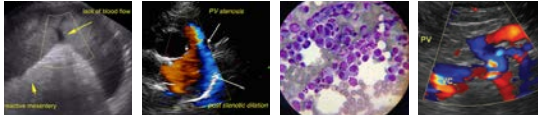




| | |
|--|---|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Prince Shumayeva | Acute vomiting/diarrhea. Significant weight loss over 2 years. Thin. Possible mass effect on X-rays. early kidney disease. Labs and Radiographs attached. BUN 45. |
| SPECIES | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Feline | Urinary System |
| BREED | 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. |
| DSH | |
| SEX | The kidneys presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Cortical infarcts and remodeling noted. The right kidney measured 2.9 cm. The left kidney presented pyelectasia at 0.54 cm x 0.42 cm. The left kidney measured 3.09 cm. Hyperechoic irregular medullary rim sign noted. |
| Neutered Male | |
| AGE | Adrenal Glands |
| 2006 | The adrenal glands were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.55 cm. The left adrenal gland measured 0.47 cm. |
| WEIGHT | |
| 9.3 Pounds | |
| INTERPRETED BY | Spleen |
| Eric Lindquist, DMV DABVP, Cert IVUSS | The spleen was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. |
| IMAGING PERFORMED BY | Liver |
| Denise Bruno, LVT, RDMS | The liver revealed multifocal moderately complex cystic lesions up to 4.1 cm, both in the right and left liver. These are most consistent with large cystadenomas. |
| HOSPITAL NAME | Gastrointestinal |
| Brooklyn Heights VH | The gastrointestinal presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. Areas of 1:1 muscularis/mucosa ratio with up to 0.36 cm wall thickness. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. |
| REFERRING VET | |
| Dr. Venezia | |
| INVOICE | |
| 37931 | |
| DATE | |
| 5/24/22 | |



PATIENT

Prince Shumayeva

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2006

WEIGHT

9.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

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Pancreas

The **pancreas** presented coarse architecture, swollen contour and areas of enhancement. Some area of nodular remodeling noted as well. Largest width of 1.01 cm at the left base. Dilated duct noted in the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis pattern and significant remodeling.
- Chronic interstitial nephrosis renal pattern with infarcts, remodeling and mineralization.
- Multifocal cystadenomas noted throughout the liver, likely benign, biliary carcinoma less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

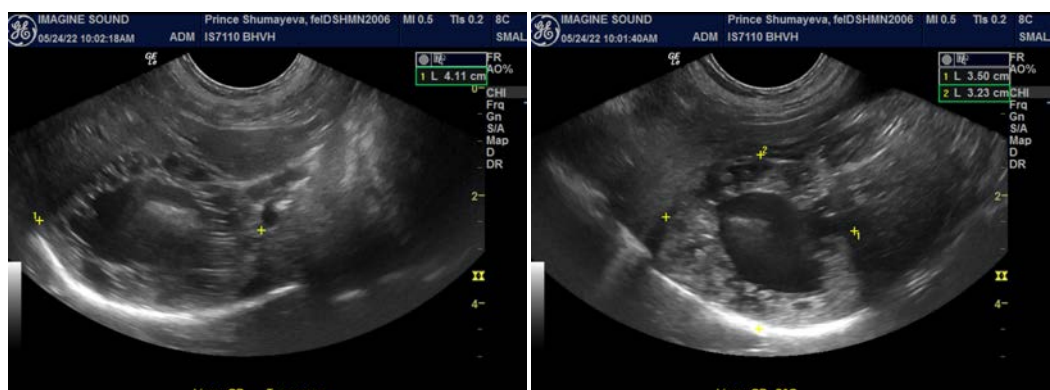
Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. No neoplastic criteria met on any of the organ systems. Malassimilation and chronic disease may both be contributing to the weight loss, or occult neoplasia elsewhere in the body. A clinical trial of the following may prove effective.

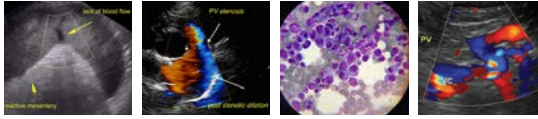
Triaditis/Pancreatitis protocol

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.

Radiographs: Excessive colonic gas, poor body score.





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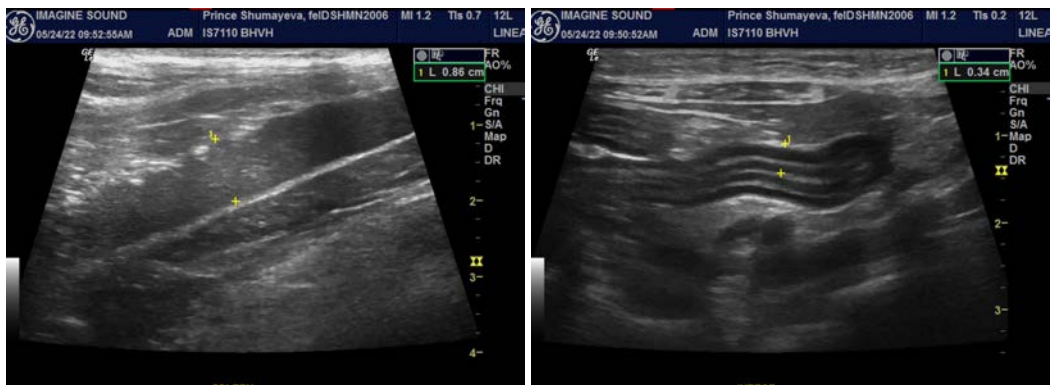
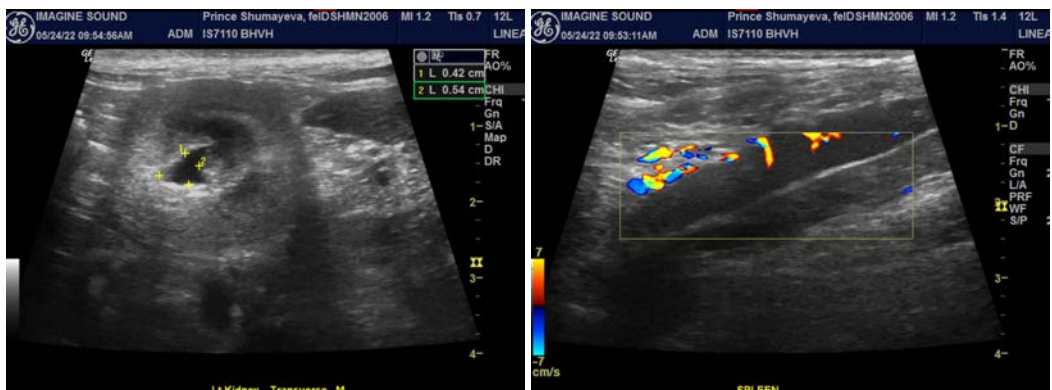
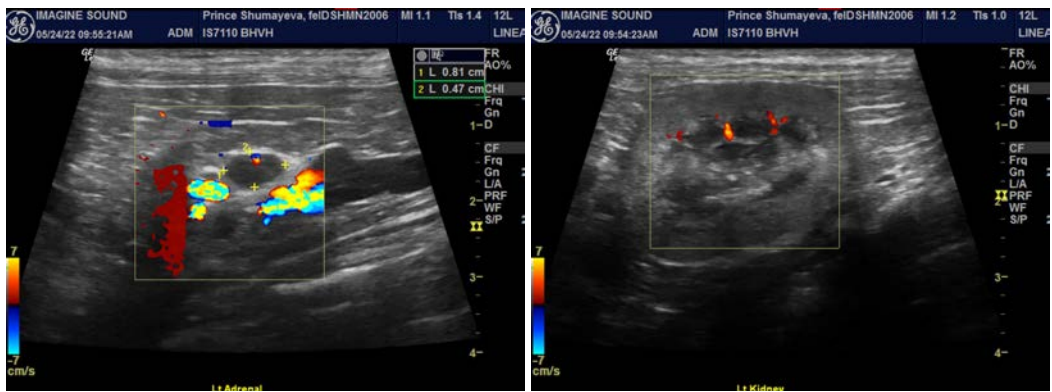
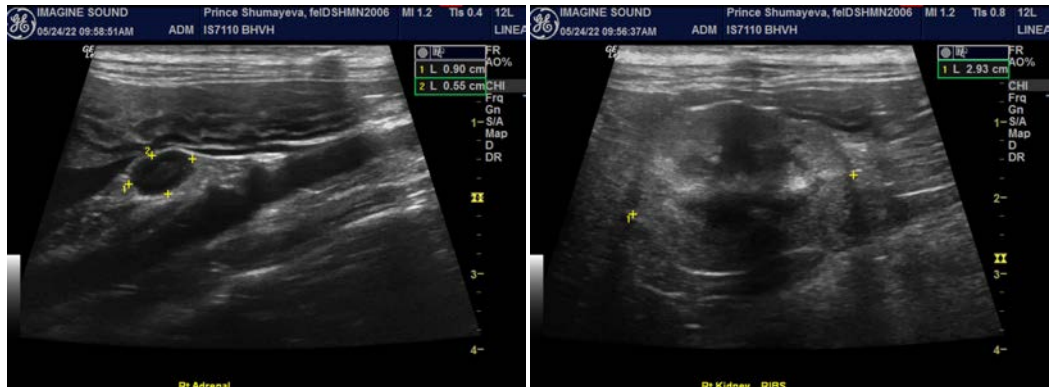
Dr. Venezia

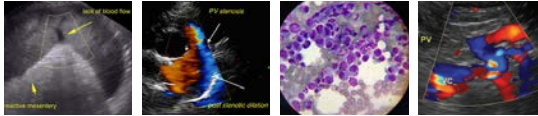
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PATIENT

Prince Shumayeva

SPECIES

Feline

BREED

DSH

SEX

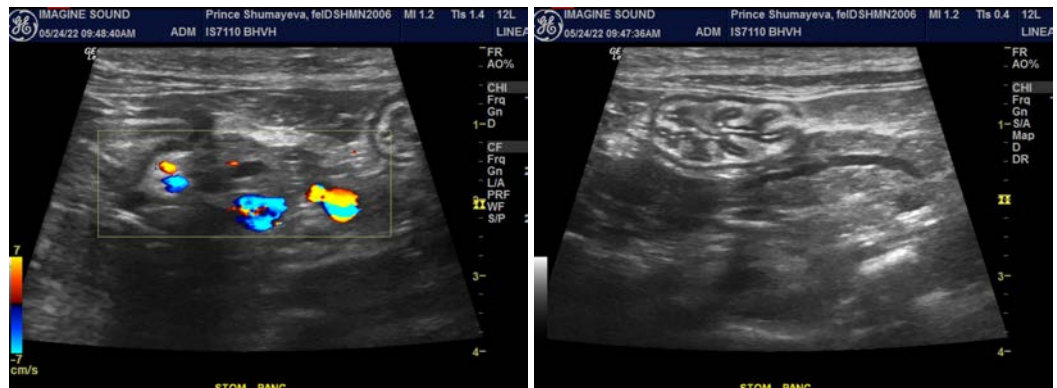
Neutered Male

AGE

2006

WEIGHT

9.3 Pounds



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

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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.

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