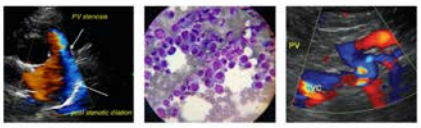
IMAGING PERFORMED BY
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Button Lynch

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5 Years

WEIGHT

11 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

38021

DATE

5/26/22

PRESENTING CLINICAL SIGNS

Poor appetite. Seen 5/6/22 with a history of vomit and diarrhea and poor appetite. BW was unremarkable. Was treated with cerenia, miratz, soft food, proviable, metronidazole. Owner has 2 cats and can not tell me if stools are normal, but once he stopped feeding A/D the appetite fell off again. He seems like he wants to eat, but then won't take it. Teeth are unremarkable and I do not suspect they are the problem. 2.5# weight loss since April.
Abnormal PE/Chem/CBC/UA Results: SDMA 16 Lipase unreadable, FPL - normal HCT 54 Neu 11.6

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** 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 4.14 cm. The right kidney measured 4.48 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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

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. Bifid gallbladder noted. This is a normal variant.

Gastrointestinal

The **stomach** revealed shadowing luminal material measuring 2.0 cm. The duodenum was empty. No evidence of chyme transit.

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

- 2.0 cm shadowing pyloric structure, may be hairball density or soft foreign matter.

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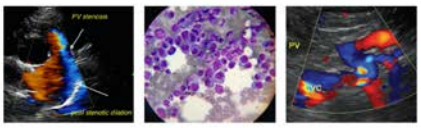
SVS IMAGING



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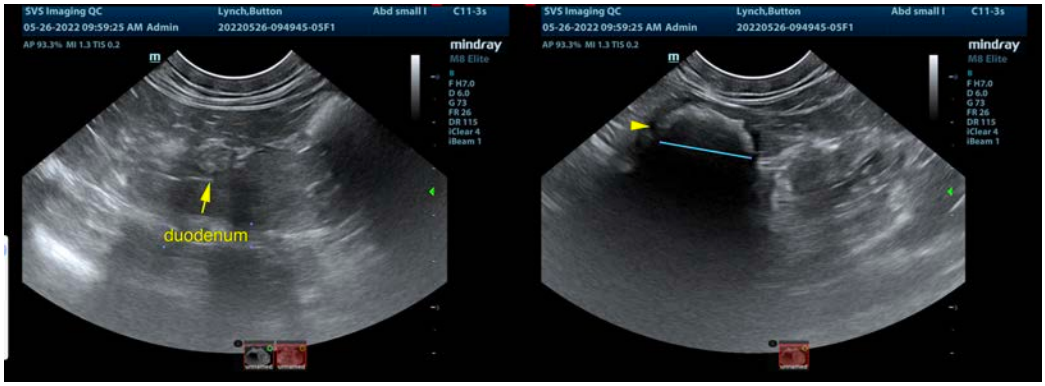
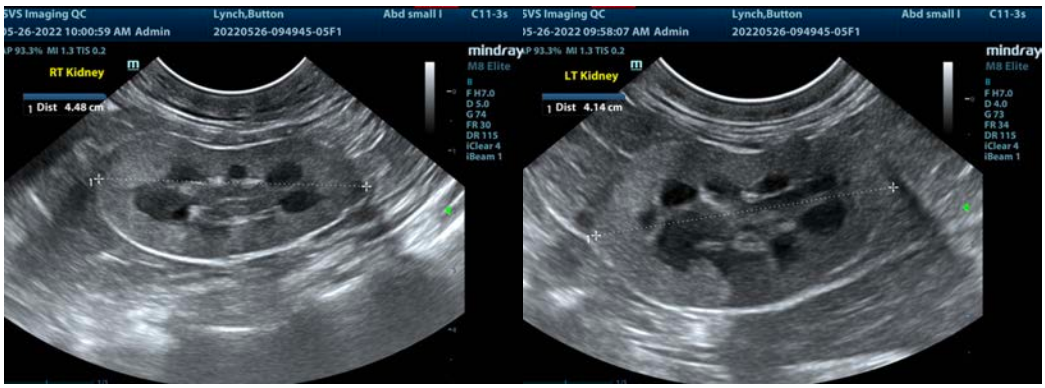
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine and colon were unremarkable. Curvilinear patterns were maintained. Empirically, hairball therapy could be considered and recheck sonogram after one week. Structurally the pancreas appeared unremarkable. Cross reactivity with GI lipase may be playing a role in this patient. The cause of weight loss is unclear. 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.

Otherwise, direct gastrotomy with evacuation of the stomach and GI biopsies with inspection of the pancreas could be considered. However, if surgical approach is taken, I recommend sonogram just prior to surgery to ensure that the material in this dog is persistently present.





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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com