



**PATIENT PRESENTING CLINICAL SIGNS**

**Sarge Gingher** Patient has a history of hyperthyroidism but is now losing weight over the past 3 months.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Weight loss, chems- all normal, CBC normal Radiographs performed of thorax and abdomen- no abnormalities seen

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

**SEX**

Neutered Male

**AGE**

12 Years

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The kidneys measured 3.5 cm each.

**WEIGHT**

13.94

**Adrenal Glands**

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

**INTERPRETED BY**

Eric Lindquist, DMV

**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.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Abbey Jones

**Liver**

The **liver** presented hyperechoic parenchyma and increased portal markings, consistent with fibrosing hepatopathy. The gallbladder and common bile duct were unremarkable.

**HOSPITAL NAME**

Schultsville AH

**Gastrointestinal**

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 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.

**REFERRING VET**

Dr. Abbey Jones

**INVOICE**

44646

**Pancreas**

**DATE**

8/3/23

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.



**PATIENT**

Sarge Gingerh

**SPECIES**

Feline

**BREED**

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**DATE**

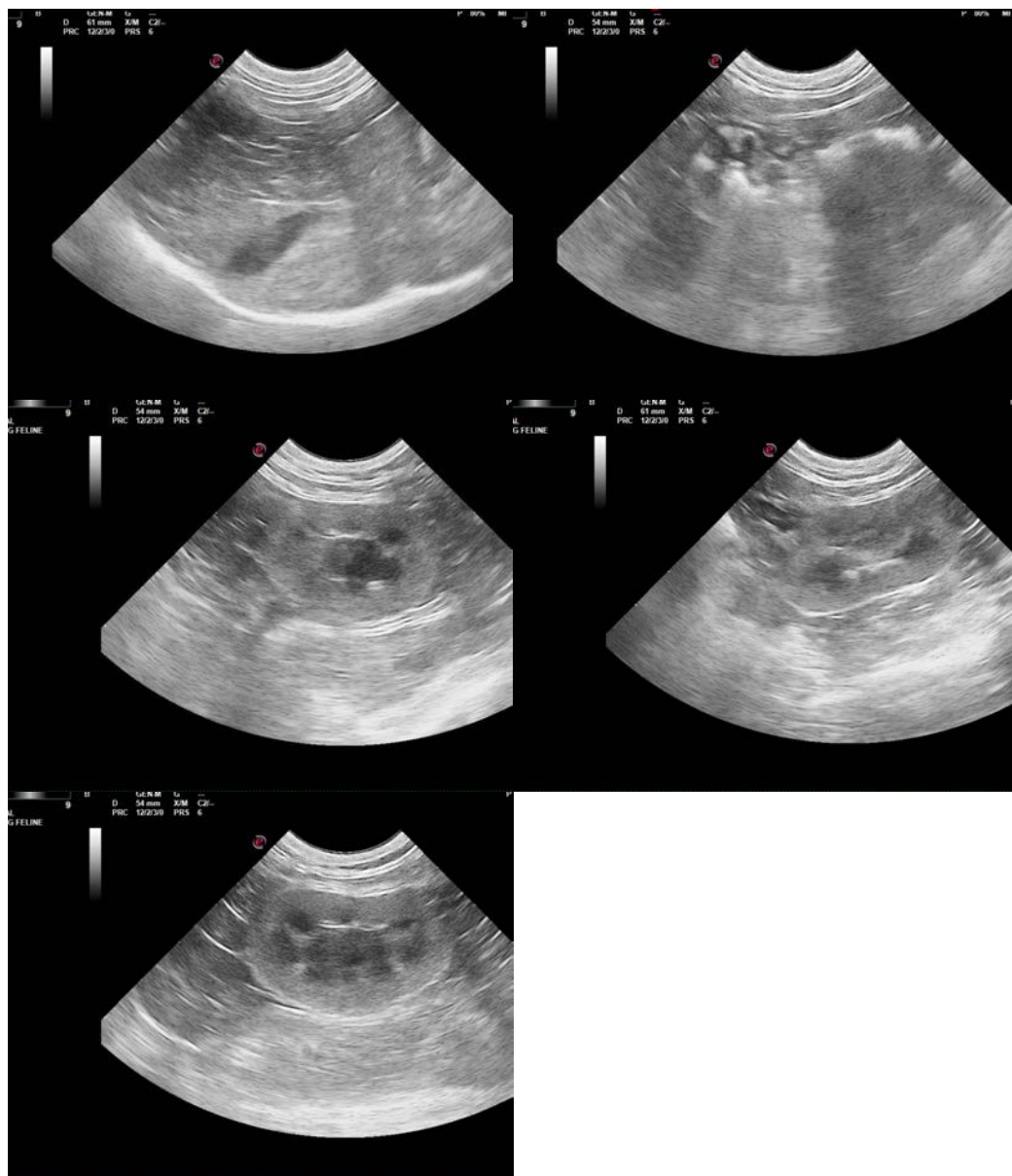
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**ULTRASONOGRAPHIC FINDINGS**

- Non-specific geriatric abdomen
- Interstitial nephrosis renal pattern
- Hepatic remodeling

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of neoplasia. 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.





**PATIENT**

Sarge Gingher

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.

**SPECIES**

Feline

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.

**BREED**

DSH

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**

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