



PATIENT

Bulls-Eye McCormick-Rantze

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13

WEIGHT

8.9

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mavis McCormick-Rantze

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Mavis McCormick-Rantze

INVOICE

22934

DATE

6/16/23

PRESENTING CLINICAL SIGNS

This is a doctor pet. Bulls-eye has been slowing losing weight for a few years but since Jan 2023 it has accelerated. In Jan he was 9.44 lbs and got down to 8.68 lbs a few weeks ago. He has always been sensitive to different foods and will vomit when something new is introduced. Also history of intermittent vomiting regardless of diet. But he never has diarrhea and until recently ate very well. Recently we found some canned food that he would liked and would not vomit on and he gained weight up to 8.9 lbs Just wanted to make sure there was nothing going on. Did do radiographs done; and saw nephroliths.

Abnormal PE/Chem/CBC/UA Results: cbc wnl/nsf; chem: wnl/nsf T4 3.1 UA: USG 1.046; UPC 0.2

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 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. Mineralization was noted in the kidneys. The left kidney measured 4.3 cm. The largest calculus in the left kidney measured 5.0 mm, nonobstructive. The right kidney revealed minor cortical infarcts. The right kidney measured 3.4 cm. The largest calculus in the right kidney measured 0.34 cm, nonobstructive.

Adrenal Glands

The regions of the **adrenal glands** were revealed no evident pathology.

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. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal



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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

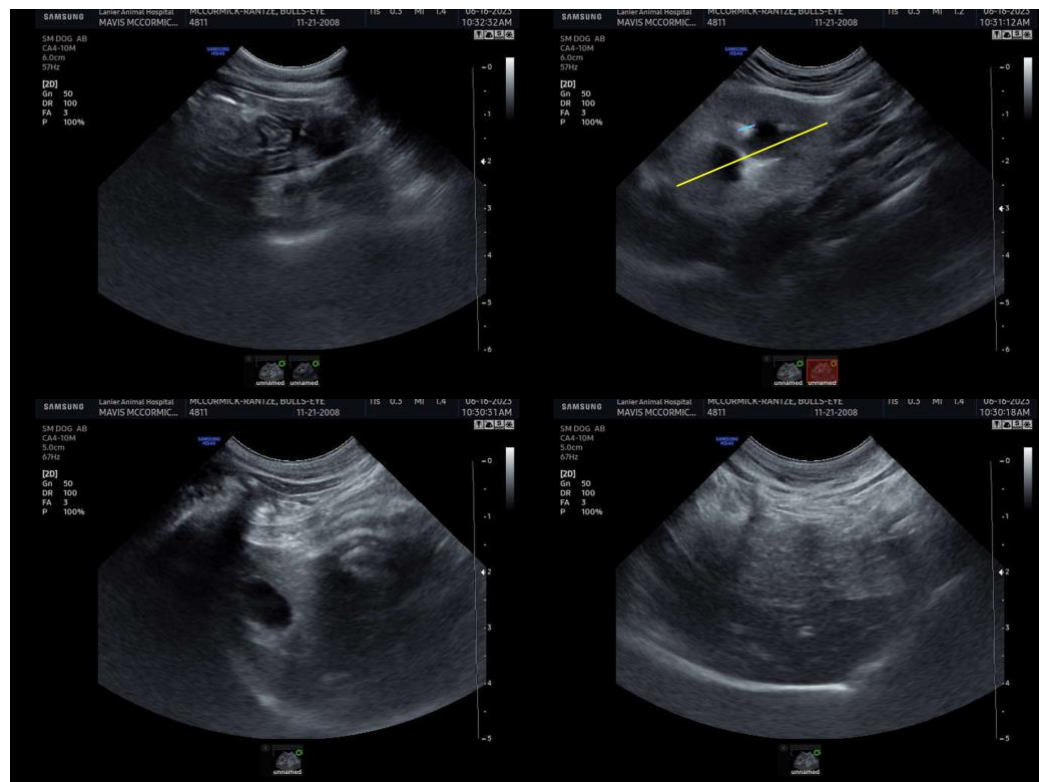
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with nonobstructive nephrolithiasis and right renal cortical infarcts
- Minor chronic GI changes
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia. Underlying maldigestion may be an issue. 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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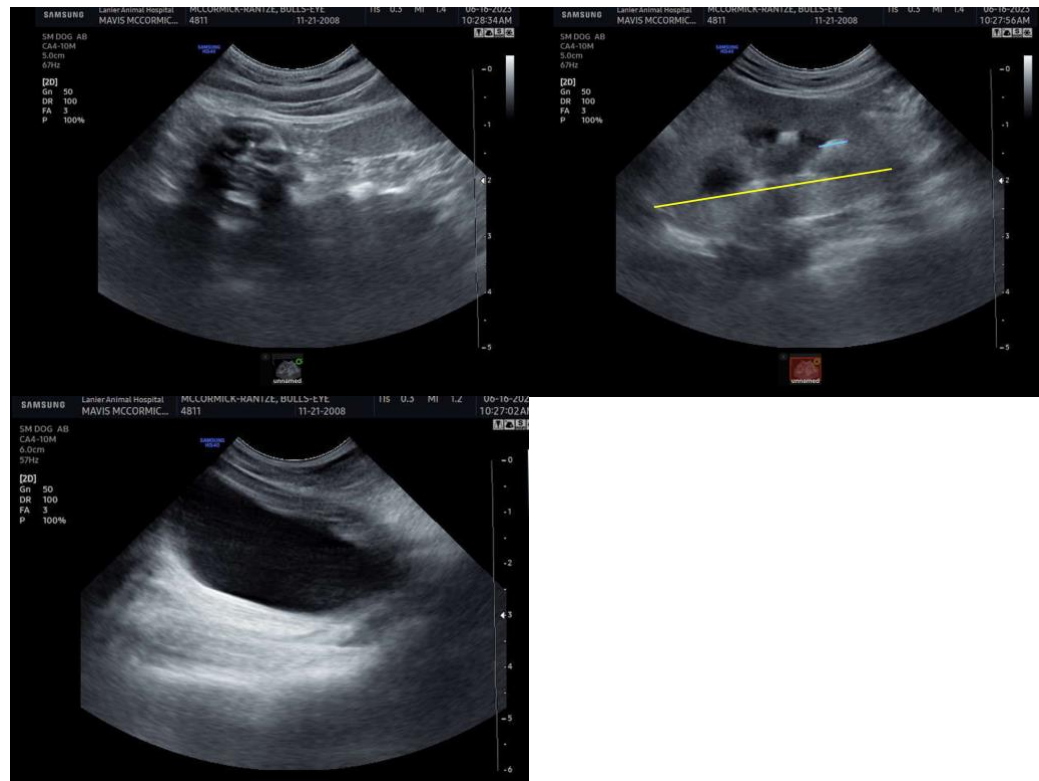
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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