



PATIENT

Max Perry

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

8

WEIGHT

9.56

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Cassidy Braverman,
CVT

HOSPITAL NAME

Bush Animal Hospital

REFERRING VET

Dr. Blystone

INVOICE

43922

DATE

7/11/23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Thin. Focal periodontal disease. Weight loss despite ravenous appetite per owner. Loss of 1.3 lb in 4 months

Abnormal PE/Chem/CBC/UA Results: Lab Findings: CBC/Chem/T4 NSA Current Medications: None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minor amount of sand, a grouping of which measured approximately 1.0 cm. Minor suspended debris noted. The bladder wall was unremarkable.

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 noted in both kidneys. The left kidney measured 3.94 cm. The right kidney measured 4.24 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially, uniform. 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

The **pylorus** was patent. Mild wall edema noted with hyperperistalsis. Minor small intestinal thickening noted. Fluid filled bowel noted. The colon was filled with hard stool. A large amount of GI artifact noted in this patient.

Pancreas

The **pancreas** was hypoechoic and mildly irregular. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.



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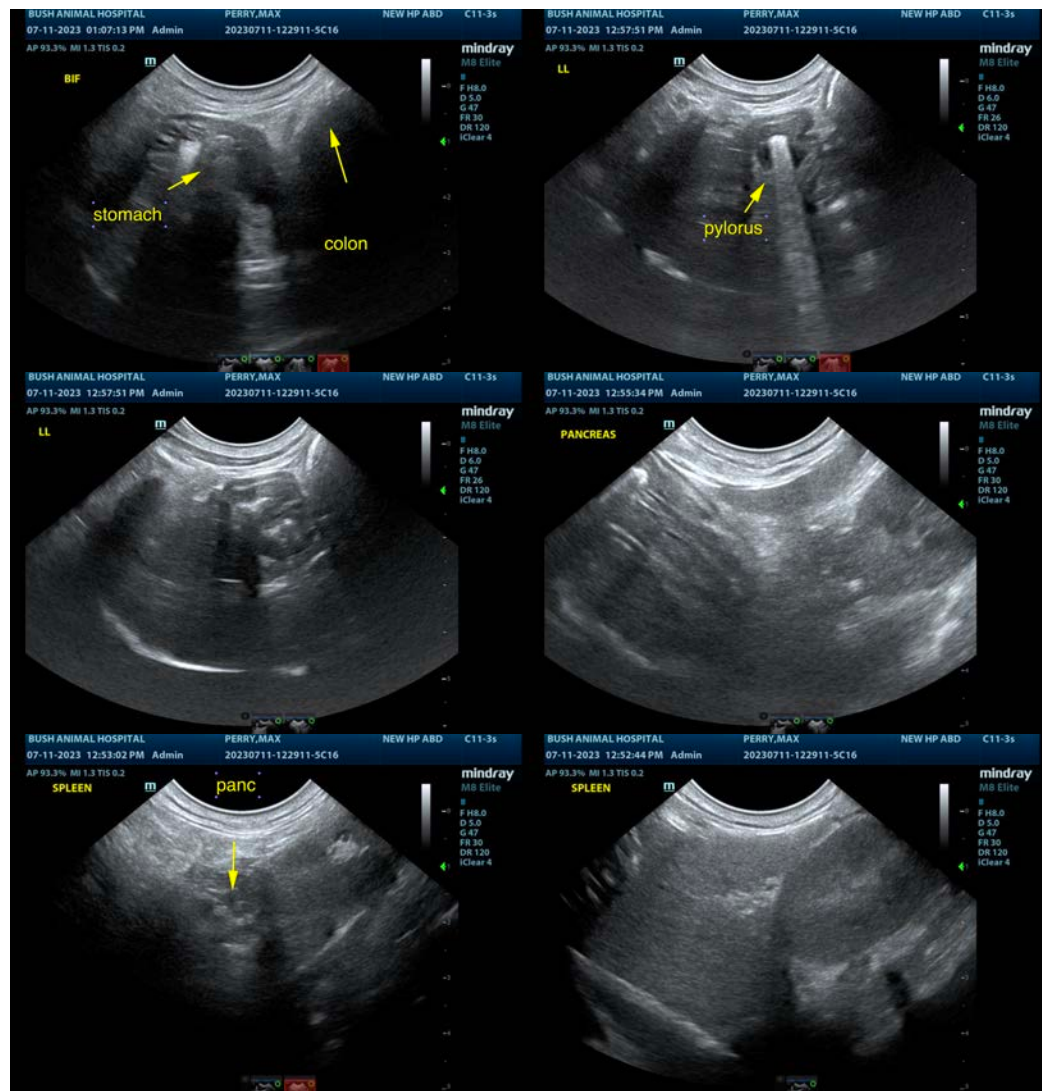
7/11/23

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis/subacute on chronic inflammatory bowel type presentation
- Prominent pancreas, history of pancreatitis likely
- Urinary bladder sand and debris
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is not overtly evident. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. 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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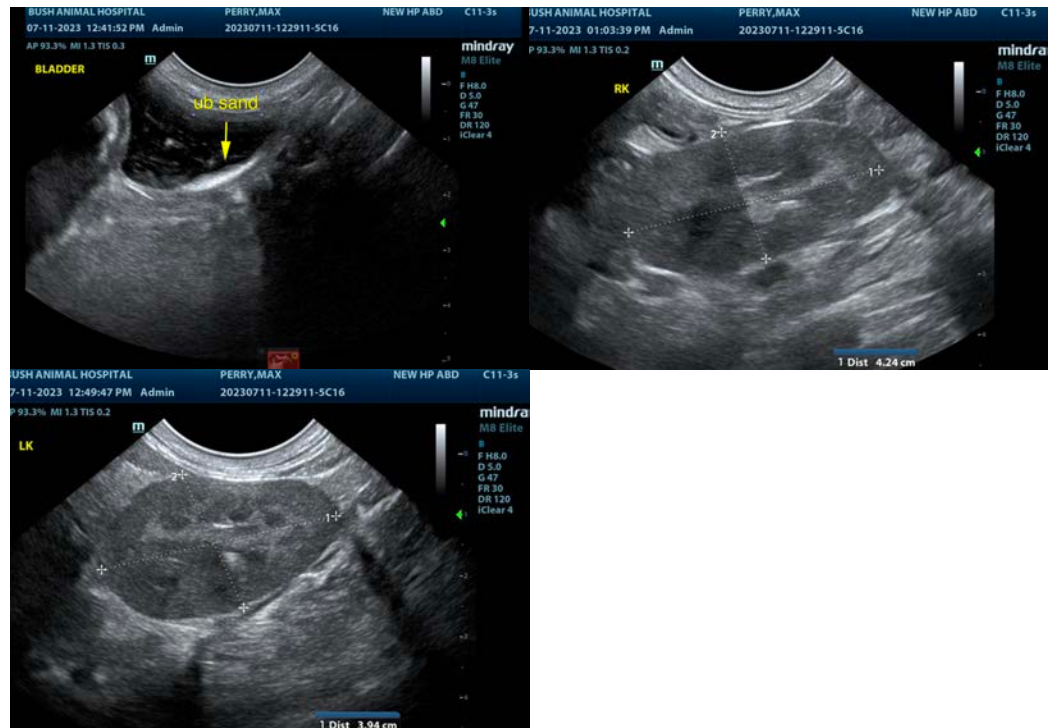
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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