



PATIENT

Pete Rowley

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

4 years

WEIGHT

9.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amanda Lacey Crook
SDEP Certified
Sonographer

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Gray

INVOICE

31768

DATE

7/18/22

PRESENTING CLINICAL SIGNS

History: Decreased Wednesday evening, vomiting started Thursday, seen @ rDVM on Friday (7/15) - prescribed Cerenia and SQ fluids and did labwork. Cerenia not continued due to P drooling. Presented to us on 7/17 for continued GI upset - hospitalized on IVF and supportive care (cerenia, clavamox) Abnormal PE/Chem/CBC/UA Results: Radiographs from 7/17 - See attached - ingesta in SI with gas, cannot r/o FB - inflammatory bowel pattern Labwork 7/17 Pre-op panel - ALKP <10, rest NSF; labwork from 7/15 showed NSF, combo test neg/neg

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** 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. Idiopathic, hyperechoic, medullary rim sign was noted in both kidneys. The left kidney measured 4.33 cm. The right kidney measured 4.51 cm with trace pyelectasia.

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.

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 was noted.

Liver

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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Gastrointestinal

The **stomach** revealed mild, echogenic mucosal remodeling with luminal fluid. There was some early loss of mural detail was noted in portions of the gastric fundus. Endoscopy and mucosal biopsies would be ideal or full thickness biopsies of the stomach to ensure that an emerging round cell neoplastic event is not an issue. The pylorus was also thickened in this patient.

Pancreas

The **pancreas** is largely unremarkable with minor heterogenous changes noted in the right limb. The right limb of the pancreas measured 0.72 cm.

ULTRASONOGRAPHIC FINDINGS

Chronic gastritis/inflammatory bowel versus possible low-grade pancreatitis versus emerging gastric neoplasia.

Pyelectasia of the right kidney.

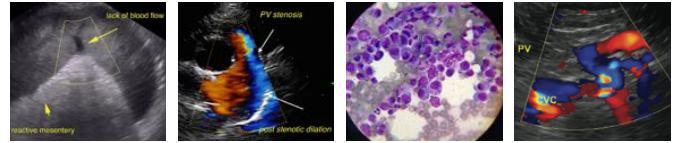
Minor heterogenous right pancreatic limb changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for UTI is indicated. Treatment for gastritis warranted. However, sampling is strongly encouraged as well as urinary work-up given the pyelectasia of the right kidney. A clinical trial of the following may prove effective.

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 (Cyanobalamin 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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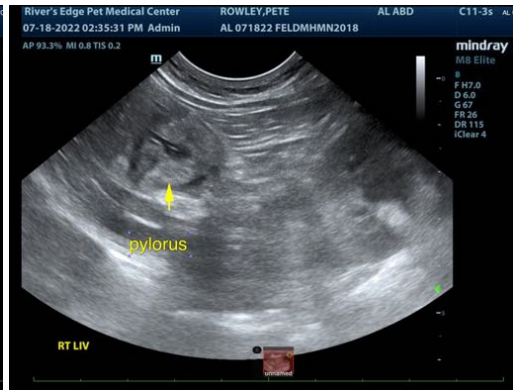
Dr. Gray

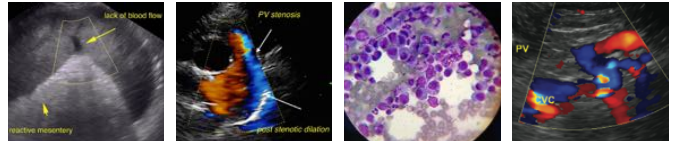
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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