

PATIENT

Toby D'Elia

PRESENTING CLINICAL SIGNS

Hyperthyroidism stable on Methimazole 2.5mg bid IBD/weight loss. On Budesonide 1 mg Sid Evaluate for Lymphoma vs other Labs attached

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. No uroliths or sediment were visualized and anechoic urine was present. 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. The right kidney measured 3.88 cm.

AGE

12 years

WEIGHT

11 Pounds

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 right adrenal gland measured 0.32 cm. The left adrenal gland measured 0.36 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

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

Brooklyn Heights VH

Liver

REFERRING VET

Dr. Thomson

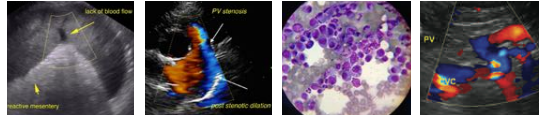
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

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99445

DATE

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PATIENT

Gastrointestinal

Toby D'Elia

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. The mesenteric lymph nodes were reactive and measured 2.18 x 0.75 cm.

SPECIES

Feline

BREED

Pancreas

Domestic Shorthair

The **pancreas** revealed undulating contour and dilated duct measuring 0.21 cm and 0.74 cm in width.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

Minor intestinal thickening.

AGE

12 years

Geriatric abdomen with mixed pancreatic changes.

Lymphadenitis.

WEIGHT

11 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient likely has a history of pancreatitis. FNA of the lymph nodes, culture and cytology would be ideal. Malassimilation of nutrients may be an issue in this patient. There was no overt evidence of neoplasia. Periodic pancreatitis, lymphadenitis and inflammatory bowel is likely.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Triaditis/Pancreatitis protocol

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

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

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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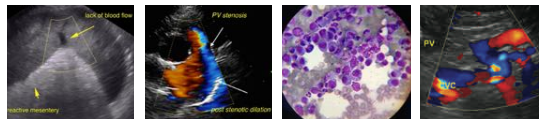
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SPECIES

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BREED

Domestic Shorthair

SEX

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AGE

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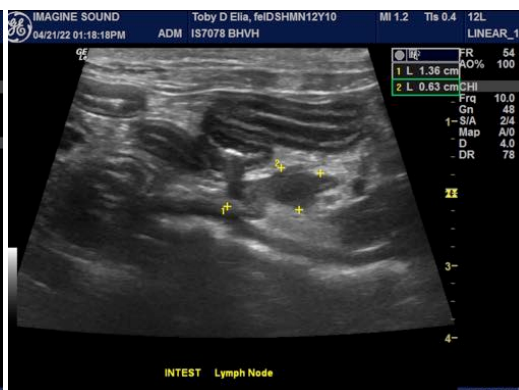
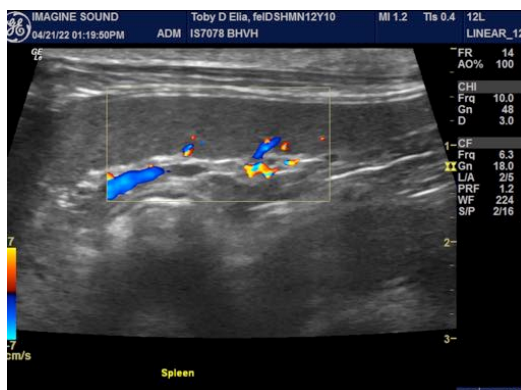
Dr. Thomson

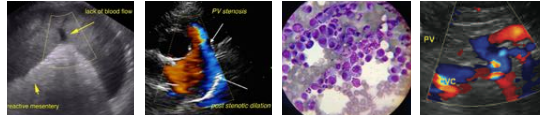
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

Domestic Shorthair

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

SEX

Neutered Male

AGE

12 years

WEIGHT

11 Pounds

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