



PATIENT

Brian Abbey

SPECIES

Feline

BREED

Exotic Shorthair

SEX

Neutered male

AGE

1 year

WEIGHT

10.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

30814

DATE

5/31/22

PRESENTING CLINICAL SIGNS

History: Chronic hematechezia. Some weight loss. Treated with panacur. Rectal WNL. Fecal neg. No response
Abnormal PE/Chem/CBC/UA Results: Alb: 4.1, Glob: 2.6, RBC: 11.4,

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** were mildly enlarged, yet this is a large breed and may be a normal variant. The renal cortices were patchy and mildly irregular. The corticomedullary definition was largely maintained. The left kidney measured 5.29 cm. The right kidney measured 5.18 cm. The vascularity to the kidneys appeared normal.

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 0.44 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** presented increased portal markings. There was no evidence of shunts. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** revealed slight shadowing material that measured up to 0.8 cm. This is likely medication or similar. The mesenteric lymph nodes were reactive and measured up to 1.0 x 0.4 cm.



PATIENT

Pancreas

Brian Abbey

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 active inflammatory or neoplastic disease was noted.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Non-specific, heterogenous renal cortical changes.

Exotic Shorthair

Hepatic remodeling.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered male

The patient has a history of cholangitis. Full urinalysis is warranted. Assessment for any liver enzyme elevations in the patient's history is recommended. There is a mild potential for underlying emerging FIP in this patient. If weight loss continues and inflammatory sediment is present in the urine then cortical FNA of the kidneys would be appropriate.

AGE

1 year

WEIGHT

Triaditis/Pancreatitis protocol

10.7 lbs

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

INTERPRETED BY

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.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

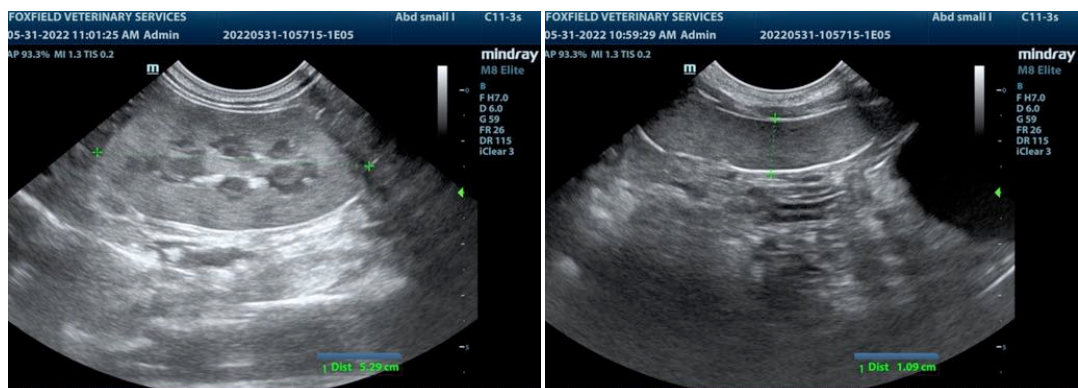
Dr. Rodriguez

INVOICE

30814

DATE

5/31/22





PATIENT

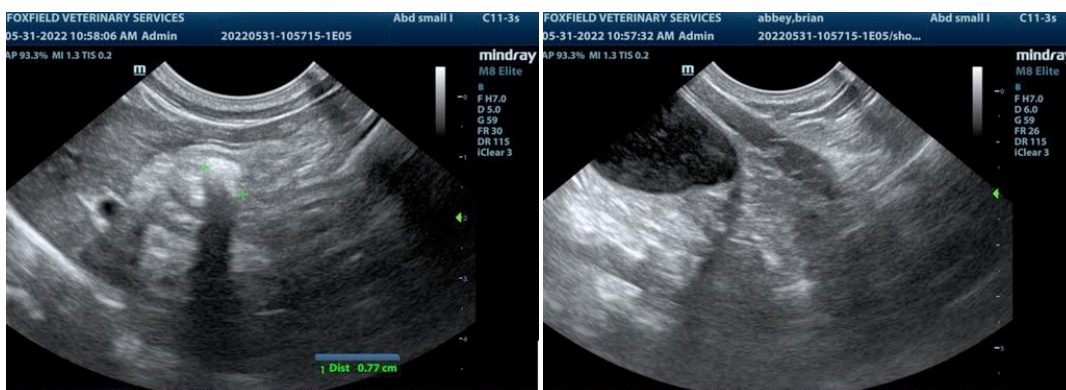
Brian Abbey

SPECIES

Feline

BREED

Exotic Shorthair



SEX

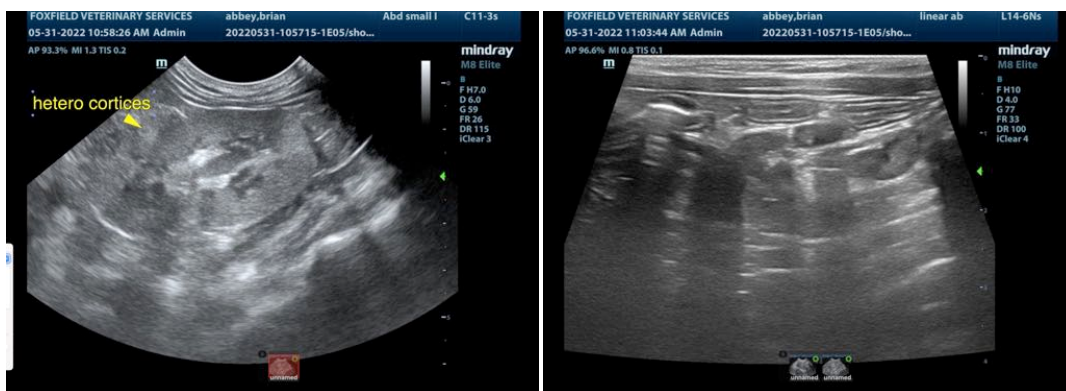
Neutered male

AGE

1 year

WEIGHT

10.7 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

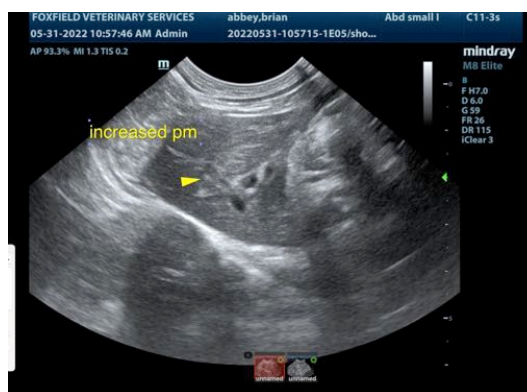
Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez



INVOICE

30814

DATE

5/31/22

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.



PATIENT

Brian Abbey

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

SPECIES

Feline

BREED

Exotic Shorthair

SEX

Neutered male

AGE

1 year

WEIGHT

10.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

30814

DATE

5/31/22