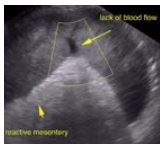
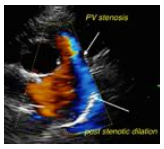
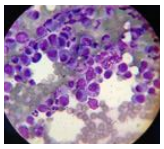
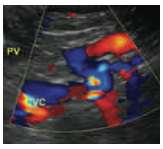
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Little Foot Gerardi

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

7 yrs.

WEIGHT

14 lbs. 15 oz.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

97086

DATE

3/22/22

PRESENTING CLINICAL SIGNS

History: Vomiting and elevated ALT, P had prev. u/s 7/2020 (attached) showed changes consistent with IBD vs early lymphoma. Convenia inj 3/15/22
Abnormal PE/Chem/CBC/UA Results: ALT 324, ALB 4.0, A/G Ratio 1.7, Na/K ratio 42, Trig 16.4, Neuts 77, Lymphs 16, Abs lymphs 864

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.

The **kidneys** revealed increased cortical echogenicity with normal size and contour. The right kidney measured 4.07 cm. The left kidney measured 3.42 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 0.52 cm.

Spleen

The **spleen** was at the upper limits of normal and measured 0.99 cm.

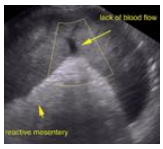
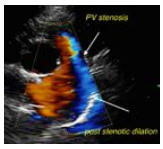
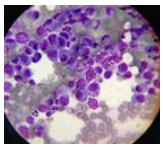
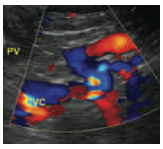
Liver

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.

Gastrointestinal

Gastric wall was persistently thickened with hypertrophied mucosa and minor remodeling. The curvilinear patterns were maintained. Variable small intestinal thickening was noted. The colon was unremarkable with minor areas of muscularis hypertrophy.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Little Foot Gerardi

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

7 yrs.

WEIGHT

14 lbs. 15 oz.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

97086

DATE

3/22/22

Pancreas

The **pancreas** was prominent in the right limb and measured 0.96 cm. The pancreas is distinctly hypoechoic to the surrounding fat. The pancreatic duct dilation measured 0.17 cm.

ULTRASONOGRAPHIC FINDINGS

Prominent, slightly irregular pancreas.

Underlying inflammatory bowel/gastritis is likely.

Concurrent inflammatory hepatopathy given the ALT elevations, yet structurally unremarkable.

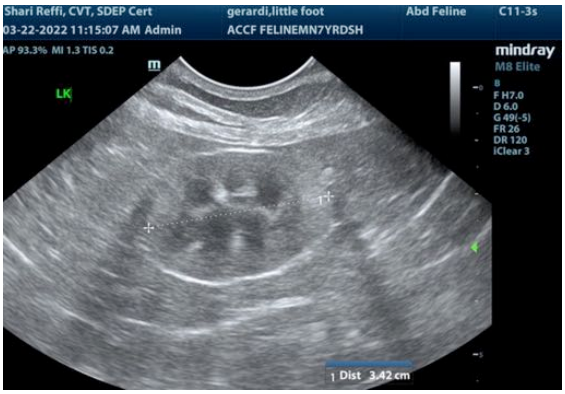
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

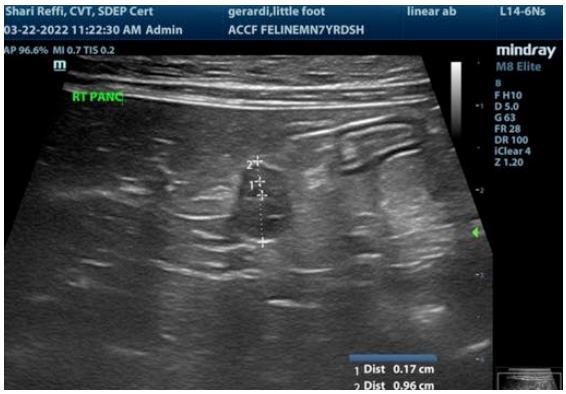
There is no evidence of neoplasia. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. Endoscopy would be ideal in this patient with mucosal biopsies. A clinical trial of the following may prove effective.

Triaditis/Pancreatitis protocol

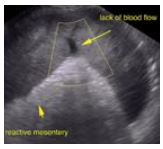
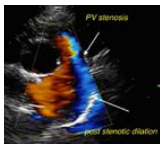
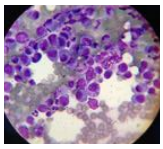
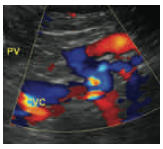
Part or all of this protocol may be considered based on your clinical impression of the patient:

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.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Little Foot Gerardi

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

7 yrs.

WEIGHT

14 lbs. 15 oz.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

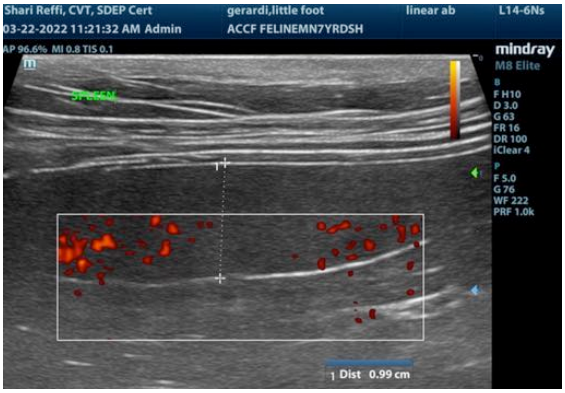
Dr. Hallihan

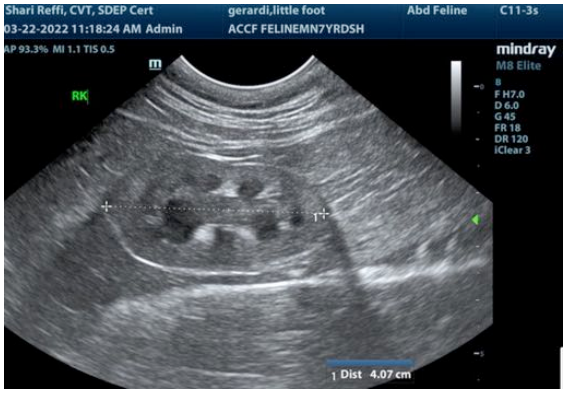
INVOICE

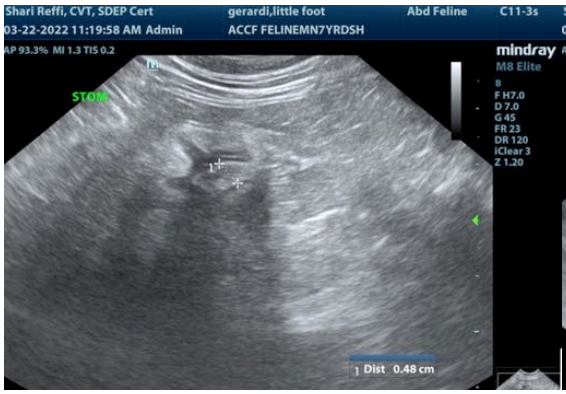
97086

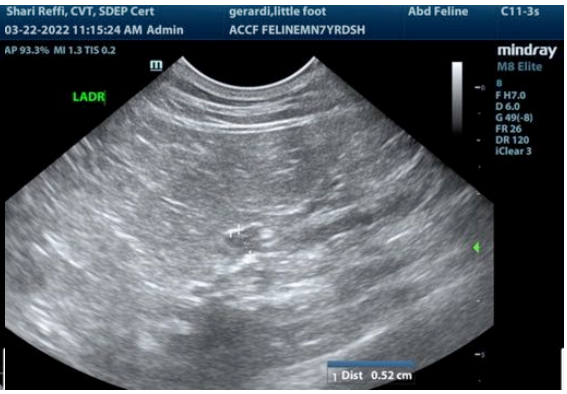
DATE

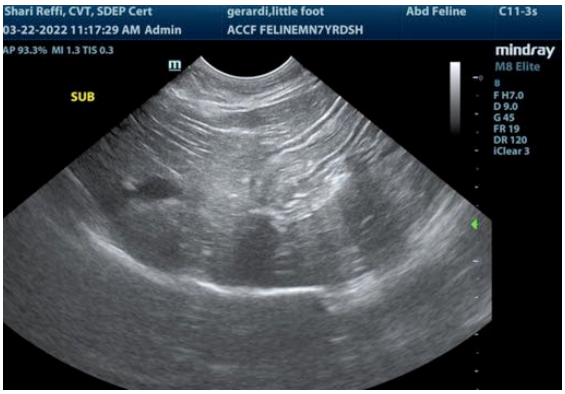
3/22/22

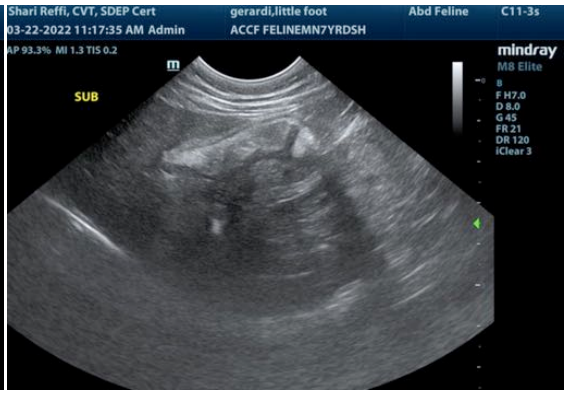


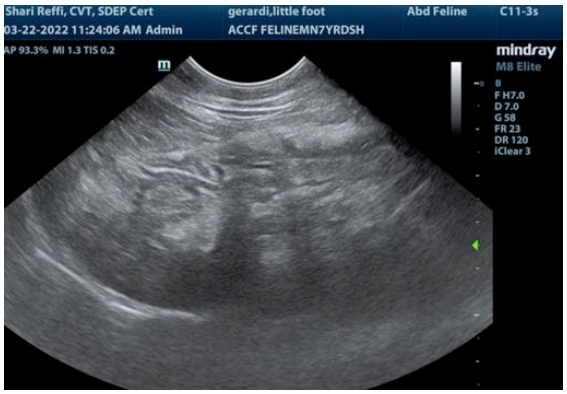






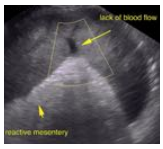


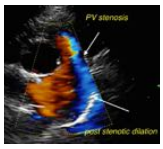


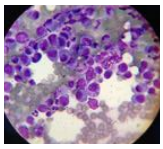
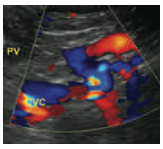


The information and recommendations provided are based on the images presented by the referring

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Little Foot Gerardi

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

7 yrs.

WEIGHT

14 lbs. 15 oz.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

97086

DATE

3/22/22

veterinarian/sonographer. 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