



**PATIENT PRESENTING CLINICAL SIGNS**

Pasta Cerf  
Chronic vomiting and diarrhea. Blood Chemistry WNL - increased Lipase Normal CBC FeLV/FIV negative

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**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. Slight mineralization was noted in the left kidney. The left and right kidney measured 3.0 cm.

**AGE**

13 years

**WEIGHT**

9.4 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. The left adrenal gland measured 0.4 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Dr. Cerf

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.

**HOSPITAL NAME**

Veterinary Center of  
Hardyston

**Liver**

**REFERRING VET**

Dr. Cerf

The **liver** in this patient revealed a left medial cystadenoma type lesion that measured 1.0 cm with mildly increased portal markings. The gallbladder and common bile duct were unremarkable. The common bile duct measured 0.3 cm. History of inflammatory hepatopathy is likely.

**INVOICE**

92924

**Gastrointestinal**

**DATE**

11/5/21

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.



**PATIENT**

**Pancreas**

Pasta Cerf

The **pancreas** was hypoechoic to the surrounding mesentery and undulating contour with dilated duct. This is consistent with chronic active pancreatitis especially if any subxiphoid palpation indicates discomfort.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Chronic pancreatic and hepatic changes. Suspect low-grade pancreatitis.

Domestic Shorthair

Structurally insignificant inflammatory bowel is likely given the patient's history.

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered male

Geriatric hydrolyzed diet is recommended. There is no evidence of neoplasia. A clinical trial of the following may prove effective.

**AGE**

**Triaditis/Pancreatitis protocol**

13 years

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

**WEIGHT**

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.

9.4 lbs

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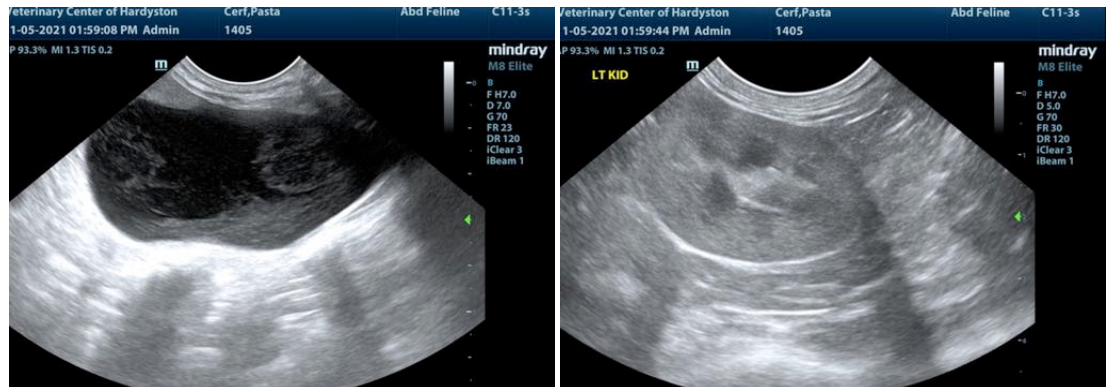
Dr. Cerf

**INVOICE**

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**PATIENT**

Pasta Cerf

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

9.4 lbs

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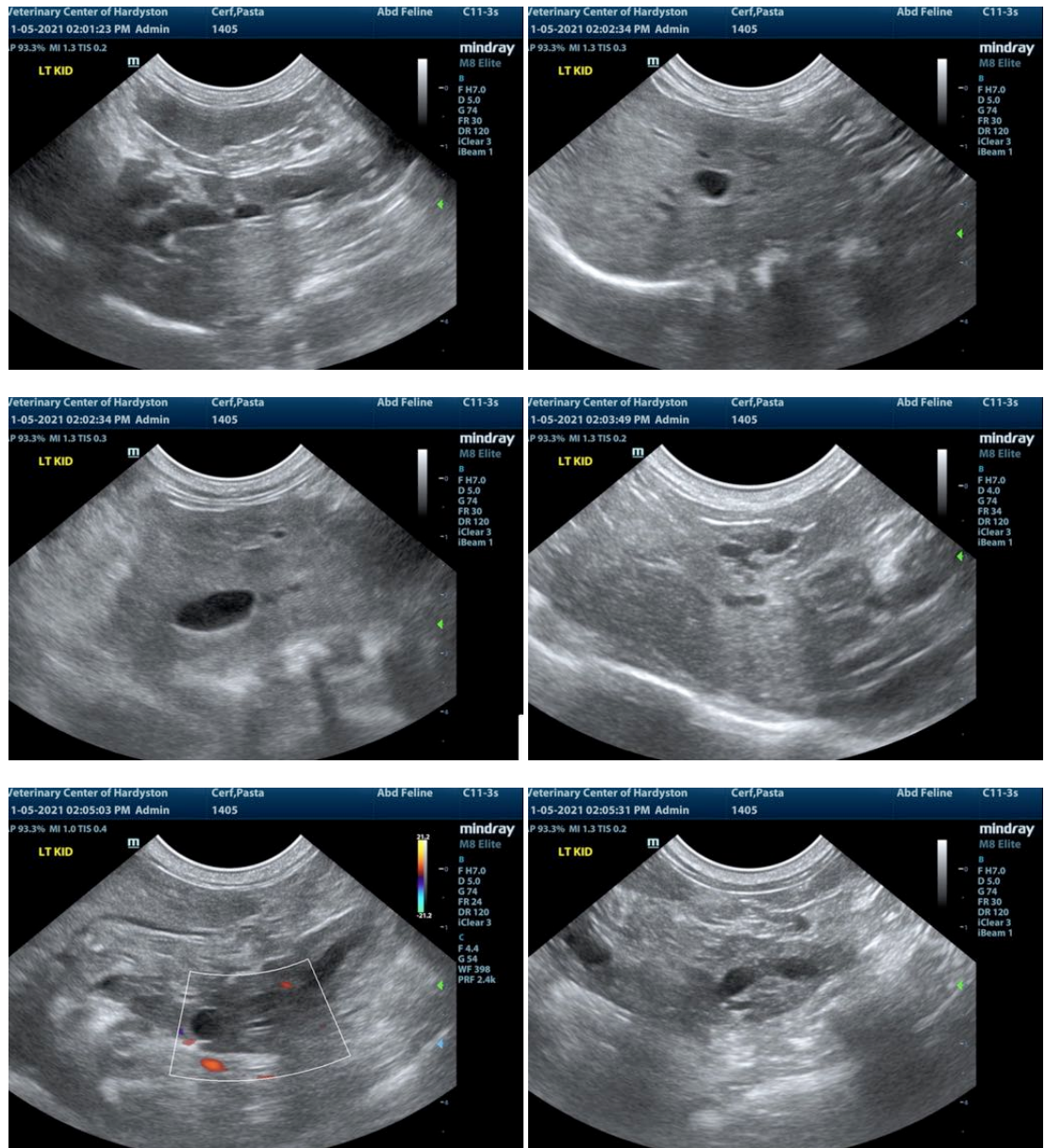
Dr. Cerf

**INVOICE**

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**DATE**

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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.

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