



PATIENT

Tommy Plyer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Coe

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Cline

INVOICE

14858

DATE

4/22/22

PRESENTING CLINICAL SIGNS

Losing weight/muscle along topline since 7/2019. Intermittent vomiting, usually when eats too fast. Owner has tried multiple types of diets, and patient has intermittent inappetence/picky eating. Recently, episode of vomiting and diarrhea - treated with Metronidazole and Propectalin, but diarrhea recurred when off Metronidazole (3/2022). Has been on FortiFlora and Metronidazole since 3/24/22, and owner reports vomiting and diarrhea improved. Patient weighed 12.7lbs in 1/2019. Today, he weighs 8.0 lbs and has poor muscle condition (generalized).

Abnormal PE/Chem/CBC/UA Results: Thin BCS (2/9) and poor muscle condition diffusely. Other than that PE normal/nsf. CBC/Chem/TT4 4/13/2022: Mild monocytosis (940/uL). BUN elevated at 41mg/dL. Globulins elevated at 5.2g/dL. Rest WRI. Texas GI panel done in 7/2021 - PLI/TLI mildly elevated. Cobalamin/Folate WRI.

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with moderate chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 3.4 cm. The left kidney measured 3.45 cm. Blood flow to the kidneys appeared to be unremarkable.

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 0.5 cm. The left adrenal gland measured 0.4 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 were noted.

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.

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 **pancreas** was mildly irregular with slight undulating contour. Minor duct dilation was present.

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Mild irregular pancreas
- Interstitial nephrosis renal pattern
- Reactive mesenteric lymphadenopathy
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Likely food intolerance in this patient with reactive mesenteric lymph nodes. Periodic pancreatitis may be playing a role. The kidneys do not appear to be end-stage; therefore the azotemia may be prerenal as potentially renal. Degenerative interstitial nephrosis pattern is considered mild to moderate from a subjective standpoint. 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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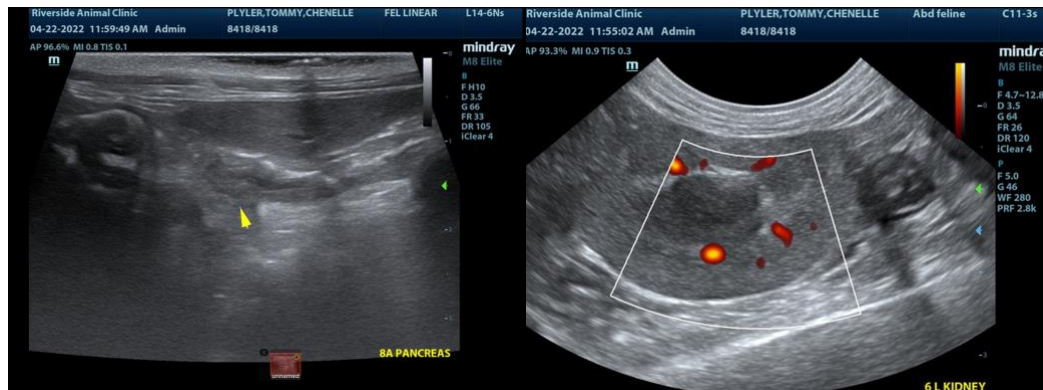
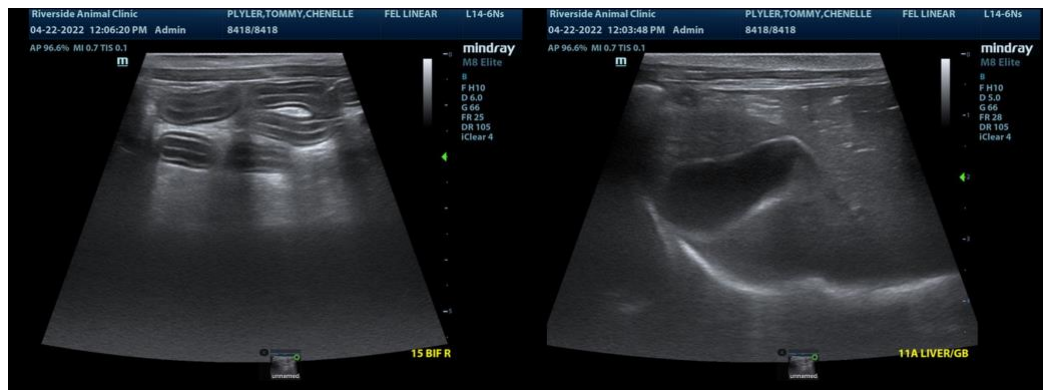
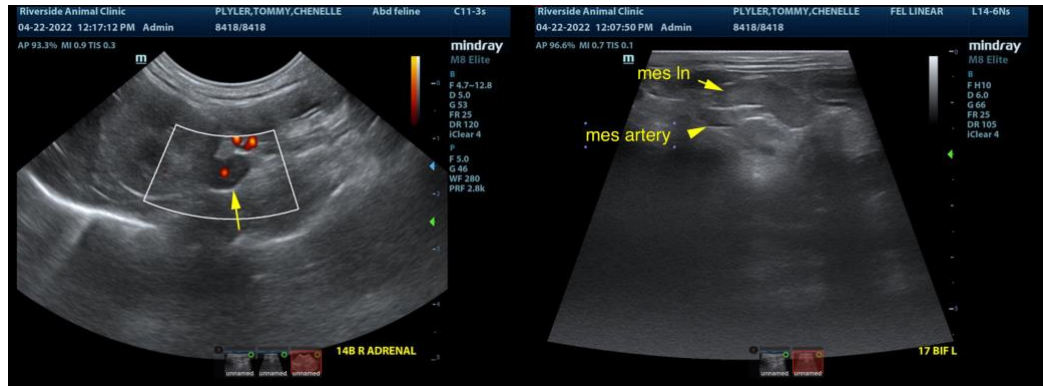
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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