



PATIENT

Kalin Berry

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

12 Years

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Cone

DATE

8/2/22

Invoice

16679

PRESENTING CLINICAL SIGNS

History: - Weight loss despite ravenous appetite. Diarrhea for 1 week. - Physical exam: thin body condition (3/9), muscle loss, hypersalivation Primary Question/Differential to Be Answered in This Exam Cause for weight loss.

Abnormal PE/Chem/CBC/UA Results: Total protein 5.0 (n=5.2-8.8), Calcium 8.0 (n=8.2-10.8), neutrophils 14,696 (n=2500-8500), lymphocytes 1169 (n=1200-8000). TT4 normal at 1.1.

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 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 minor 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. Mineralization was present in the kidneys. The left kidney measured 3.9 cm. The right kidney measured 3.98 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.42 cm.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** in this patient was uniform, yet mildly volume contracted. Hydration status should be assessed.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed variable mural thickening with hypertrophied muscularis. Areas of mucosal fogging were noted, suggestive for potential malassimilation of nutrients. Neoplastic criteria were not met.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Free Abdomen

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The mesenteric **lymph node** (2.5 cm x 0.81 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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Slight areas of free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Chronic GI changes
- Mesenteric lymphadenopathy
- Free fluid
- Volume contracted spleen
- Age-related pancreatic, hepatic and renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of neoplasia. FNA of the mesenteric lymph nodes, cytology and culture would be warranted. Full thickness intestinal and lymph node biopsies would be optimal. Empirical treatment with Zithromax at 10 mg/kg s.i.d. for 5 days and then every other day up to 14-21 (if Bartonella +) days and B12 injections twice a week, hydrolyzed diet +/- Prednisolone therapy would be recommended at the minimal necessary dose to control symptoms. Malassimilation of nutrients is likely playing a role in this patient.

IMAGING PERFORMED BY

Jenna Walsh, CVT

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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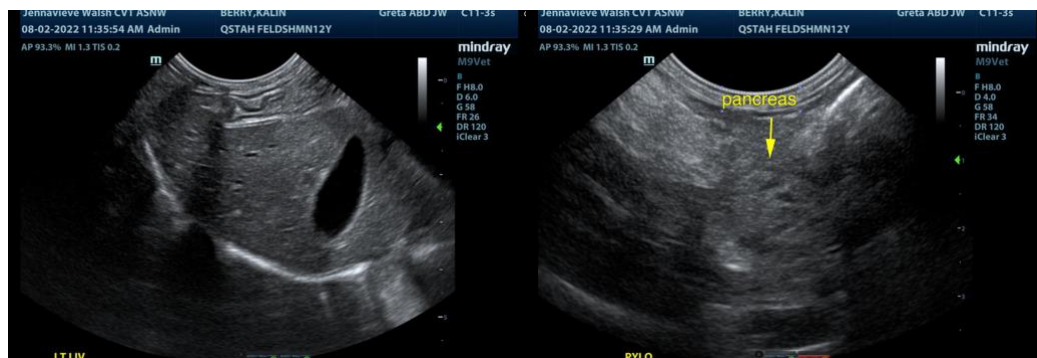
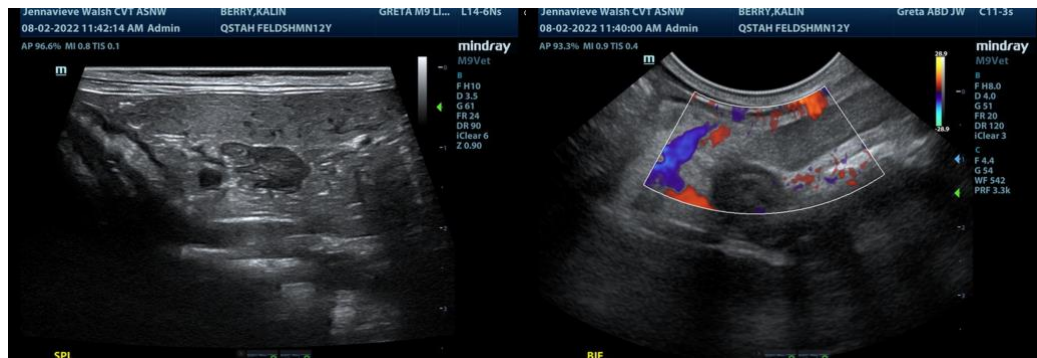
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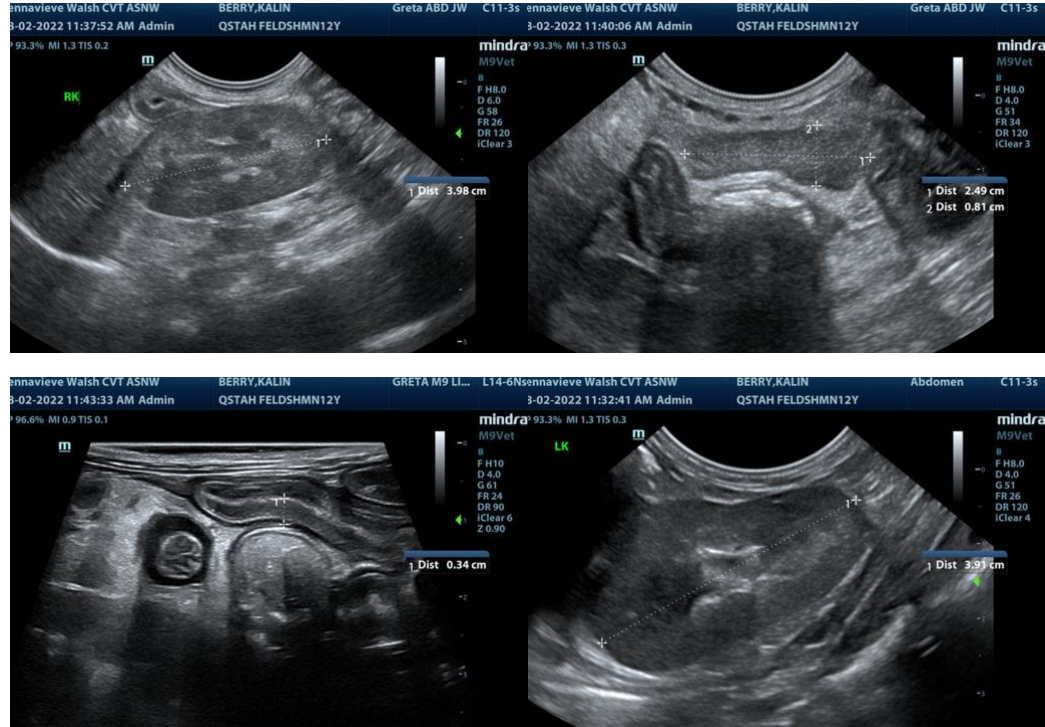
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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