

**DATE**

11/15/21

**PRESENTING CLINICAL SIGNS**

History: Patient has been having diarrhea on and off since a kitten. Owner has tried medication and diet change, and nothing has worked. Fecal came back negative.

Lab Results: fecal neg.

**PATIENT**

Roman Barrera

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**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 Shorthair

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. The left kidney measured 3.22 cm. The right kidney measured 3.33 cm.

**SEX**

Neutered male

**AGE**

6/11/21

**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 0.38 cm. The right adrenal gland measured 0.38 cm.

**WEIGHT**

5.7 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Spleen**

The **spleen** is enlarged and folded upon itself with slight scalloping contour. This is likely reactive.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**HOSPITAL NAME**

Padonia VH

**Gastrointestinal**

The **stomach** revealed hypertrophied wall with prominent mucosa and muscularis. There was no loss of mural detail. The small intestines appeared normal. The cecum was mildly thickened and measured 0.42 cm. The mesenteric lymph nodes were reactive and measured 1.28 x 1.44 cm.

**REFERRING VET**

Dr. Youssef

**INVOICE**

93108

**Pancreas**

The **pancreas** was enlarged and irregular with undulating contour and a dilated duct. The left limb measured 1.07 cm.

## ULTRASONOGRAPHIC FINDINGS

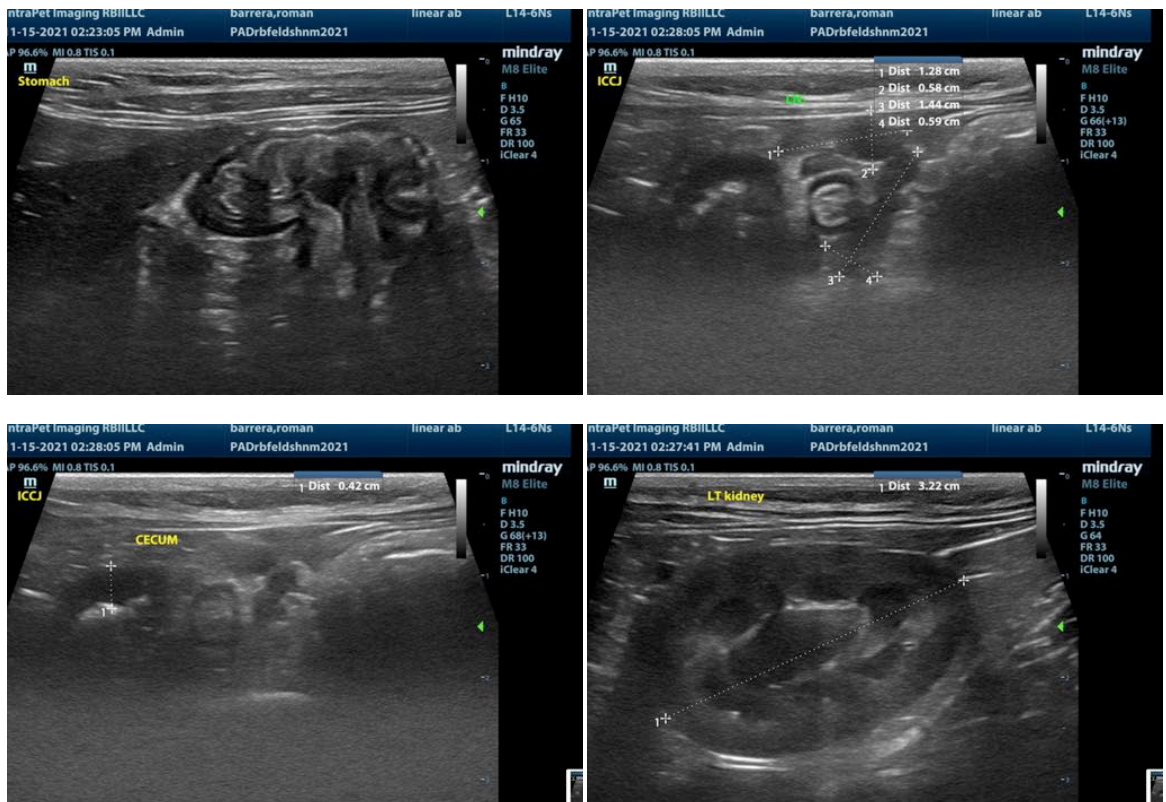
Gastritis, colitis and lymphadenitis pattern with concurrent pancreatitis.

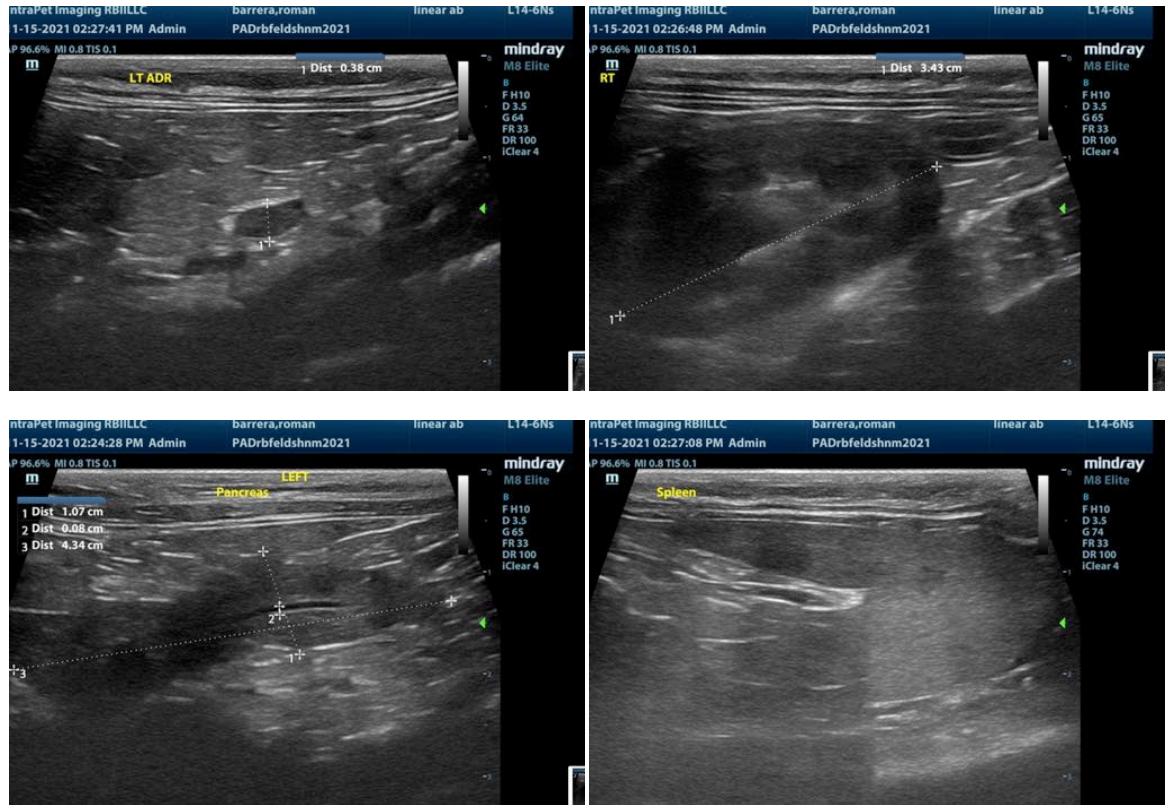
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. Chronic infectious disease such as Bartonella, Toxoplasmosis and similar should be considered. There was no evidence of neoplasia. A clinical trial of the following may prove effective. FNA, cytology and culture of the mesenteric lymph nodes could be considered and/or pancreas.

### Triaditis/Pancreatitis protocol

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





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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