



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Leia Sabo History: Presented for vomiting, not eating well for several days Has had some recent food changes

**SPECIES** Abnormal PE/Chem/CBC/UA Results: CBC normal Chem panel normal other than slight elev ALT above baseline On PE mildly dehydrated, a little tense to abd palpation; BCS 6/9

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED Urinary System**

DSH

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 were noted. Ureteral papillae were normal.

**SEX**

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Cortical infarcts were noted at the cranial and caudal pole of the right kidney. The right kidney measured 4.15 cm. The left kidney measured 4.15 cm.

**AGE**

10 Years

**WEIGHT**

4.8 kg

**Adrenal Glands**

Both **adrenal glands** were visualized and revealed no evident pathology.

**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 were noted. The spleen measured 0.8 cm.

**IMAGING PERFORMED BY**

Dr. Callihan

**Liver**

**HOSPITAL NAME**

Animal Emergency  
Care

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.

**REFERRING VET**

Dr. Bailey

**Gastrointestinal**

**INVOICE**

14012

The **stomach** revealed fluid filled gastric lumen. No overt obstruction noted. The pylorus appeared free and patent. The gastrointestinal tract revealed areas of thickened submucosal layer and echogenic mucosal changes. No overt loss of mural detail. Intestinal wall thickness measured up to 0.39 cm.

**DATE**

2/21/22

**Pancreas**



## PATIENT

Leia Sabo

The **pancreas** was mildly hypoechoic to surrounding mesentery with slight undulating contour. Subxiphoid palpation warranted. Possible low-grade pancreatitis present.

## SPECIES

Feline

- Gastroenteritis pattern, likely underlying acute on chronic inflammatory bowel.
- Hypoechoic pancreas with slight undulating contour, possible low grade pancreatitis present.
- Age-related renal changes

## BREED

DSH

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign body or neoplasia. Subxiphoid palpation warranted. A clinical trial of the following may prove effective.

## SEX

Spayed Female

## Triaditis/Pancreatitis protocol

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

## AGE

10 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

4.8 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Callihan

## HOSPITAL NAME

Animal Emergency  
Care

## REFERRING VET

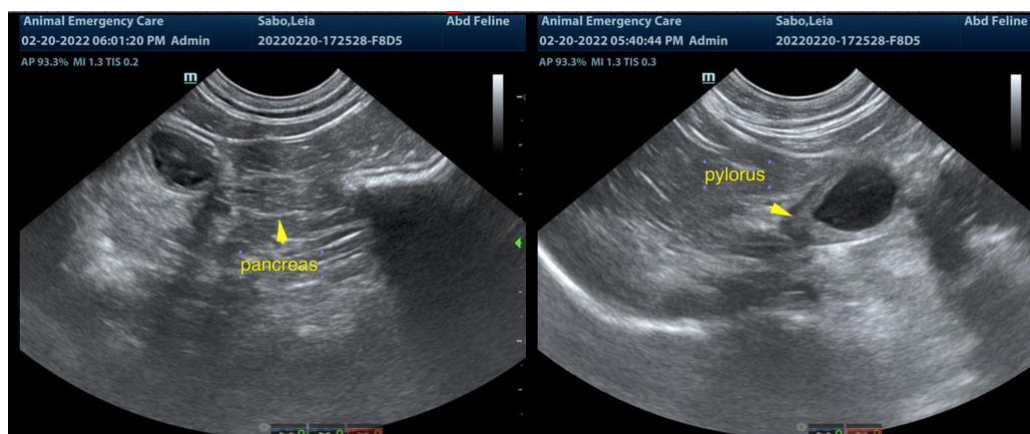
Dr. Bailey

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**PATIENT**

Leia Sabo

**SPECIES**

Feline

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**SEX**

Spayed Female

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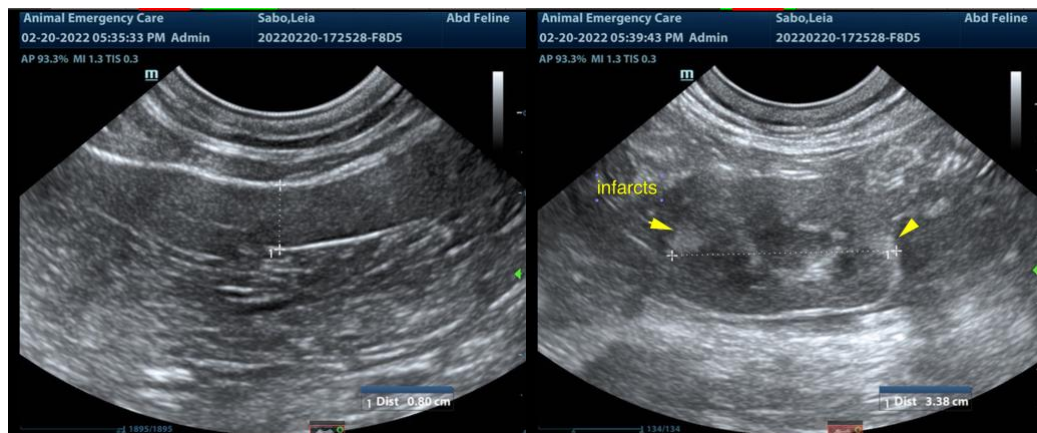
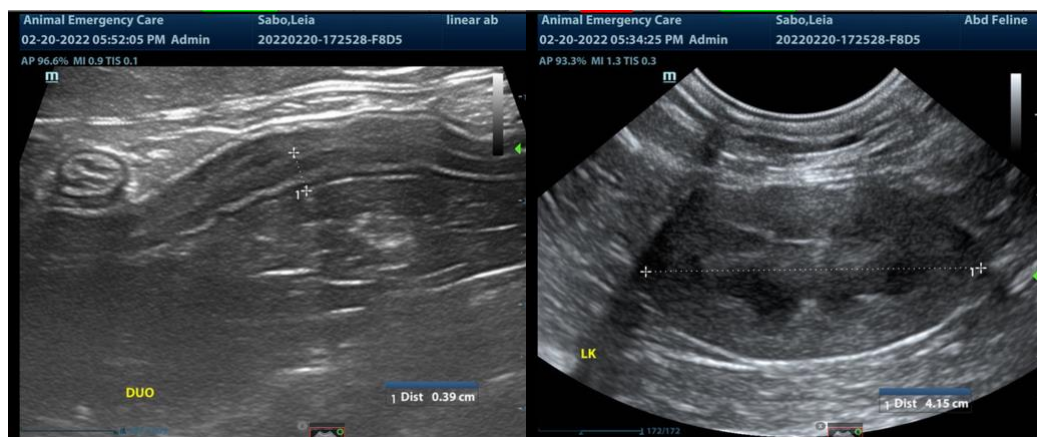
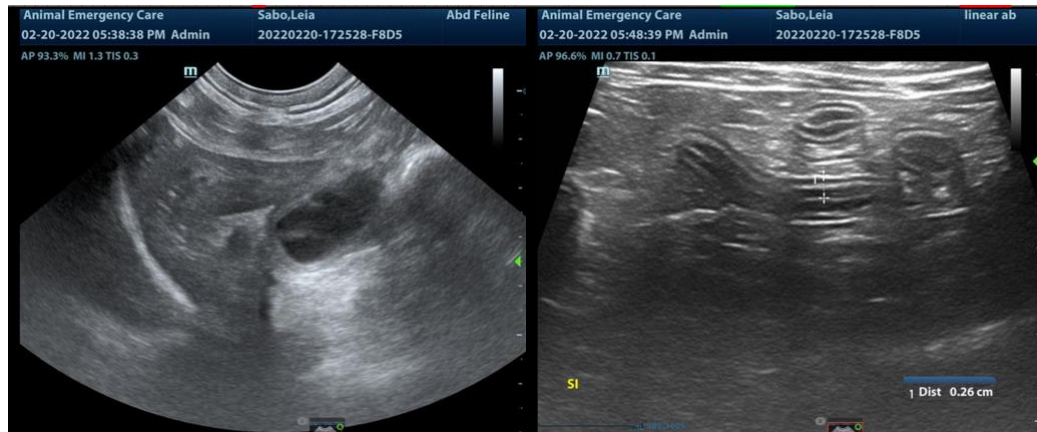
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

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

Spayed Female

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