



**PATIENT**

Howie Earle

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

8.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Kivircik

**HOSPITAL NAME**

Kings VH

**REFERRING VET**

Dr. Kivircik

**INVOICE**

92500

**DATE**

10/19/21

**PRESENTING CLINICAL SIGNS**

**History:** Howie presented for abdominal ultrasound to help determine cause of history of chronic diarrhea, weight loss and lethargy. Howie's issues began about 2 weeks ago. He had diarrhea and then appeared to be constipated, and would cycle back and forth between the two. Appetite was poor. He was seen by his regular vet at Rolling Hills. Bloodwork was within normal limits. He was given IV fluids, Pred, Metronidazole, and Cerenia. Treatments helped a little but the diarrhea resumed once he was off of the Metronidazole. He is still getting the Pred but did not receive today in anticipation of the ultrasound. Howie had 3 mast cell tumors (skin) removed in 2015. His siblings died last year and the year before, both of cancer. Howie has a history of allergies. He takes 1/4 Claritin in the evenings. Howie also has a history of HCM. He has seen Dr. Wright at MedVet Cardiology; echo exams in 2018 and 2020 showed normal cardiac structure and function. Howie ate last night around 11 pm. Fancy Feast canned and Blue Buffalo dry. Although he is eating, his appetite is not as good as it used to be. Howie has not had vaccinations in a long time. He is an indoor only cat. Howie continues to vomit but the vomiting does not occur every day and when it does occur it is usually right after eating. The vomitus mostly contains bile.

**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 3.5 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.

**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 was noted.



<b>PATIENT</b>	<b>Liver</b>
Howie Earle	The <b>liver</b> images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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. 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.
<b>SPECIES</b>	
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<b>BREED</b>	
Domestic Shorthair	<b>Gastrointestinal</b>
<b>SEX</b>	Examination of the <b>gastrointestinal tract</b> revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small intestinal thickening was noted with increased muscularis thickening.
Neutered male	
<b>AGE</b>	<b>Pancreas</b>
13 years	The <b>pancreas</b> was distinctly hypoechoic to the surrounding mesentery. There is a potential for low grade inflammation. The pancreas measured up to 1.5 cm.
<b>WEIGHT</b>	
8.6 lbs	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	Prominent, irregular pancreas. Mild hepatic remodeling. Age related renal changes.
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Kivircik	Ultrasound-guided FNA of the pancreas would be ideal. Full thickness intestinal and pancreatic biopsies would be ideal in this patient. Otherwise, empirical treatment for inflammatory bowel and the following empirical protocol may prove effective.
<b>HOSPITAL NAME</b>	<b>Triaditis/Pancreatitis protocol</b>
Kings VH	Part or all of this protocol may be considered based on your clinical impression of the patient:
<b>REFERRING VET</b>	Recommend pain management when anorexic with <b>Buprenorphine</b> (0.01-0.02 mg/kg IM or SC), clinical trial of <b>Zithromax</b> (50 mg sid/cat x 10 days, 3 weeks if bartonella +), <b>Prednisolone</b> (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and <b>B12 injections</b> if weight loss (Cyanobalamine 250 mcg sub-q once-weekly x six weeks, then every other week for six weeks and then once-monthly, long-term if necessary), <b>novel-protein or hydrolyzed diet</b> ( <i>Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets</i> ) or the <b>magical Purina DM</b> (changing protein source is crucial and may need rotation every 6 months if clinical signs recur) Diet trials is a whatever works phenomenon. If vomiting becomes a persistent issue then endoscopy would be warranted and/or recheck sonogram to assess more emerging disease. One diet does not work for all patients so different trials may be necessary or protein source rotation every 6 months as new sensitivities develop.
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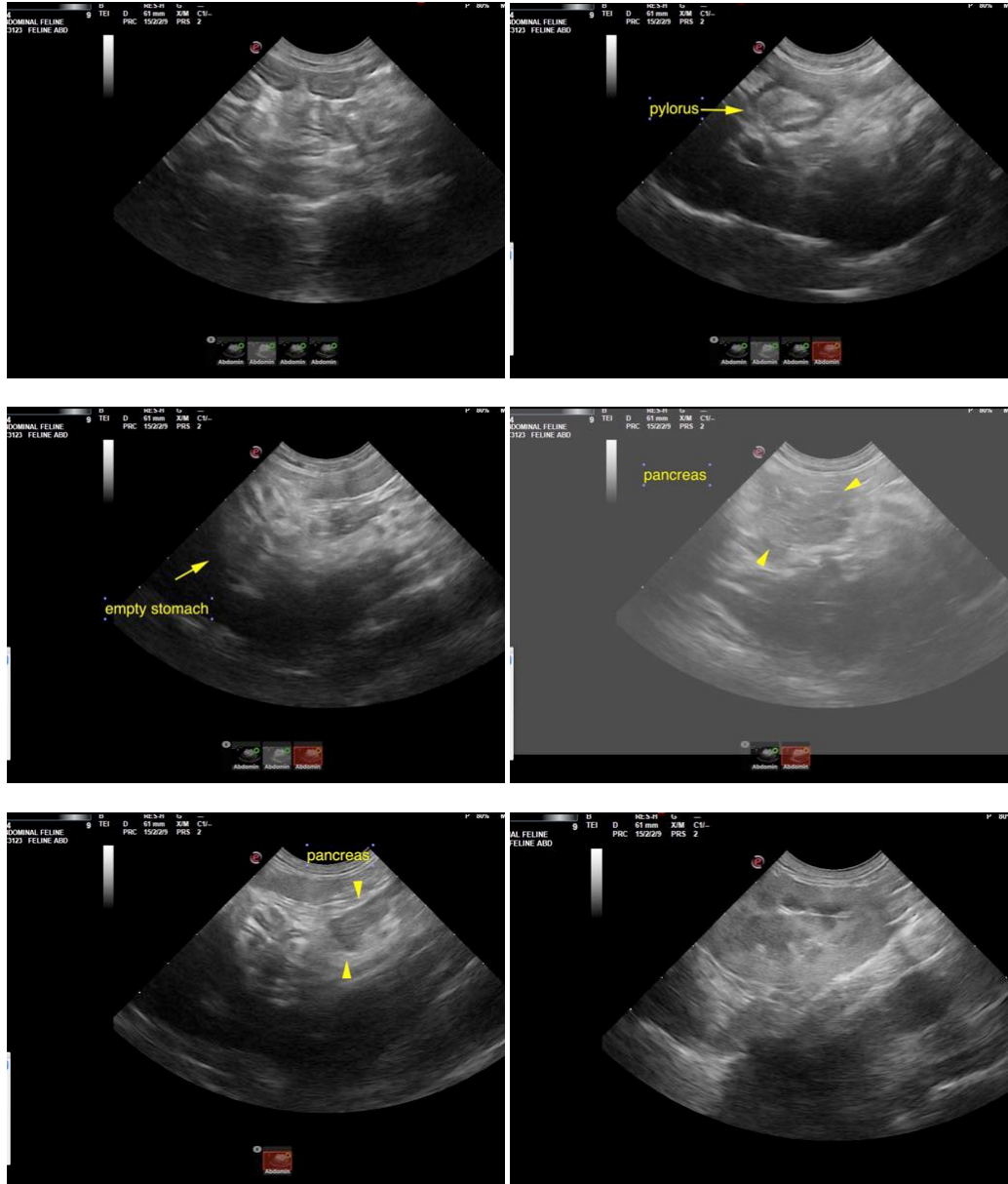
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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