



PATIENT

Nym Evangelista

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

8

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Branning

INVOICE

23969

DATE

8/18/23

PRESENTING CLINICAL SIGNS

History: Weight loss and liquid diarrhea for months.

Abnormal PE/Chem/CBC/UA Results: Blood PSL 31. All else normal. Food trial helped a little

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A minimal amount of urine was present in the **urinary bladder**, yet structurally the bladder appeared unremarkable.

The **kidneys** presented chronic interstitial nephrosis pattern with remodeling, calculi and cortical infarcts. The left kidney measured 3.83 cm.

Adrenal Glands

The regions of the **adrenal glands** 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

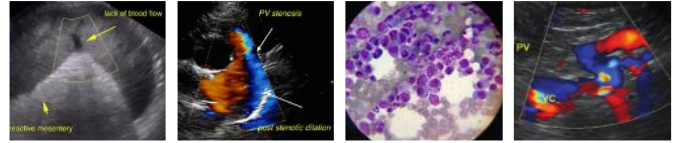
The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume 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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with possible hairball accumulation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was 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.



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Free Abdomen

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Cystic **lymph nodes** were noted in the mesenteric root, likely owing to chronic lymphadenitis. The largest cystic structure measured 1.3 cm.

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ULTRASONOGRAPHIC FINDINGS

- Renal dystrophy and infarcts, stable- no evidence of active inflammation. Calculi were also noted.
- Cystic mesenteric lymph nodes
- Partially full stomach, possible hairball accumulation.
- Age-related hepatic changes
- Minimal urine in the urinary bladder, yet structurally unremarkable

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdomen appears stable. Full urinary work up is warranted, if not already performed. Drainage, culture and sensitivity of the cystic mesenteric lymph nodes could be considered, as well as cytology.

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Differentials for diarrhea include occult parasitism. Dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed.

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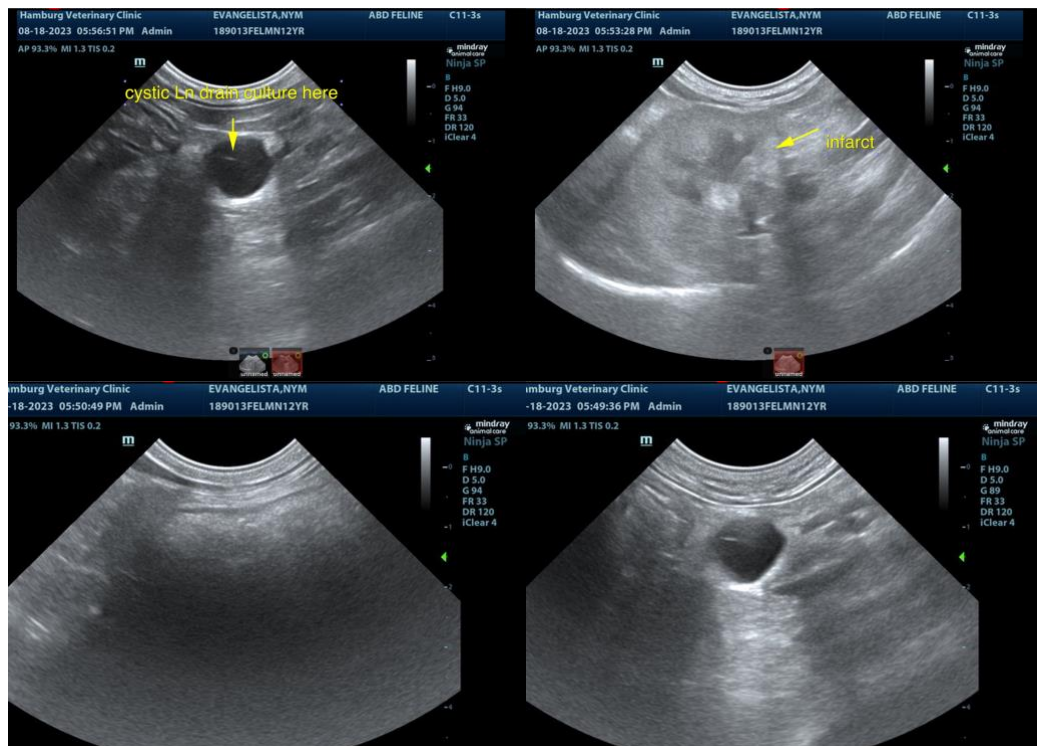
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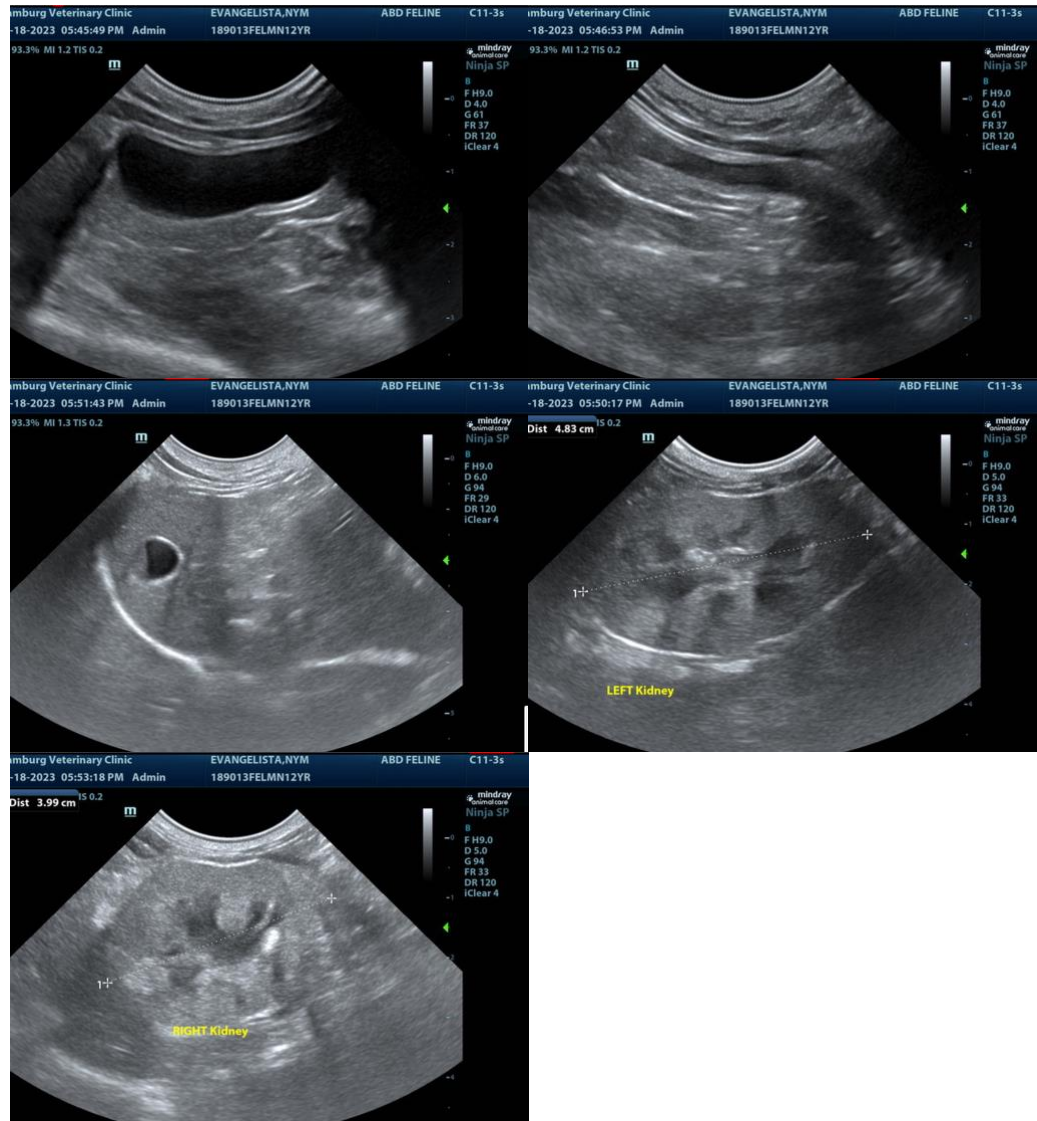
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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