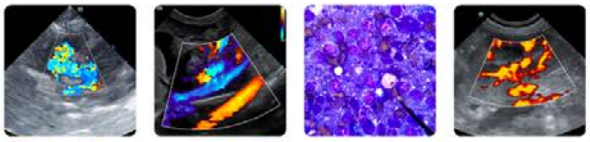

PATIENT

Mena Bowling

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17

WEIGHT

2.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Anna Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Anna Wepprich

INVOICE

74965

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Transfer from rDVM for one week of anorexia. P typical diet is Royal Canin Digestive. P has not had any vomiting, diarrhea, coughing or sneezing. Drinking, urinating and defecating has been decreased over the last week. No abnormal behaviors, not typically very energetic. P is indoor/outdoor. Hx: hyperthyroid. Methimazole 11.25mg/0.1mL TD: P received 0.15mL in the AM and 0.1mL in the PM. In hospital getting Methimazole 5mg 0.5tab PO q12. NG tube placed at Wilvet to feed, P started eating on his own shortly after.

Abnormal PE/Chem/CBC/UA Results: rDVM VCA Salem 5/6: CBC - overall wnl Hct 39, Neut 5k, plt 144k Chem - Glob 5.6, ALT 128 (rr0-100), AST 77 (rr 0-50), Tbili 0.1, *K 3.3 T4 in January - 4.3 Wilvet Salem 5/6: Fpl: 0.9 normal T4: >20 UA: USG 1.026, 6rbc/hpf, 1 wbc/hpf, no bacteria, no crystals Chest radiographs - not submitted: No visible pulmonary nodules, cardiac silhouette normal in size, no bony masses. Mild bronchial pattern. FAST scan - no obvious free fluid or masses. Fluid in stomach.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minimal amount of urine. Structurally unremarkable with minor echogenic mucosal remodeling.

The **kidneys** presented 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 chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney was subnormal in size at 2.9 cm. The right kidney measured 3.7 cm.

Adrenal Glands

The **right adrenal gland** was 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 0.40 cm.

The region of the **left adrenal gland** was unremarkable.

Spleen

The **spleen** measured 0.81 cm. 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal

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contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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. Minor fluid stasis noted in the stomach.

Pancreas

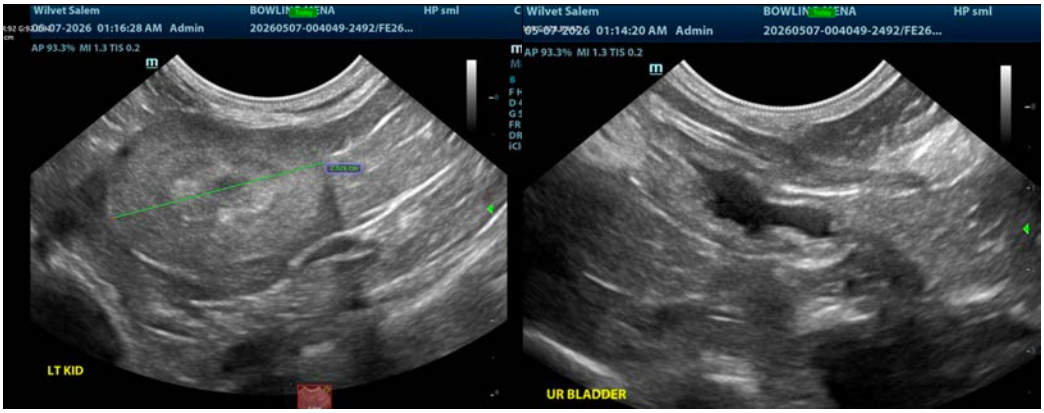
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor echogenic mucosal remodeling in the urinary bladder.
- Moderate degenerative renal changes.
- Mild chronic GI changes, non-specific.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely expected changes for this age and species. Other causes of anorexia such as orthopedic pain, CNS or thoracic disease should all be considered. Blood pressure measurements, supportive care, GI protectants all empirical valid.



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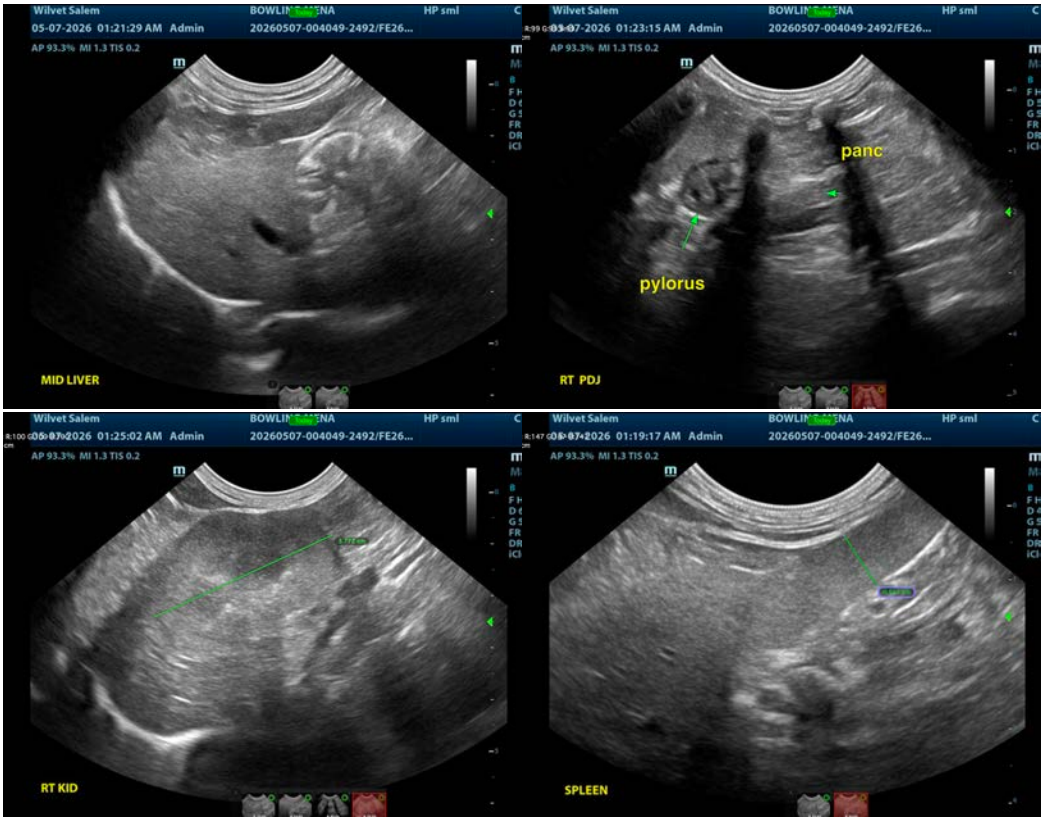

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com