



PATIENT

Marley Bonn

PRESENTING CLINICAL SIGNS

History: Vomiting past month progressively worsening
Abnormal PE/Chem/CBC/UA Results: SDMA mildly elevated, all other unremarkable

SPECIES

Feline

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.

BREED

Domestic Longhair

SEX

Neutered male

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. Both kidneys measured 3.0 cm.

AGE

13 years

WEIGHT

13 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside

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 was duplicated. This is a normal variant. The common bile duct is normal and tapering to 0.1 cm prior to the duodenal papilla.

REFERRING VET

Dr. Mack

INVOICE

92539

Gastrointestinal

The **stomach** revealed muscularis hypertrophy continuing into the small intestine. The colon was unremarkable. The mesenteric lymph nodes were reactive and measured 1.0 x 0.5 cm.

DATE

10/21/21



PATIENT

Pancreas

Marley Bonn

The **pancreas** was hypochoic and irregular.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

Minor GI thickening with various pancreatic enlargement.

BREED

Reactive mesenteric lymph nodes.

Domestic Longhair

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Full thickness GI and pancreatic biopsies would be ideal. However, no neoplastic criteria is present. A clinical trial of the following may prove effective.

Neutered male

Triaditis/Pancreatitis protocol

AGE

Part or all of this protocol may be considered based on your clinical impression of the patient:

13 years

Recommend pain management when anorexic with **Buprenorphine** (0.01-0.02 mg/kg IM or SC), clinical trial of **Zithromax** (50 mg sid/cat x 10 days, 3 weeks if bartonella +), **Prednisolone** (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and **B12 injections** 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), **novel-protein or hydrolyzed diet** (*Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets*) or the **magical Purina DM** (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.

WEIGHT

13 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside

REFERRING VET

Dr. Mack

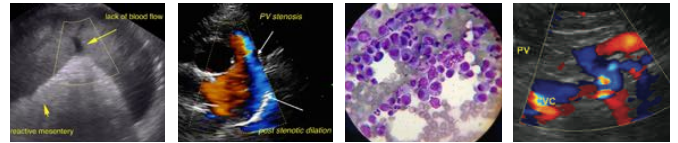
INVOICE

92539

DATE

10/21/21





PATIENT

Marley Bonn

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

13 years

WEIGHT

13 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside

REFERRING VET

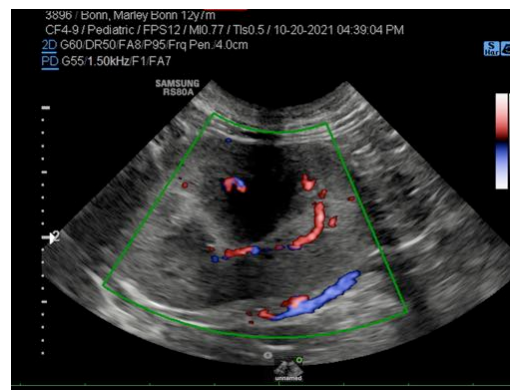
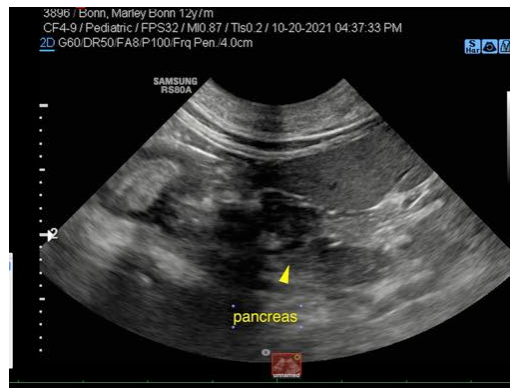
Dr. Mack

INVOICE

92539

DATE

10/21/21



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