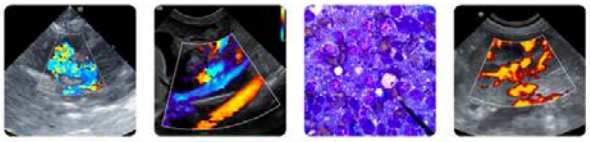

PATIENT

Oscar Lunt

SPECIES

Feline

BREED

DSH

SEX

Castrated Male

AGE

14 Years 3 Months

WEIGHT

3.41 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Nicole Goldstein

HOSPITAL NAME

Hudson Animal Hospital

REFERRING VET

Dr. Nicole Goldstein

INVOICE

75164

DATE

5/14/26

PRESENTING CLINICAL SIGNS

Acute significant weight loss since 12/2025 of 3 lbs. Recent onset intermittent watery mixed bowel diarrhea for 2.5 weeks. Recent chest films for coughing revealed bronchiole pattern. Concurrent history: hyperthyroidism successfully treated by I-131, CKD IRIS stage 2, FIV positive, history cardiac papillary muscle hypertrophy (possible early HCM vs variant of normal).

Abnormal PE/Chem/CBC/UA Results: 4/21/26 Cobalamin LOW 262 (290-1500) Chem: NSF, creatinine 1.5 CBC: mild neutrophilia and lymphopenia (stress leukogram), RBC mildly elevated 10.3 with MCHC sl. low at 29 (normal HCT 44%) T4 WNL USG 1.044, pH 6, >50 RBC/HPF. 2+ proteinuria, cysto sample

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **right kidney** presented chronic interstitial nephrosis pattern with multifocal infarcts. Right kidney measured 4.02 cm.

The **left kidney** presented dystrophic changes with mineralization and infarcts, measuring 3.2 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. Right measured 0.95 cm x 0.50 cm. Left measured 0.90 cm x 0.50 cm.

Spleen

The **spleen** is folded upon itself cranially. It 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** is diffusely hyperechoic to falciform fat with mild coarse architecture. Occasional hypoechoic nodular change noted. The gallbladder was unremarkable with a minor amount of dependent bile.

Gastrointestinal

The **stomach** revealed progressively shadowing luminal material. Other shadowing material also noted in the stomach. This should be interpreted in light of post-prandial timing.

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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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

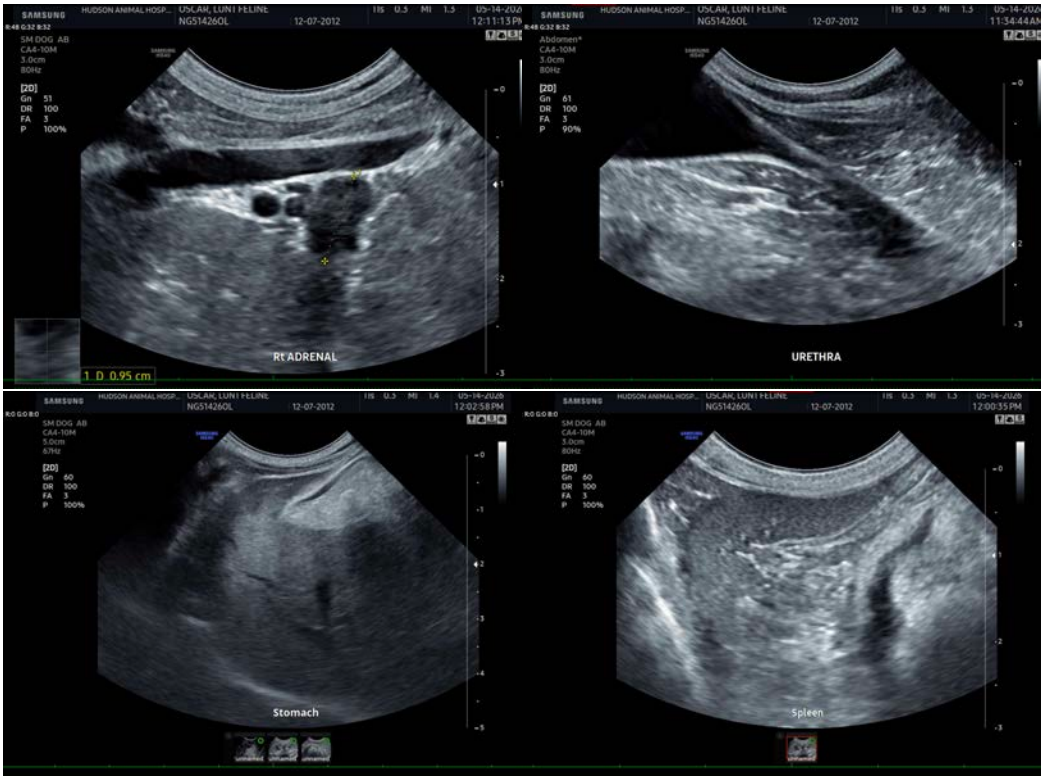
ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes with calculi and infarcts/dystrophy.
- Hepatic lipidosis and age related hepatic changes.
- Shadowing material in stomach.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is unclear. No overt evidence of neoplasia present. The hematuria and proteinuria are likely owing to dystrophic changes and mineralization and potentially moving calculi periodically.

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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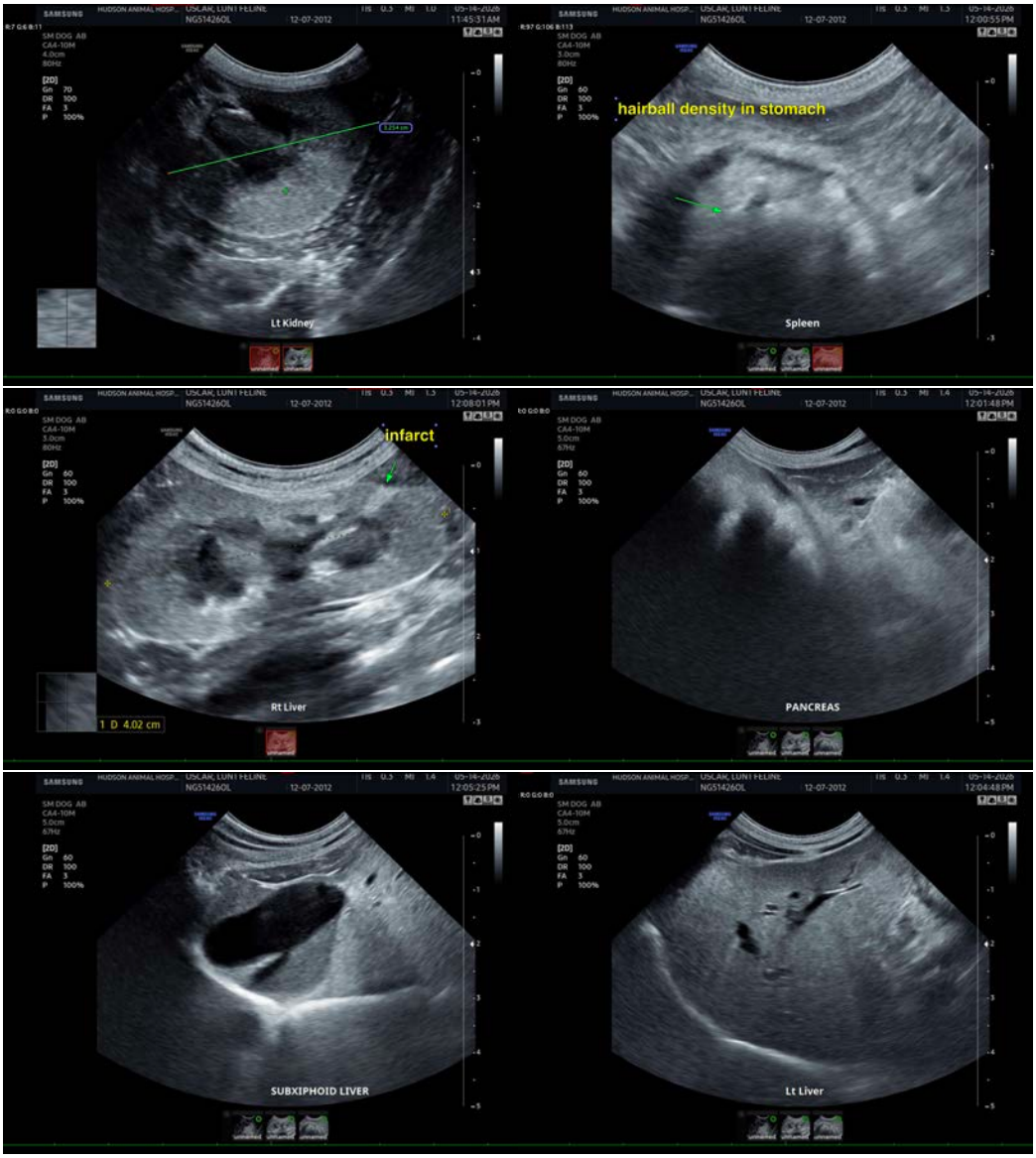

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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