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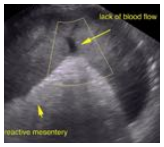

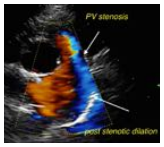

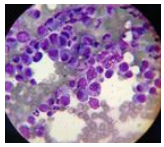
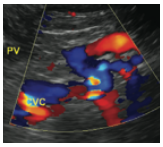

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1-800-838-4268 info@sonopath.com

PATIENT

Buster Brown

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

9 years

WEIGHT

14.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sonopath Imaging Center

HOSPITAL NAME

Black River Vet

REFERRING VET

Dr. Hewitt

INVOICE

45905

DATE

7/4/23

PRESENTING CLINICAL SIGNS

History: Vomiting Current meds: Ondansetron 2 mg bid-tid, miratazsid, Gaba for procedure Abnormal PE/Chem/CBC/UA Results: Glu 165, Potassium 3.3, Cholesterol 232, Eos 0.03, Platelets 78, Plateletcrit 0.13,

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. A slight 0.1 cm concretion was noted. The concretion was non-shadowing and non-obstructive. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** are slightly enlarged, coarse and hyperechoic cortical remodeling and idiopathic, hyperechoic medullary rim sign. The left kidney measured 4.85 cm and the right kidney measured 4.95 cm. Blood flow to the kidneys appeared mildly subnormal on power Doppler assessment.

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 0.46 cm. The right adrenal gland measured 0.64 cm.

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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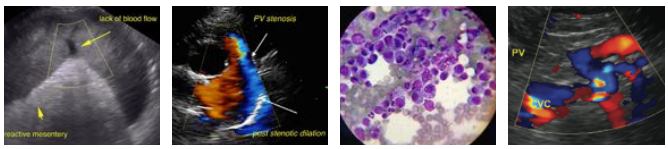

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor retention of ingesta was noted in the stomach. 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.

Pancreas

The left limb of the **pancreas** was hypoechoic and irregular with undulating contour with enhanced surrounding mesentery. This is consistent with pancreatitis. The right limb of the pancreas was unremarkable.

ULTRASONOGRAPHIC FINDINGS

Irregular left pancreatic limb with active inflammation.

Slight bladder concretion.

Idiopathic medullary rim kidney with moderate degenerative renal cortical changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for pancreatitis empirically or ultrasound-guided FNA of the left pancreatic limb could be considered for further definition and assessment of inflammatory cell type. There is a minor potential for pancreatic carcinoma. A clinical trial of the following may prove effective. Pain management and diet change to a hydrolyzed diet may be appropriate.

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.

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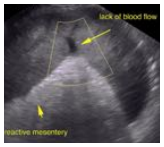
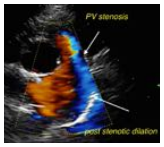
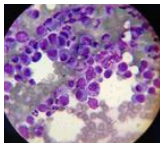
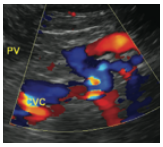

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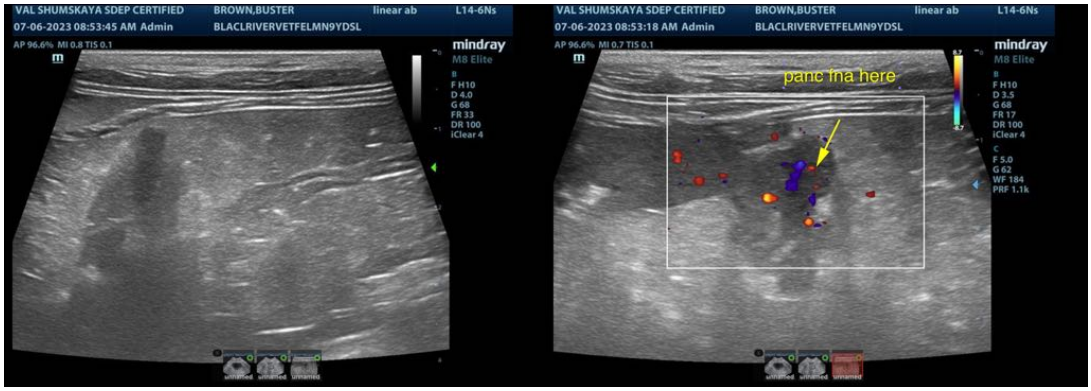

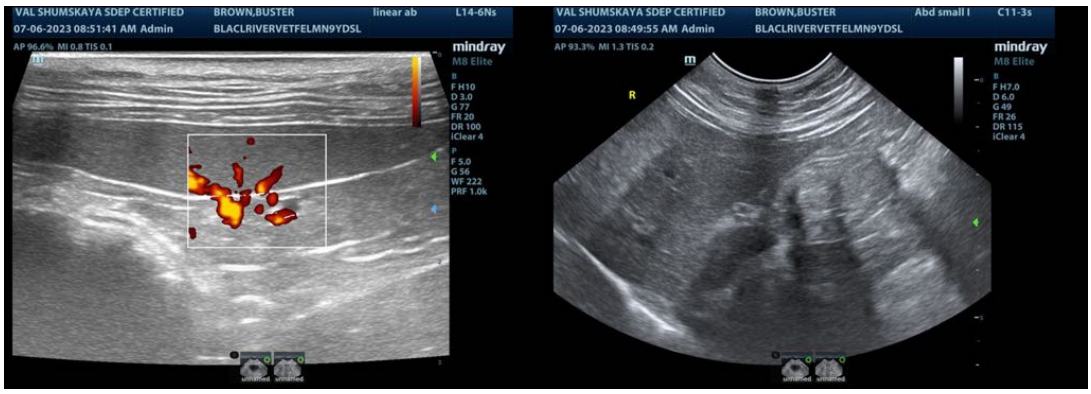

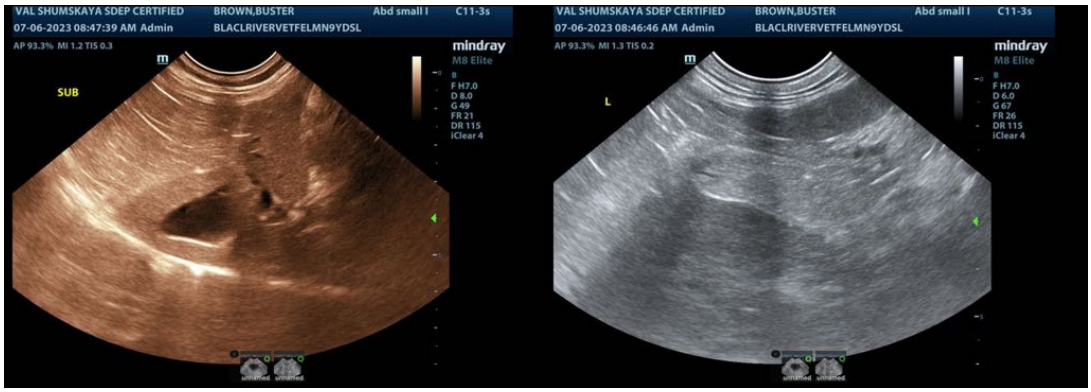

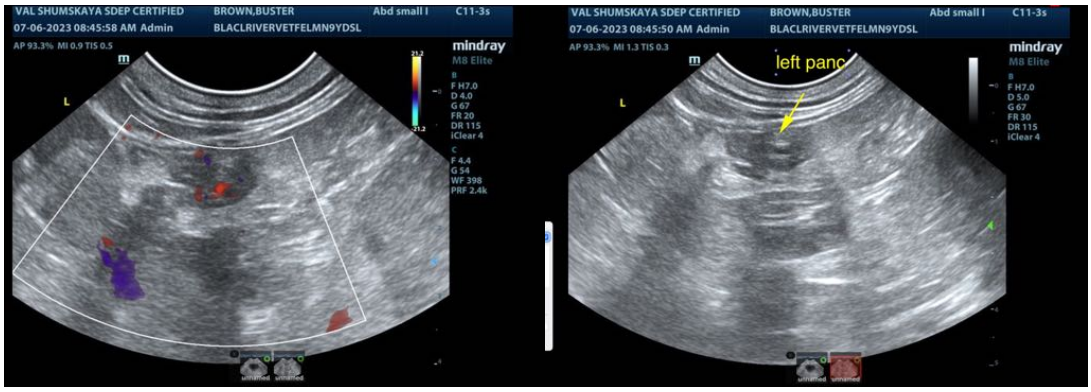

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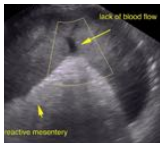
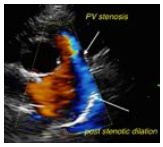
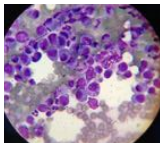
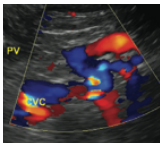

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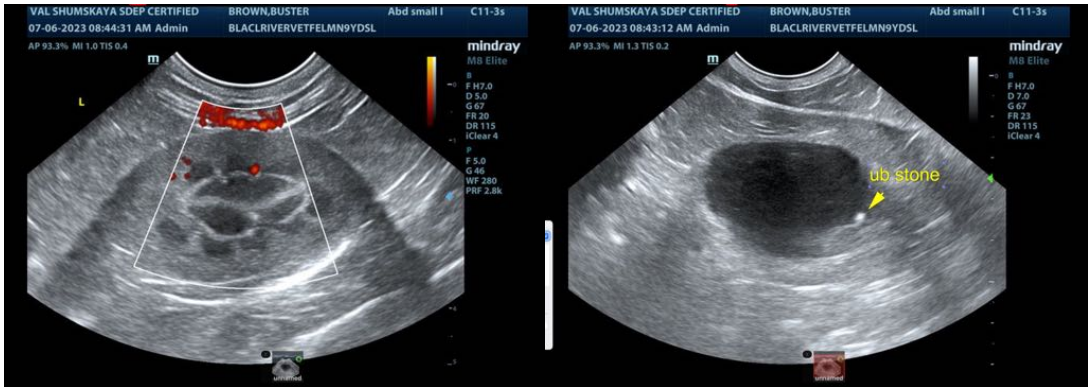

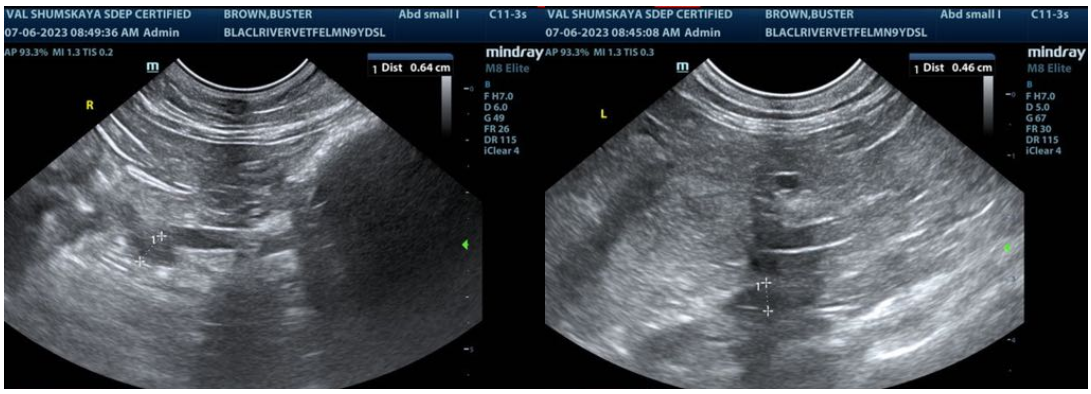

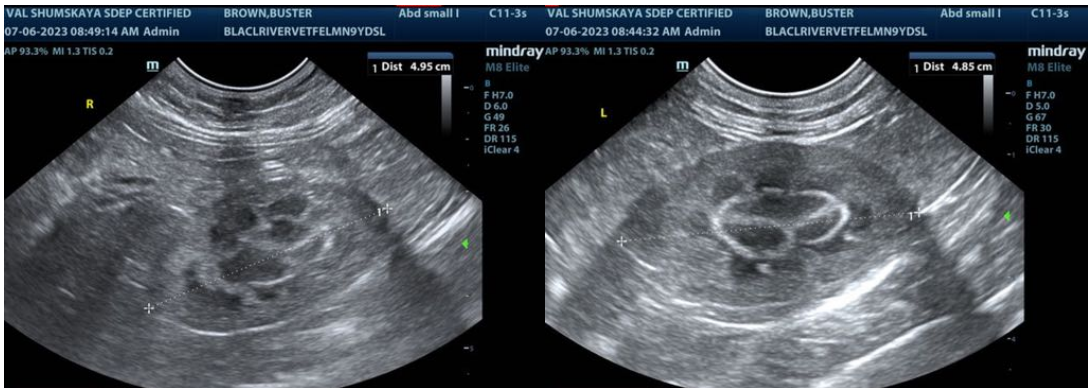

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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