



PATIENT

Marley Zeiher

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

16

WEIGHT

6.45

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

A. Murphy,
CVT

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Dr. Kevin Kicker

INVOICE

22331

DATE

5/5/23

PRESENTING CLINICAL SIGNS

History: Chronic Vomiting for 6 months. Not responsive to cerenia, worsening weight loss, elevated FPL.

Abnormal PE/Chem/CBC/UA Results: Abd is soft, non-painful. Loops of bowel palpate as "ropey". Neutrophilia on CBC.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.23 cm. The right kidney measured 3.06 cm. Pinpoint mineralization was present, nonobstructive.

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.

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. Caudal folding of the spleen was noted.

Liver

The **liver** revealed coarse architecture and minor increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening (up to 0.47 cm in thickness) 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. This is a mild change.

Pancreas



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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.

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Free Abdomen

The mesenteric **lymph nodes** (up to 1.0 cm x 0.5 cm) 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.

BREED

Siamese

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Minor intestinal thickening
- Coarse architecture and minor increased portal markings in the liver
- Moderate chronic degenerative renal changes
- Reactive mesenteric lymph nodes
- Splenic fold
- Geriatric abdomen otherwise

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Malassimilation or neoplasia elsewhere is a concern given the patient history. No overt evidence of neoplasia. 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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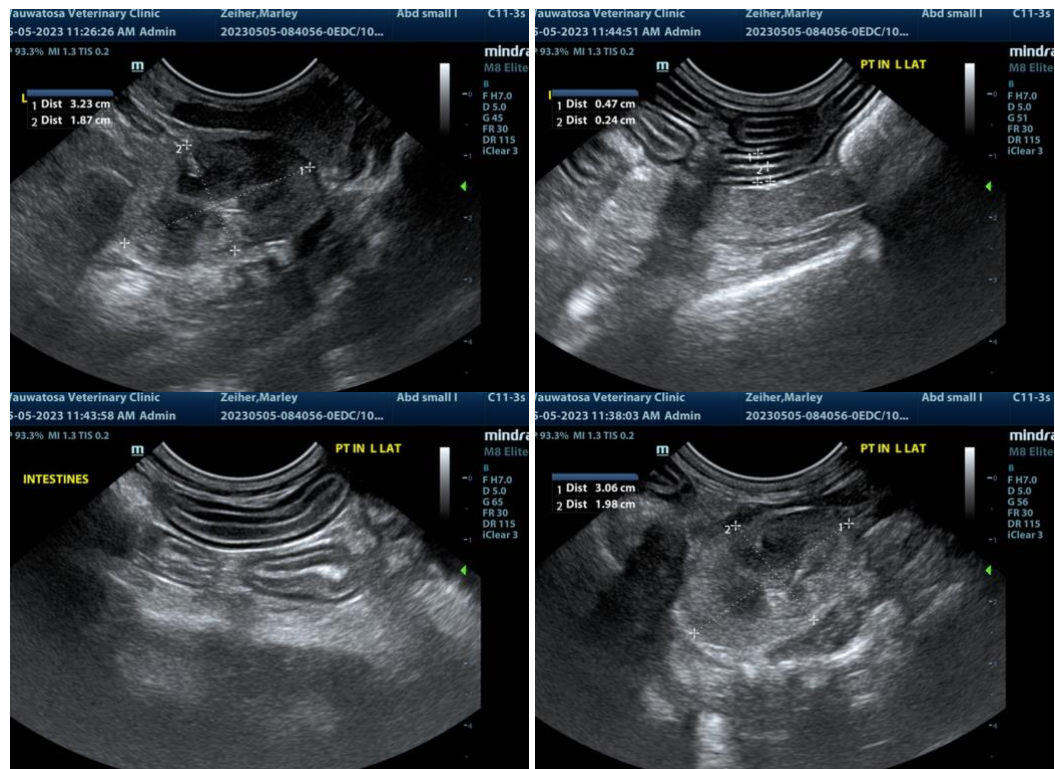
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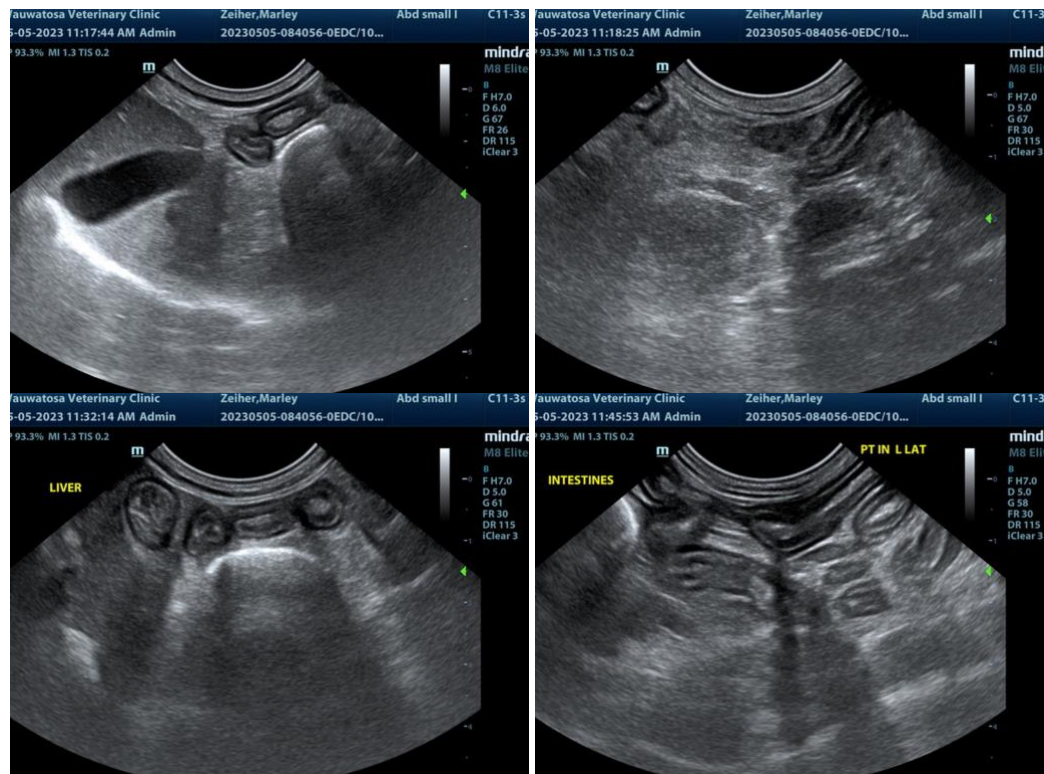
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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