



**PATIENT**

Lulu Moor/Reitz

**SPECIES**

Feline

**BREED**

American Shorthair x  
Siamese

**SEX**

Spayed Female

**AGE**

7/1/11

**WEIGHT**

7.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jenni Tudini

**HOSPITAL NAME**

East Aurora VH

**REFERRING VET**

Dr. Jim Tudini

**INVOICE**

43268

**DATE**

6/17/23

**PRESENTING CLINICAL SIGNS**

Patient has suffered significant weight loss since the patient was last examined, but this was not intentional even though the patient being overweight was discussed as a problem the last time the patient was examined. The owner has also noted that the patient is having softer than normal BM's that are exceptionally malodorous with a sweet component. The feces also appear to be pale in color. Larger quantity of stools being voided and occasionally outside of the box. Doesn't want to eat the wet food anymore. Urinates outside the box, always has. No pu/pd. Vomited liquid this morning. On the morning of the ultrasound patient defecated in kennel and immediately went to eat it. The patient was found to have lost further weight. 08/22 - 10.9lb 04/23 - 8.1lb 06/23 - 7.2lb

Abnormal PE/Chem/CBC/UA Results: - CBC = mild leukocytosis characterized by a lymphocytosis - chemistry unremarkable - e'lytes = hyperkalemia and abnormal Na:K as a consequence. - thyroid parameters all WNL - Fecal (float/antigen) - NEG

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 right kidney measured 4.01cm. The left kidney measured 3.9 cm.

**Adrenal Glands**

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.45 cm. The left adrenal gland measured 0.31 cm.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**Liver**

The **liver** was mildly swollen yet uniform. The gallbladder and common bile duct were unremarkable. Slight free fluid noted between the liver lobes.

Comet tail lung pattern noted through the diaphragm.



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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed diffuse muscularis hypertrophy. Muscularis to mucosa ratio was 1:1 throughout the small intestine with areas of inverted muscularis to mucosa ratio. However, submucosal layer in all views appeared to be intact. A focal area of jejunum appeared particularly thickened. Areas of mucosal fogging also noted in this patient. The stomach was empty.

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**Pancreas**

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

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- Chronic inflammatory bowel with muscularis hypertrophy and potential malassimilation of nutrients versus emerging round cell neoplasia. Dry form FIP is a minor potential.
- Swollen adrenal glands
- Swollen liver
- Urinary bladder debris
- Age related renal and pancreatic changes
- Volume contracted spleen

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

DABVP, Cert. IVUSS

No overt neoplastic criteria noted in this patient despite the muscularis hypertrophy. Full thickness GI biopsies strongly encouraged, particularly with intraoperative ultrasound. Malassimilation may also be an issue, given the mucosal fogging.

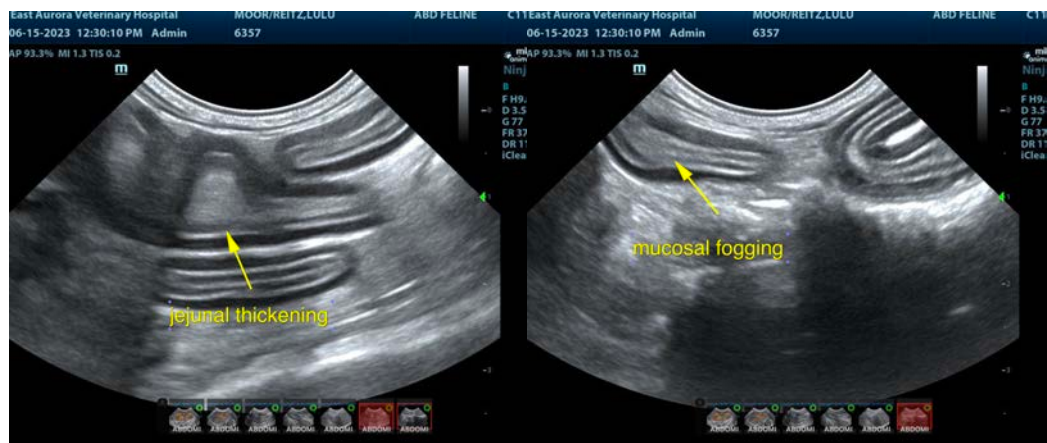
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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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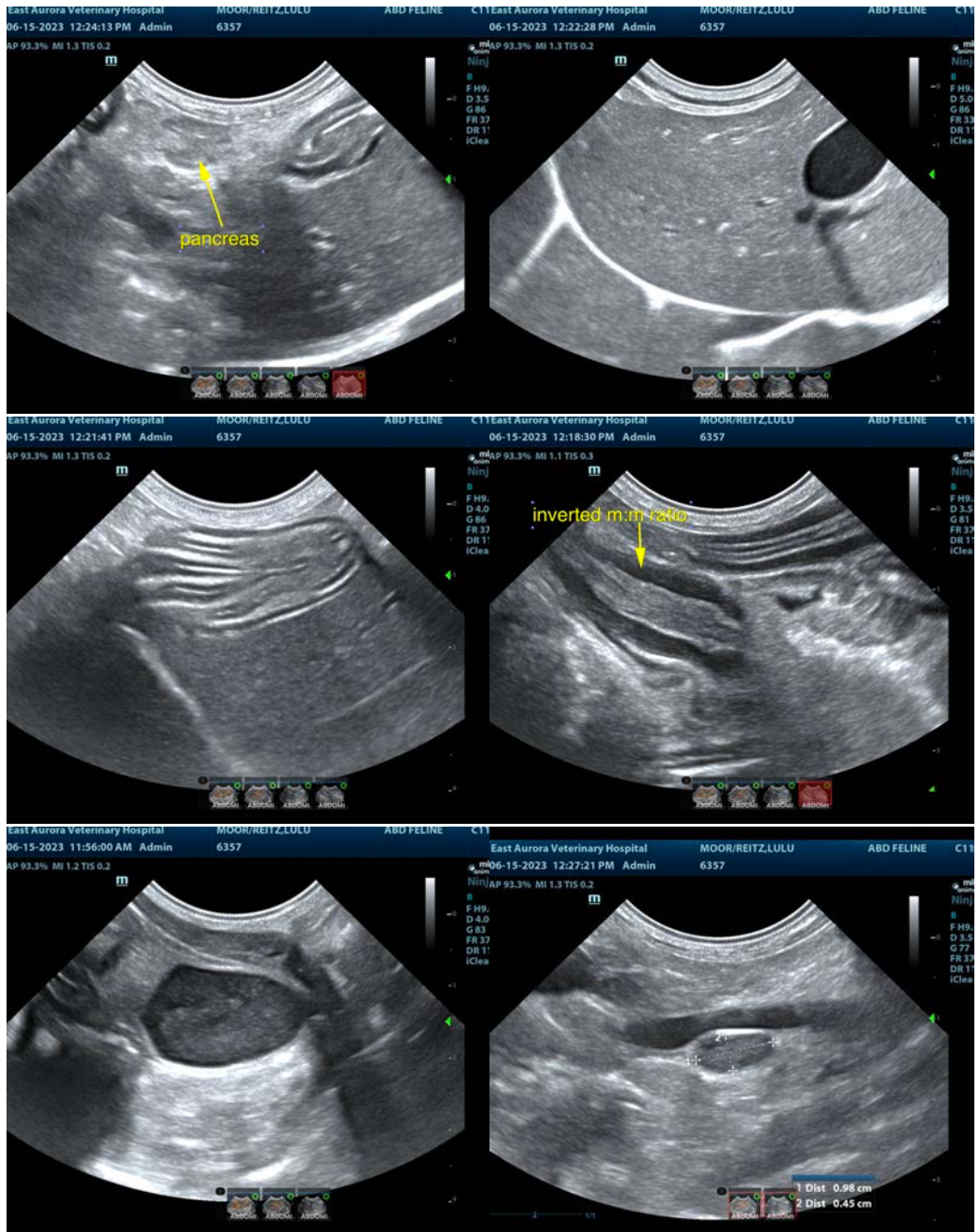
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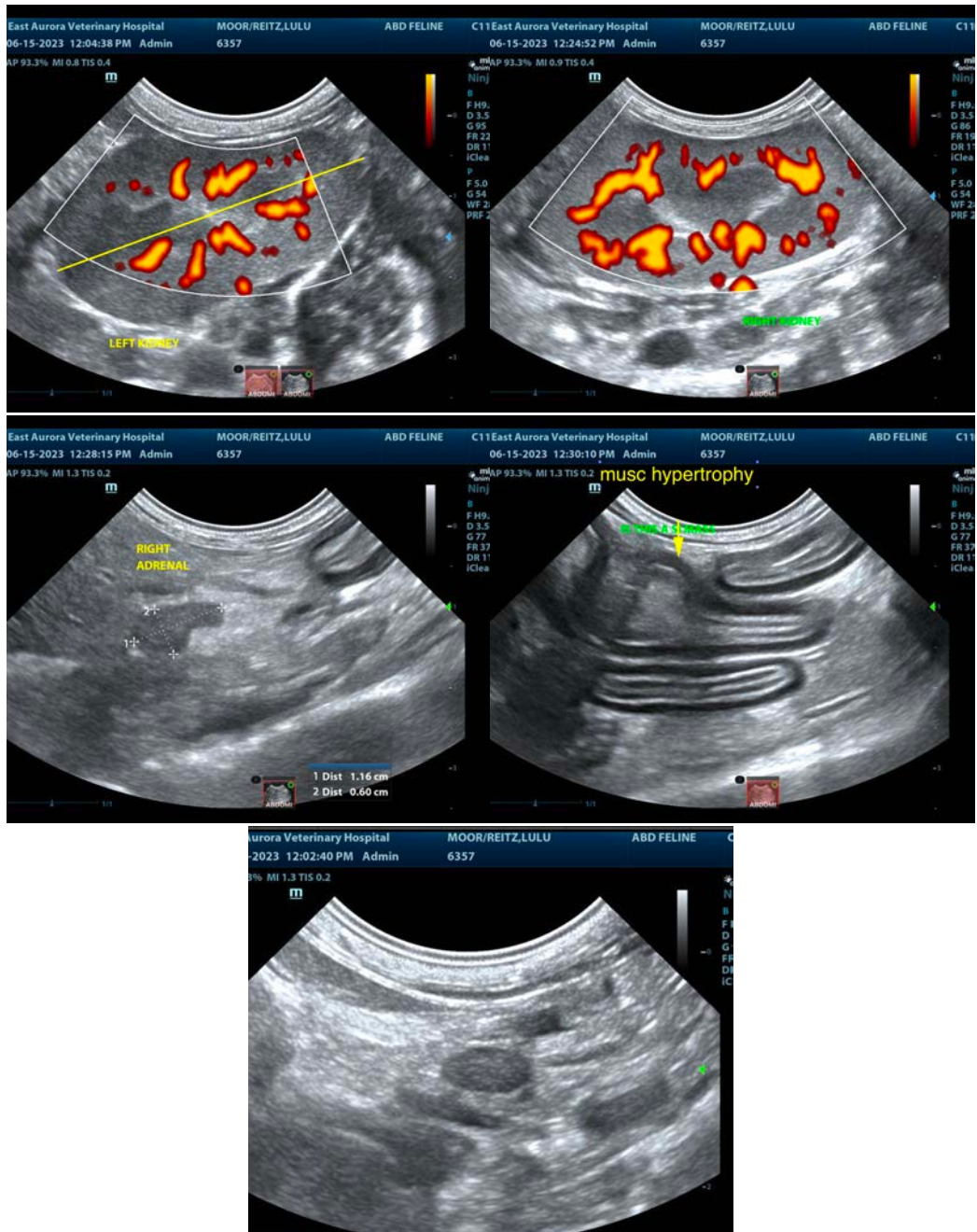
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)