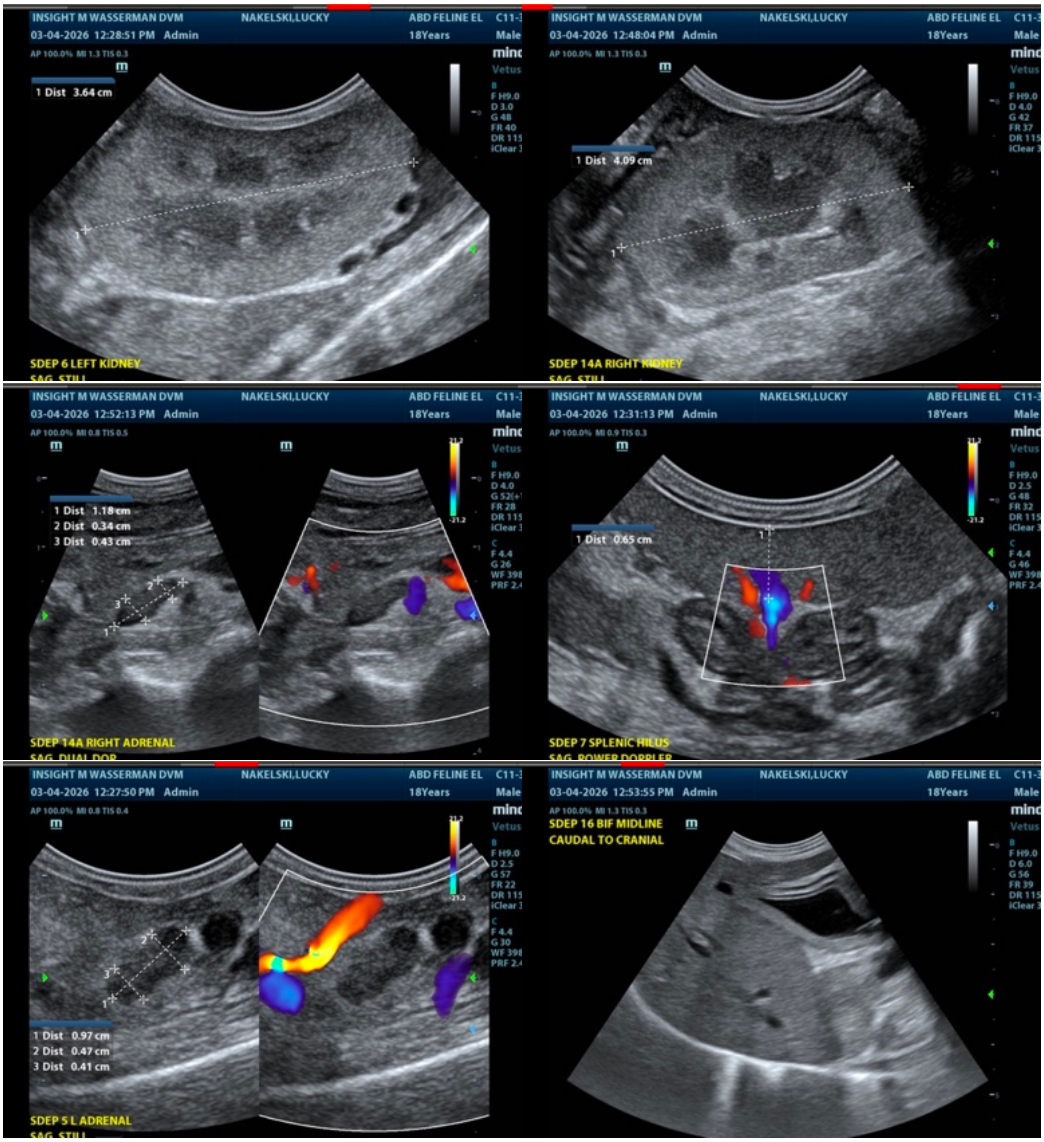
Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

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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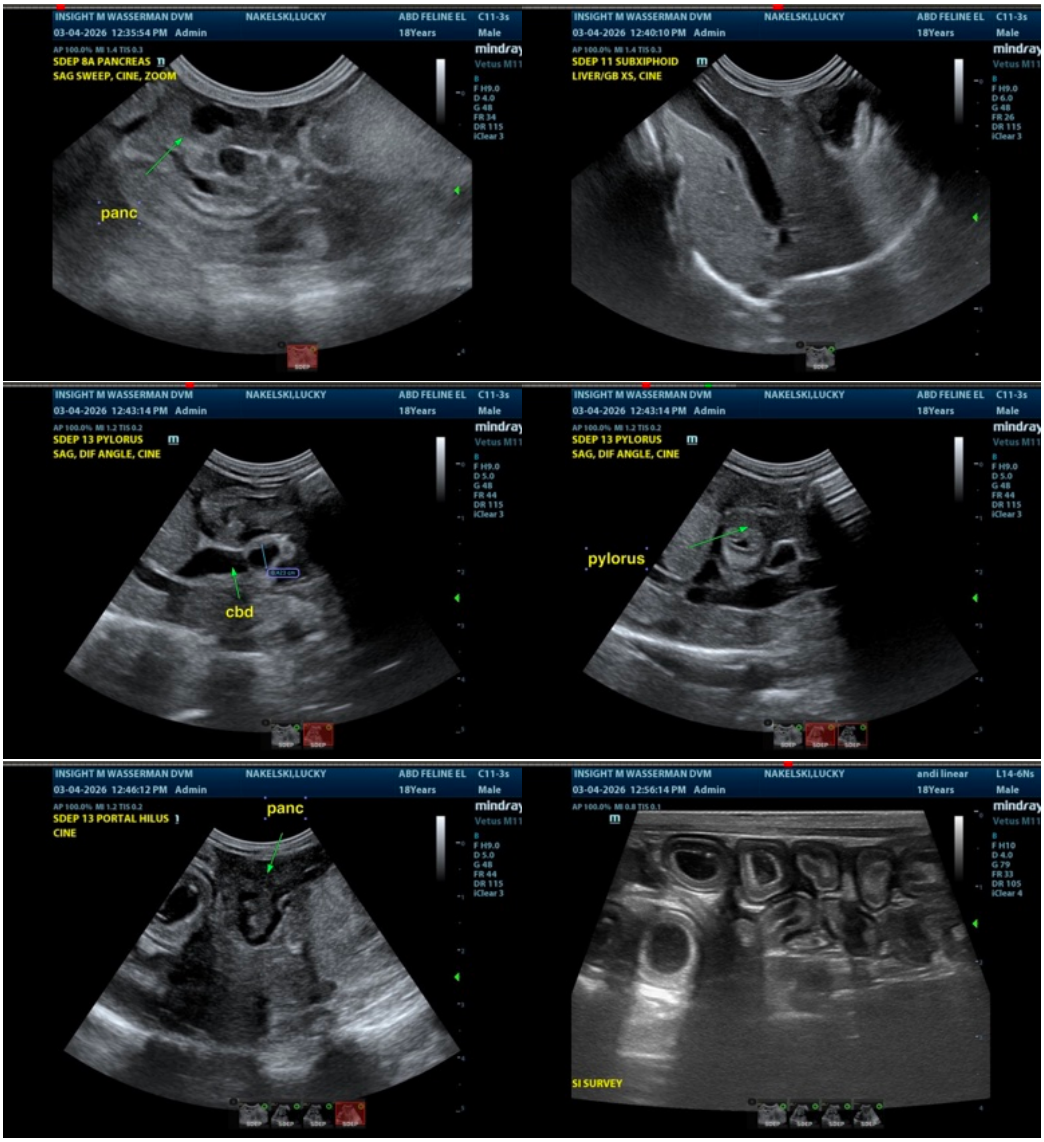

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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