



PATIENT PRESENTING CLINICAL SIGNS

Molokai Lancaster

Wanting T4 checked P got really thin for awhile, has put some wt back on Wt seems to fluctuate a lot Coat doesn't seem as healthy, doesn't groom himself well Urinating outside of the litter box, has a hx of this but happening more frequently Has gotten very picky about food When O feeds P, she will put in bowl, P will take a few bites and walk away, O will stir bowl and then P will start eating again, almost like he thinks bowl is empty when he first walks away Not able to just leave food out because P will ignore it after a few bites Every so often will eat a full meal at once Meds- Methimazole 10mg in morning and 3/4 of a 10mg at night O now has to pill P, no longer to give it in food V/D- none Urinating out of box. Multiple options for litter boxes. Closed/open, large. Will urinate on furniture. Chem, SDMA, T4- WNL

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

9 Years 10 Months

WEIGHT

3.82 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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. Minor amount of debris noted. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.1 cm. The right kidney measured 3.6 cm.

Adrenal Glands

The **right adrenal gland** was mildly enlarged at 0.58 cm.

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

INVOICE

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IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

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and luminal content as unremarkable. Soft stool noted in the colon. Reactive mesenteric lymph nodes noted.

Pancreas

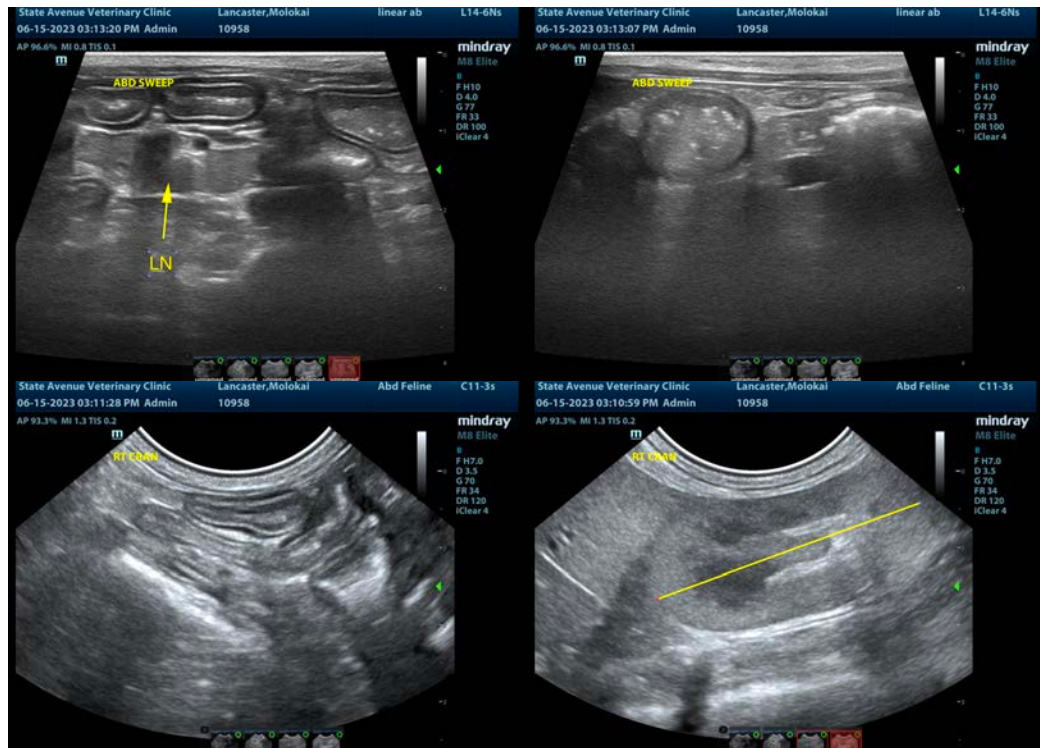
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic GI changes
- Mildly enlarged right adrenal gland
- Age related renal and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Full GI workup warranted. Malassimilation of nutrients is a strong potential in this patient. 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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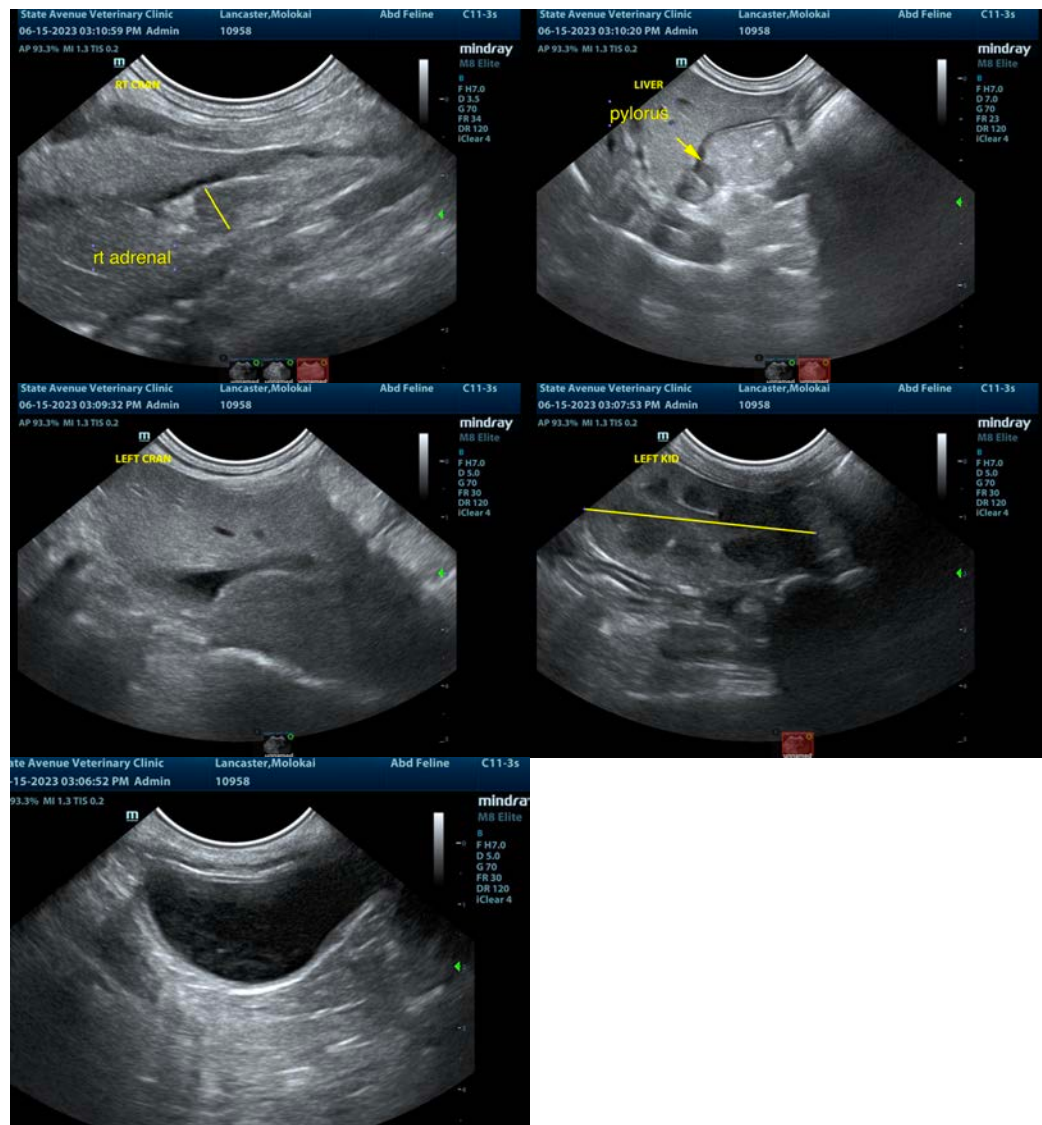
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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