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Clinical Sonography & Telecytology
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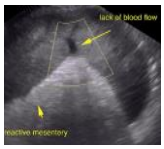

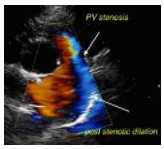

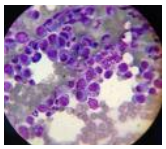
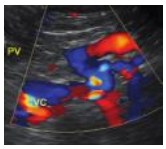

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Tito Schwartz

SPECIES
Feline

BREED
DSH

SEX
NM

AGE
11 years

WEIGHT
4.1 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Veterinary Emergency Center

REFERRING VET
Dr. Miller

INVOICE
10506ag

DATE
05/02/2022

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for anorexia started last week, x-rays and bloodwork done last week and today. Vomiting started yesterday. Transferring for anorexia and vomiting Previous Health Concerns: none Current Medications: none Appetite/When did they eat last: not eating, ate some Saturday
Abnormal PE/Chem/CBC/UA Results: Tender on abdominal palpation FPL abnormal Rdvm bloodwork 4/26/22: WBC 4.36; NEU 1.68; RBC 1.82; HGB 2.5; HCT 9.94; MCHC 25.2; PLT 11; t4 normal. 5/2/22 bloodwork: LYM1.13; RBC 4.51; HGB 7.7; MCH 27.4; PLT 259; ALT 365; GLU 214; K 3.4; TP 9.1 Rdvm rads: last week showed ingesta, this week recheck rads showed empty stomach, stool in colon had passed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 2 cm. 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 4.44 cm in length. The right kidney measured 4.37 cm in length.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Slightly increased portal markings consistent with minor inflammatory hepatopathy were present. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

Examination of the gastrointestinal tract revealed an over distended stomach with fluid. The intestine was 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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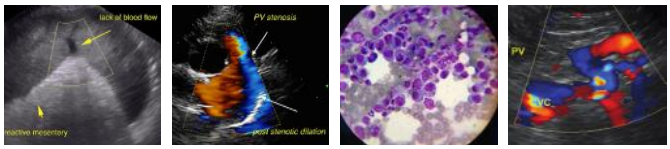

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Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of neoplastic disease was noted.

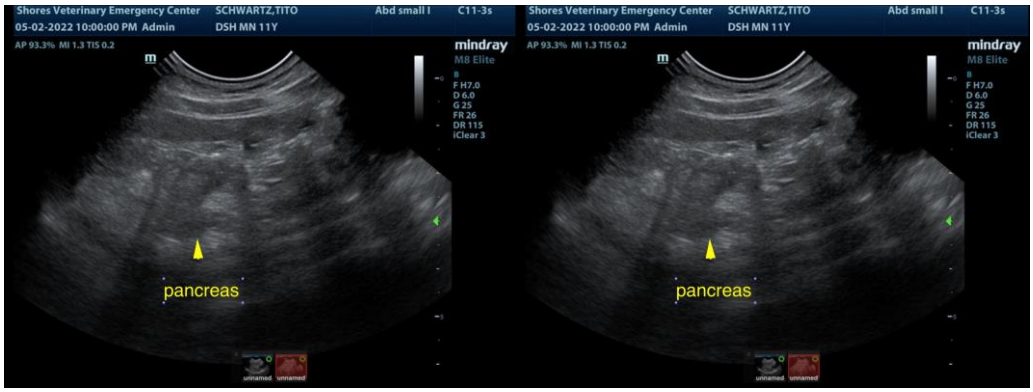
ULTRASONOGRAPHIC FINDINGS

- Gastric stasis-enteritis pattern
- Minor heterogeneous pancreatic changes
- Nonspecific inflammatory hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the sonographic study, treatment for triaditis is recommended. No evidence or suspicion of neoplasia.

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 (Cyanocobalamine 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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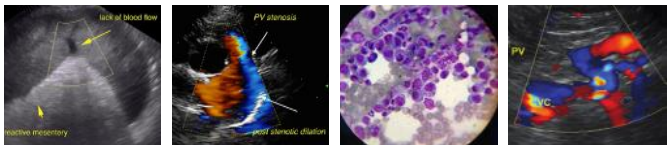

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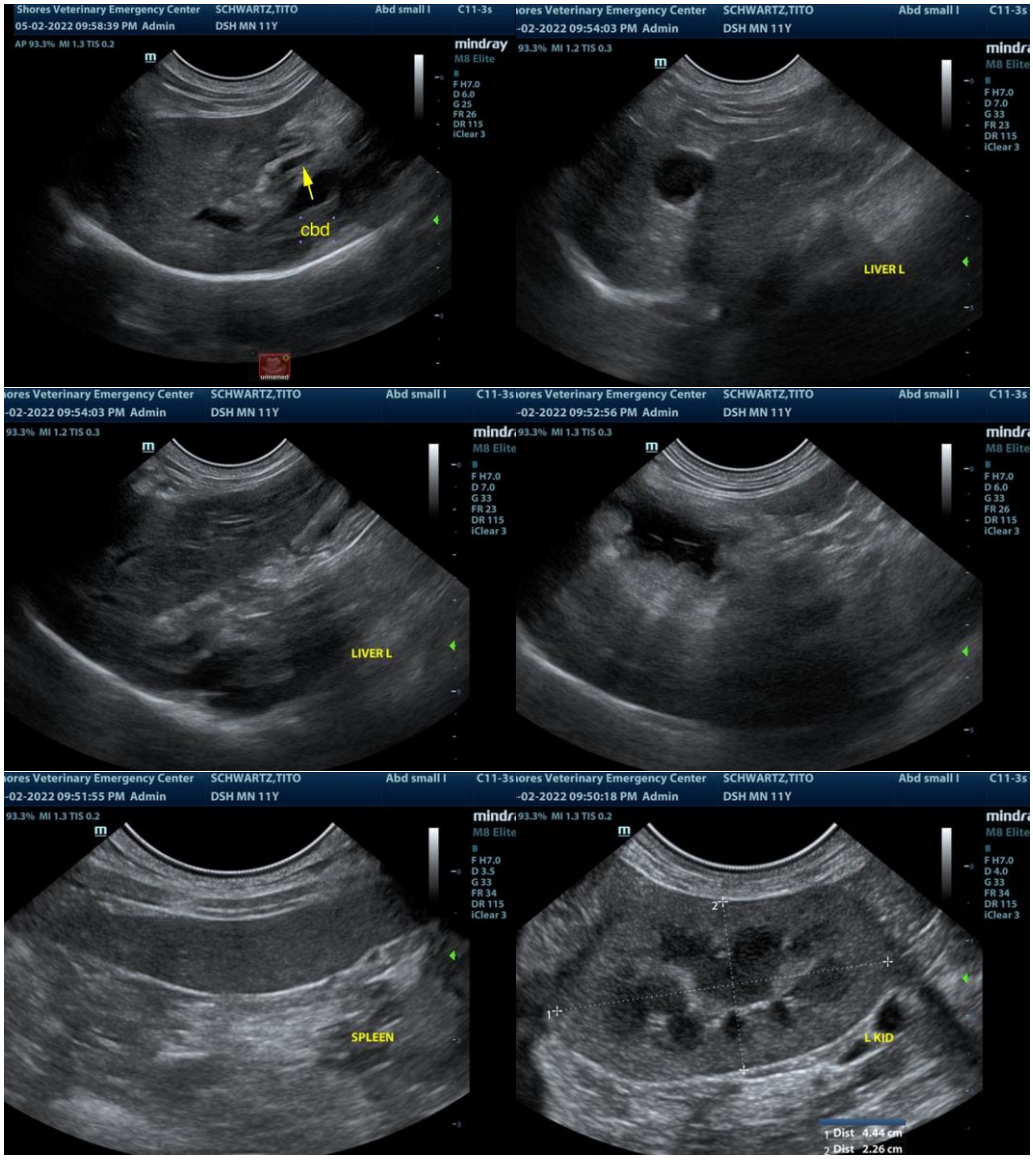

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com