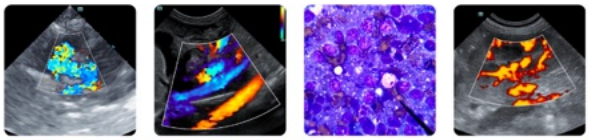


PATIENT

Mr Cat Wayoh Diercks

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

17 years

WEIGHT

9.62 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Emily Akin

HOSPITAL NAME

Boise Cat Clinic

REFERRING VET

Dr. Sutherland

INVOICE

75265

DATE

5/6/26

PRESENTING CLINICAL SIGNS

History: Presented for V+ a couple x/wk and marked weight loss. Normal appetite and energy, no D+, some coughing. Indoor/outdoor (free roaming).
On PE: BCS 2/9, moderate muscle wasting, T slip, grade 1/6 HM, generally stiff gait, normal abdominal palpation.
Abnormal PE/Chem/CBC/UA Results: CBC - mild monocytosis, eosinopenia Chem - mild hypochloremia, hyperglobulinemia (6.6 g/dL), AST elevation (83 U/L) Spec fPL - elevated (16.4 mcg/L) Cardiopet - wnl ProBNP (71 pmol/L) T4 - wnl tT4 (2.1), wnl fT4 (1.3) UA - dilute urine (USG 1.014) O&P - wnl, fecal negative for eggs or parasites

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 and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted in the kidneys. The left kidney measured 4.4 cm. The right kidney measured 5.0 cm.

Adrenal Glands

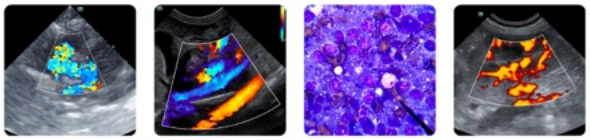
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** was at the upper limits of normal and measured 1.0 cm with 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.

Liver

The **liver** was mildly enlarged with slight coarse architecture. The gallbladder and common bile duct were unremarkable. Comet tail lung pattern was noted with B lines in the thorax.



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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 **pancreas** was hypoechoic and irregular with minor duct dilation measuring up to 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

Slightly enlarged kidneys with maintained structure.

Enlarged liver.

Minor intestinal thickening. Underlying inflammatory bowel is possible.

Comet tail lung pattern with B lines.

Prominent, irregular pancreas. Could be consistent with chronic active pancreatitis or residual parenchymal changes owing to past episodes of pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are warranted to assess for underlying thoracic disease that may be playing a role in this patient. There is a potential for pancreatitis. Subxiphoid palpation is recommended to assess for pain in the region of the pancreas. Given the clinical presentation in this patient. Screening FNA of the spleen and liver +/- renal cortex would be indicated to ensure an underlying neoplastic event is not present.

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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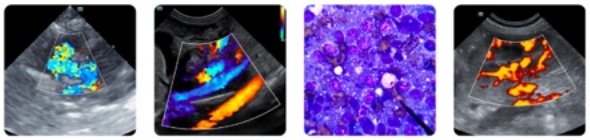

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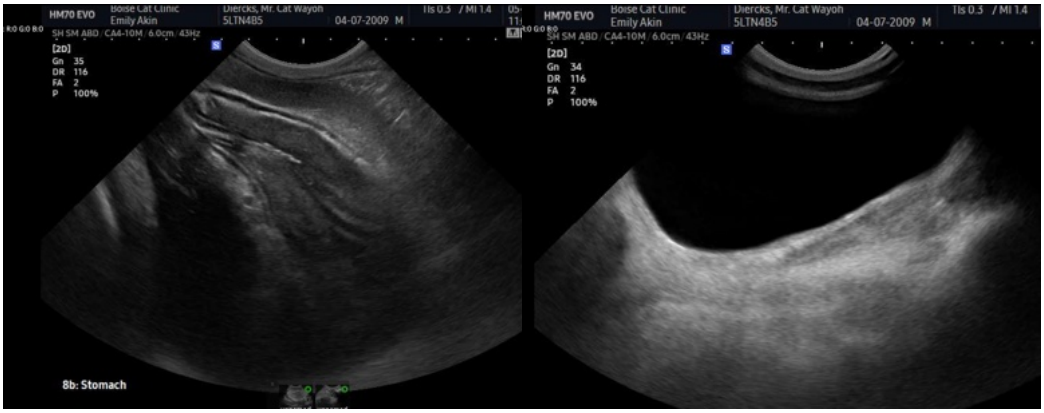

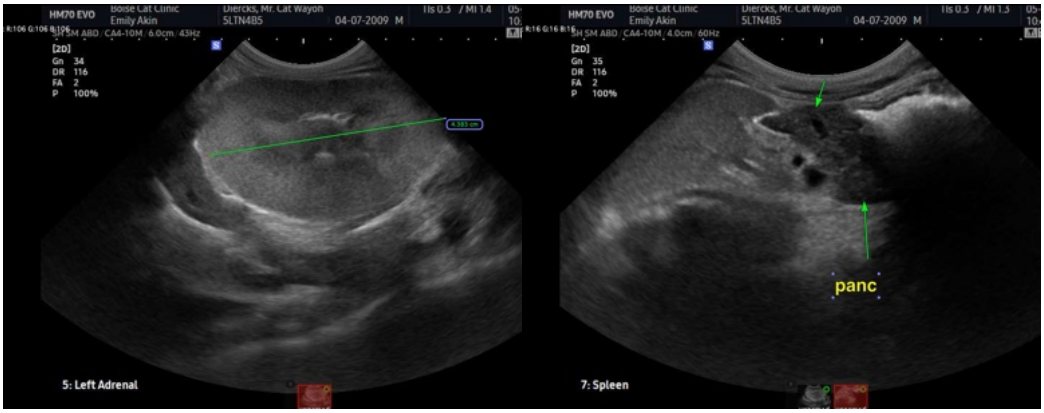

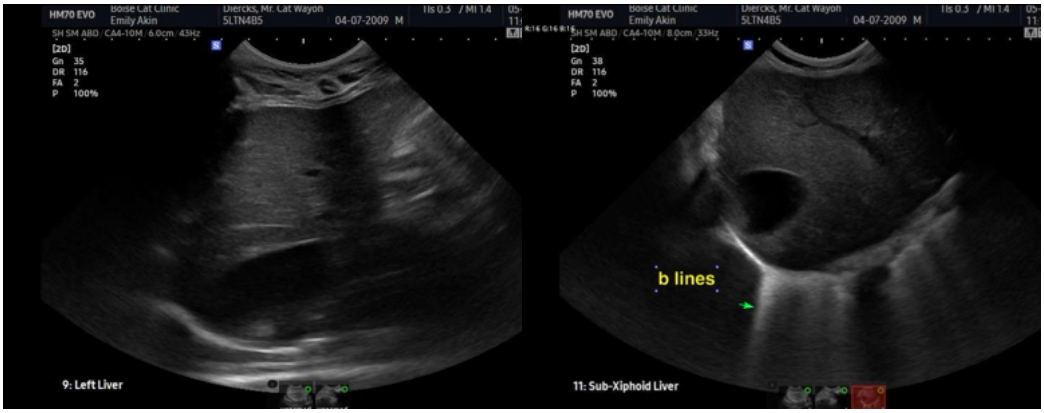

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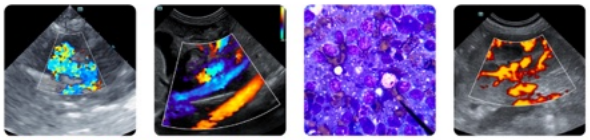

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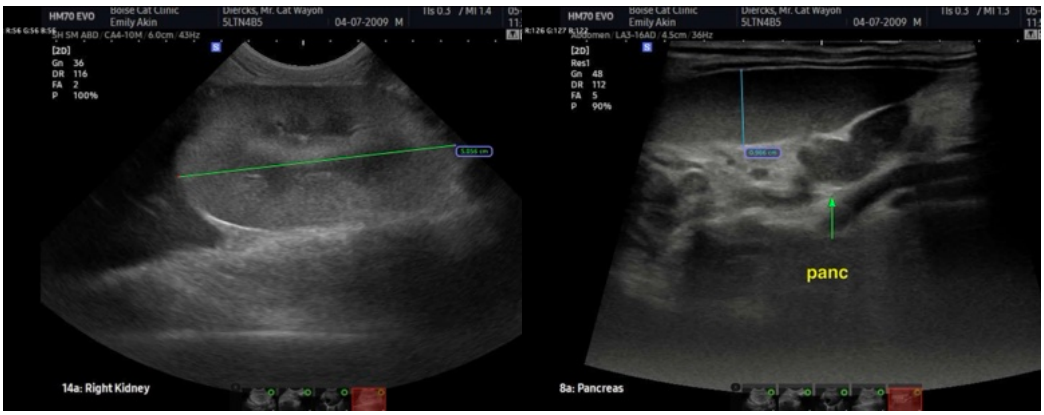

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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