



PATIENT

Mozzarella Joncas

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year

WEIGHT

7.5

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr, Mavis McCormick-
Rantze

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Macie Joncas

INVOICE

23223

DATE

7/7/23

PRESENTING CLINICAL SIGNS

History: DOCTOR PET: P last meal was Wednesday morning. He did not eat Weds night, or all day Thurs. He ate a few pieces of kibble this morning (7am) after receiving Gabapentin. His coat appears dull, and he is not his normal crazy energetic self. He had several episodes of vomiting in May during the transition over a month from kitten to adult food. Mid-June he had bilateral uveitis, lost weight (8.3lbs down to 7.8lbs). The uveitis resolved very quickly with Prednisolone drops, and his Uveitis PCR panel was negative. He is known to eat things he is not supposed to (feathers, plastic, strings, etc). P is incredibly picky eater with cat food. He will not eat any kind of wet food or treats. He eats only his kibble which is why the transition to adult food was done over a month.

Abnormal PE/Chem/CBC/UA Results: 6/15 BW: WBC 19.16, Neutrophils 12.77, Monocytes 1.2 7/7 Abd Rads: –Moderate volume gastric contents are greater than expected for the reported small amount of food recently eaten. However, it is normal in appearance. –Increased total gastrointestinal volume and small intestinal contraction is most likely due to causes for gastroenterocolitis and functional ileus. Potential for small amounts of soft tissue opaque foreign material or gastrointestinal tract cannot be definitively excluded. –The small mineral foci in the gastrointestinal tract are most often incidental, but they are supportive of indiscriminate eating. No larger, discrete foreign bodies are identified. –Similar previous left femoral trauma, severe remodeling, and absence of the head and neck.

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.0 cm. The right kidney measured 2.8 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evidence of 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



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small intestine demonstrated normal luminal chyme. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. Soft stool was noted in the colon.

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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. 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.

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Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes were mildly enlarged, measuring 1.0 cm x 0.5 cm.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen with slight mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign bodies. I recommend a fresh fecal smear and fecal floatation analysis, if not already performed. Diet change may be necessary in this patient owing to food intolerance or occult structurally insignificant inflammatory bowel. The cause of weight loss is unclear. 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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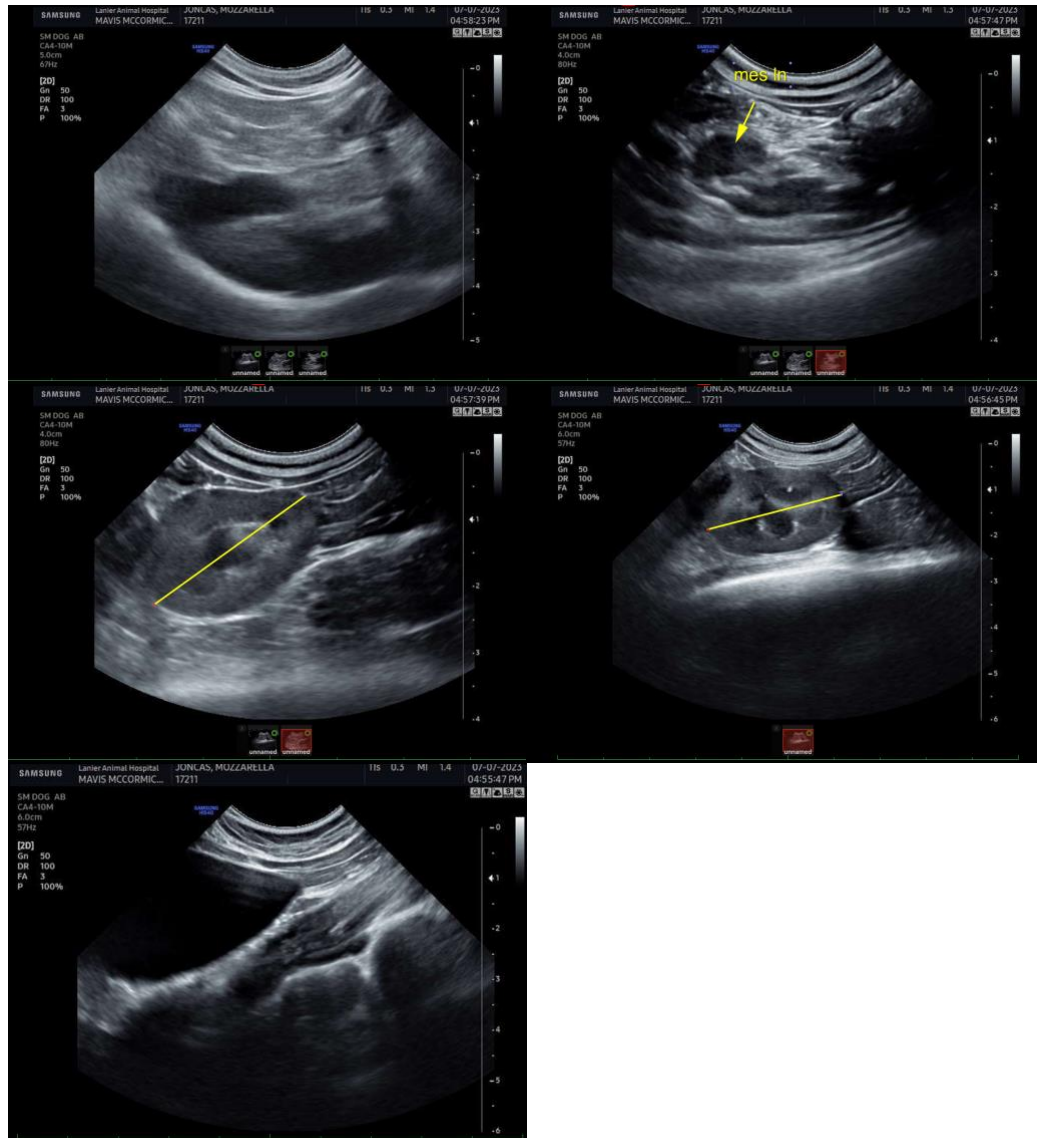
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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