



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Max Callahan Seyfried

History: Chronic diarrhea and weight loss for the past year. Had previous ultrasound done with SonoPath interpretation on 8/7/20. On Prednisone and Gabapentin, was on Forti-Flora and i/d, just switched to GI Biome. GI panel done 8/2020 (see attached). Got Vitamin B injections in 2020.  
Abnormal PE/Chem/CBC/UA Results: Texas GI Panel from 8/14/20 - Cobalamin Fasting < 150 ng/L 290-1500 Interpretation: Consistent with distal or diffuse small intestinal disease or EPI. Oral or parenteral cobalamin supplementation is indicated: Folate Fasting 6.4 µg/L 9.7-21.6 Interpretation: Decreased serum folate concentration. Consistent with proximal or diffuse small intestinal disease. Consider folate supplementation. TLI: Normal PLI: Normal Senior labwork on 9/10/21 - nothing out of reference ranges. T4 is up from 3.3 to 4.1.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

14.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Chaley Hunt, LVT

**HOSPITAL NAME**

Columbia AC

**REFERRING VET**

Dr. Engel

**INVOICE**

91859

**DATE**

9/15/21

**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 was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.85 cm. The right kidney measured 4.28 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.4 cm.

**Spleen**

The **spleen** in this patient revealed multi-focal, hyperechoic nodules with a hyperechoic, fatty type mass (technically) that measured 1.7 cm with capsular expansion. This is most consistent with lipogranulomas. However, FNA would be warranted for further definition.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Occasional parenchymal cyst was noted in the liver and measured up to 0.3 cm. Some 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.



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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.

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**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 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.

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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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**WEIGHT**

14.5 lbs

**ULTRASONOGRAPHIC FINDINGS**

Splenic lipogranulomatous type presentation.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Minor heterogenous pancreatic changes.

Age related renal changes.

**IMAGING PERFORMED BY**

Chaley Hunt, LVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a minor potential for more significant disease. There was no evidence of significant disease from a visceral standpoint. The abdomen appears stable. The prednisolone therapy may be suppressing a more significant presentation. However, these are largely age related changes except for the splenic lesions. Given the weight loss FNA of the spleen is recommended.

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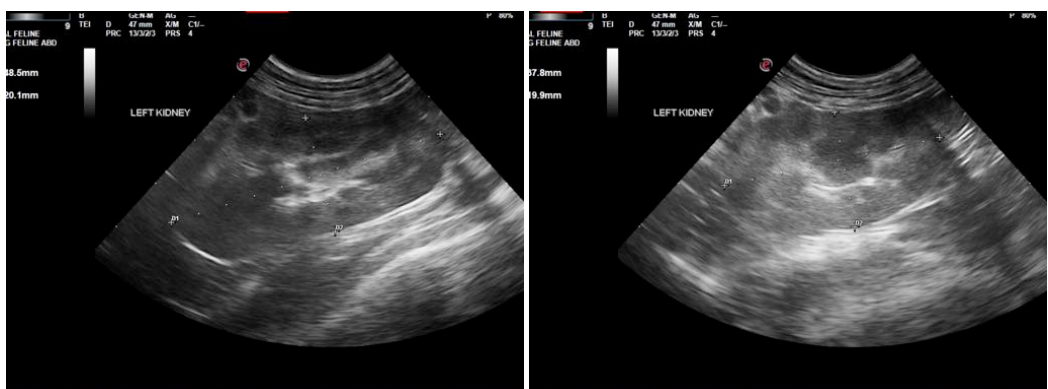
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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**

Domestic Shorthair

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

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