



**PATIENT**

Gizmo Bird

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

3.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Christian

**INVOICE**

21746

**DATE**

3/24/23

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for AUS. Started about a month ago with intermittent vomiting, about every 3 days, otherwise app is good, drinking ok, stomach constantly grumbling. Took to rdvm, tried changing to rx diet – didn't help- took blood and rads, rec AUS. Also started UR on pee pad occasionally. Previous Health Concerns: pancreatitis years ago Current Medications: no

Abnormal PE/Chem/CBC/UA Results: RDVM DIAGNOSTICS: UA 2/3/23 Protein 1+ BW (May 21, ER): ca 7.7, normal fpl/T4 2/3/23 Total Protein 5.1; Neutrophils 7; Lymphocytes 15; Absolute Neutrophils 12008

**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 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. The left kidney measured 3.72 cm. The right kidney measured 4.3 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were reactive, measuring up to 5.0 mm in width.

**Gastrointestinal**



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The **stomach** and pylorus were unremarkable. Minor small intestinal thickening was noted with reactive surrounding mesentery. Some areas of emerging neoplastic criteria were noted with loss of mural detail.

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## Pancreas

Chronic **pancreatic** changes were noted.

## BREED

DLH

## ULTRASONOGRAPHIC FINDINGS

## SEX

Spayed Female

- Variable GI thickening, potential emerging round cell neoplasia- Full thickness biopsies are necessary for further definition.
- Chronic pancreatic changes
- Minor reactive hepatic lymphadenopathy
- Age-related hepatic and renal changes

## AGE

15 Years

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patients history, full thickness GI biopsies would be ideal in this patient. Inflammatory bowel with a possibility of low-grade pancreatitis vs emerging round cell neoplasia, however, no overt neoplastic criteria is met at this time. A clinical trial of the following may prove effective.

## WEIGHT

3.9 kg

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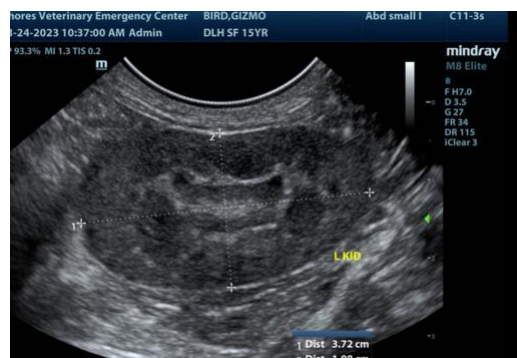
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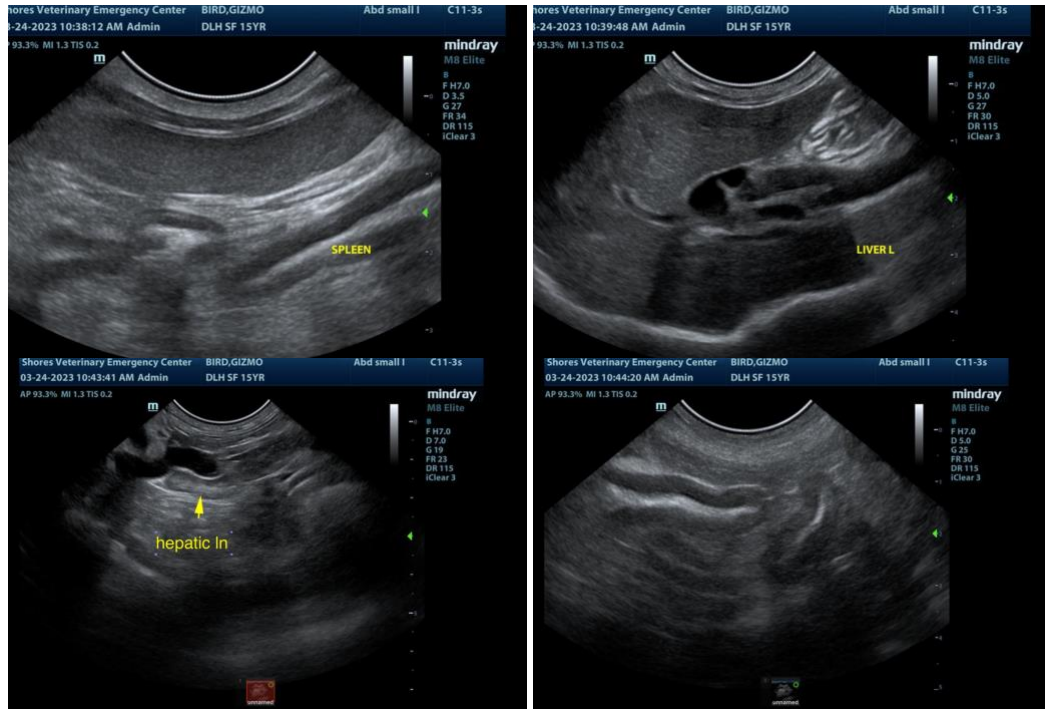
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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