



PATIENT

Popo Molina

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

10 Years 6 Months

WEIGHT

7.1

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sumeet Sharma

HOSPITAL NAME

Edmonton West AH

REFERRING VET

Dr. Sumeet Sharma

INVOICE

45853

DATE

3/10/23

PRESENTING CLINICAL SIGNS

Indoor cat. Less active and quiet this week. Was hiding, owner also noted some anisocoria at home. ED fine, NO C/S/V/D (vomited some bilious content 3 days ago) Concern for pancreatitis so scan was done Slight resentful on cranial abdominal scan (could be behavior), was mildly sedated with Torb and Midazolam (and added 0.02ml Dexmedetomidine) for scan

Abnormal PE/Chem/CBC/UA Results: Heart Murmurs, 3/6 (pending Probnp), BCS-4/5, dental tartar, otherwise NSF, normal basic eye exam, tonometry normal. Normal Resp, HR. Rads not done Spec Fpli levels abnormal 9.6 (0-3.5) Low -platelet 63 (155-641), WBC 2.9 (3.9-19) and neutrophils 1.5 (2.6-15)-clot in sample so likely artifact. low Cl-112 (114-126), high albumin 40 (26-39) Rest of Geri panel, UA wnl, Report attached.

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 were 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.6 cm. The right kidney measured 4.48 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. The left adrenal gland measured 0.34 cm. The right adrenal gland measured 0.40 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 0.79 cm. 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.

Liver

The **liver** was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

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.



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Pancreas

The **pancreas** was hypoechoic and irregular with undulating contour. Given the clinical profile, underlying pancreatitis is suspected. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Prominent, irregular pancreas
- Hyperechoic liver
- Age related renal changes

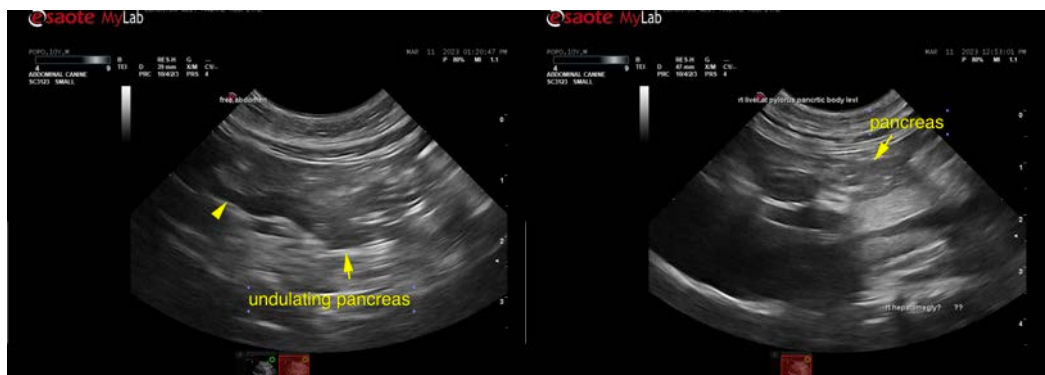
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable GI tract. Low-grade pancreatitis suspected. Infectious agents should be ruled out, such as toxoplasmosis or bartonella. A clinical trial of the following may prove effective from an empirical standpoint.

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.





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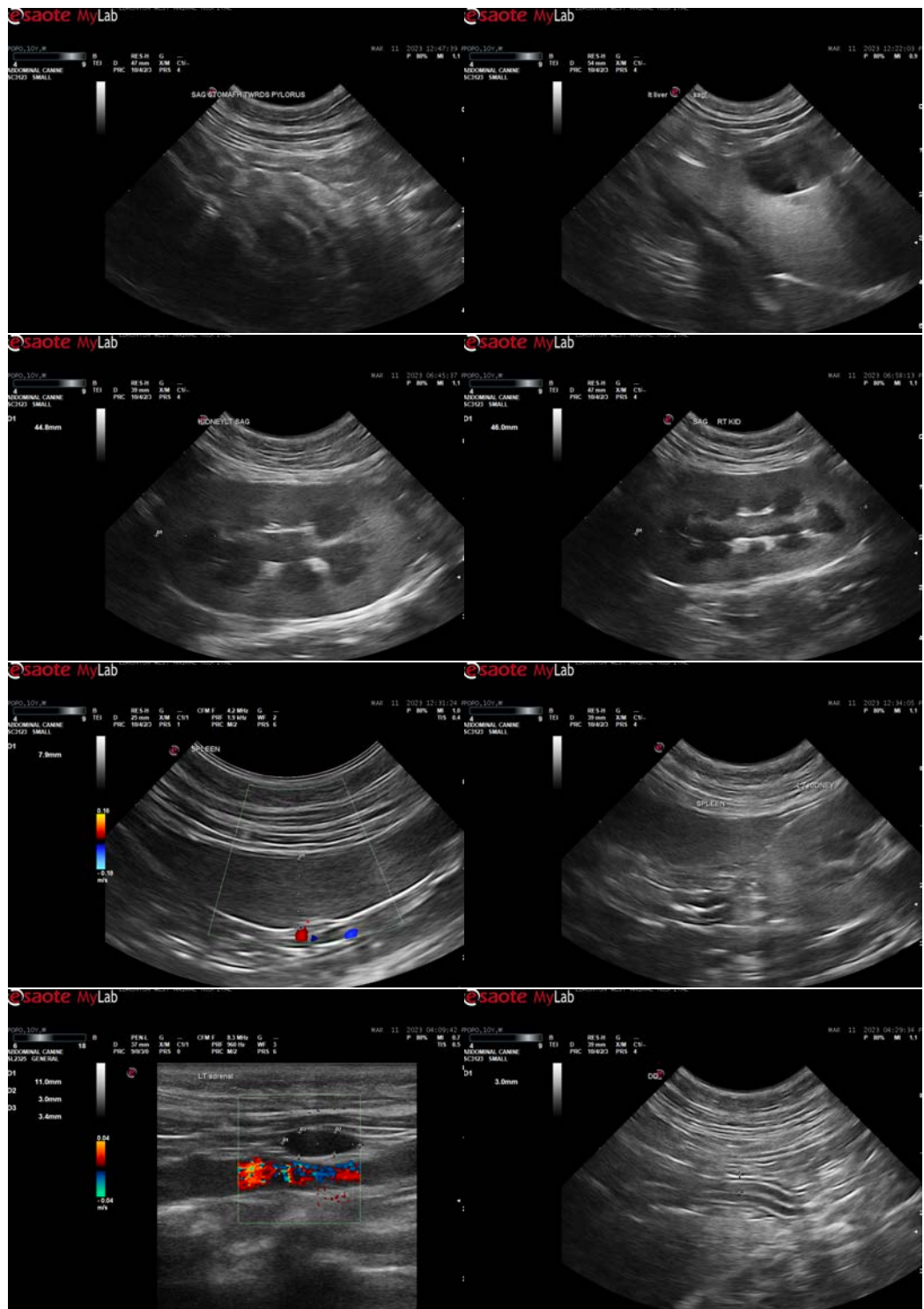
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com

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