



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Luna Koumantzelis	History: Frequent vomiting for the past month. Used to only be hairballs but now it is food. Does eat fast. Normal stools. Transitioning to ZD but not helping yet.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Neut 10.4k, rest unremarkable
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DSH	The <b>urinary bladder</b> , 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.
<b>SEX</b>	
Spayed Female	The <b>kidneys</b> 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. Both kidneys measured 3.0 cm.
<b>AGE</b>	
7 Years	<b>Adrenal Glands</b>
<b>WEIGHT</b>	The regions of the <b>adrenal glands</b> were imaged and were unremarkable.
11.3 Pounds	<b>Spleen</b>
<b>INTERPRETED BY</b>	The <b>spleen</b> 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 were noted.
Eric Lindquist, DMV DABVP, Cert. IVUSS	<b>Liver</b>
<b>IMAGING PERFORMED BY</b>	The <b>liver</b> 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.
Melissa Pascucci	<b>Gastrointestinal</b>
<b>HOSPITAL NAME</b>	The <b>stomach</b> itself was unremarkable. The distal small intestine was slightly thickened with minor muscularis hypertrophy. No evidence of foreign bodies, hairball accumulation or neoplasia is present.
American AH	<b>Pancreas</b>
<b>REFERRING VET</b>	The <b>pancreas</b> was hypoechoic and mildly irregular in the right limb. Right subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. A focal nodule was noted at the base of the right limb, does not appear to be deviating the pancreatic duct.
Dr. Stockmal	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>INVOICE</b>	
16765	
<b>DATE</b>	
8/6/22	



**PATIENT**

Luna Koumantzelis

- Likely inflammatory bowel with minor pancreatitis in the right limb

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Diet change to hydrolyzed diet may be appropriate in this patient. A clinical trial of the following may prove effective:

**BREED**

DSH

**Triaditis/Pancreatitis protocol**

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

**SEX**

Spayed Female

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.

**AGE**

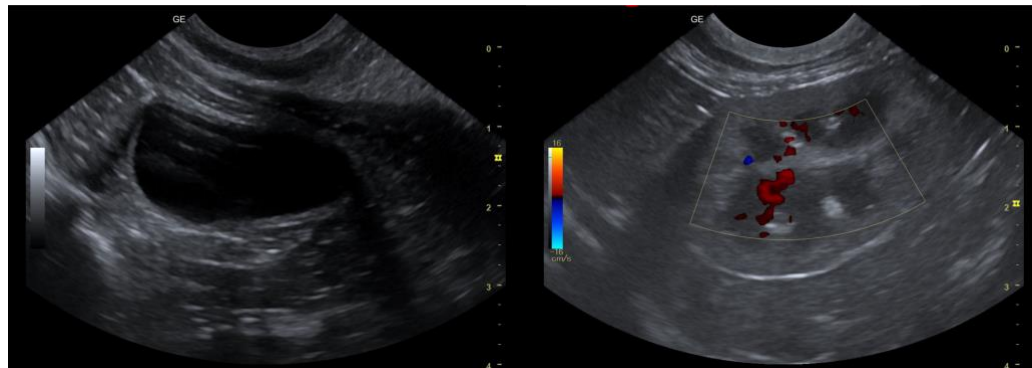
7 Years

**WEIGHT**

11.3 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

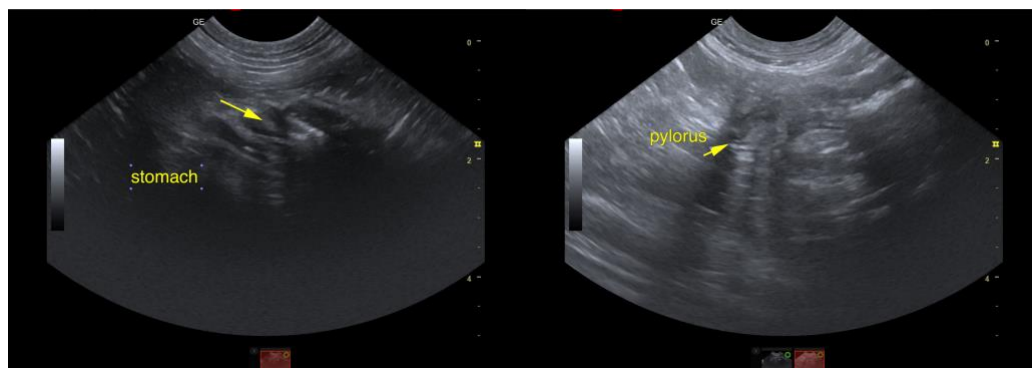


**IMAGING PERFORMED BY**

Melissa Pascucci

**HOSPITAL NAME**

American AH



**REFERRING VET**

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Luna Koumantzelis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

7 Years

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**REFERRING VET**

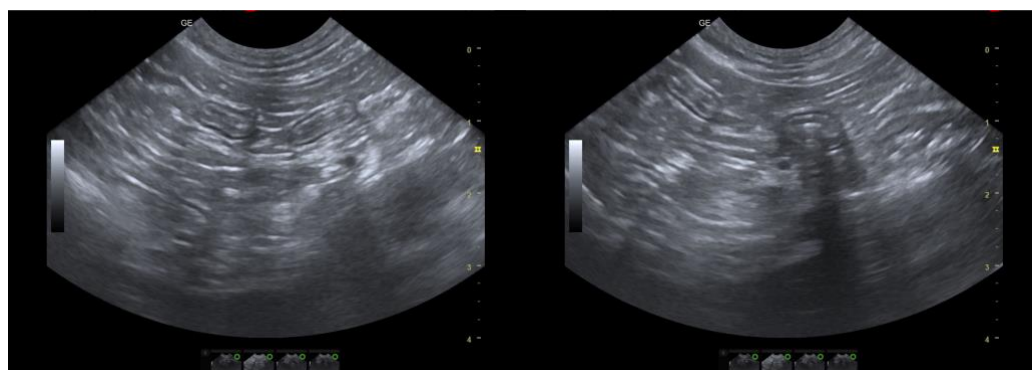
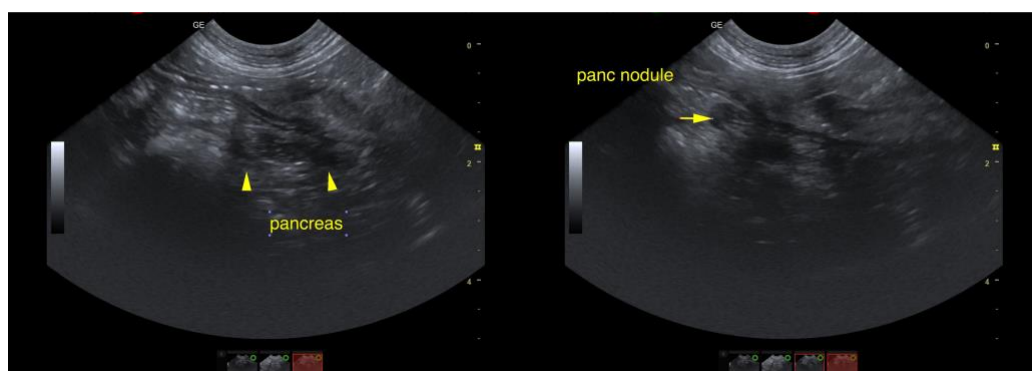
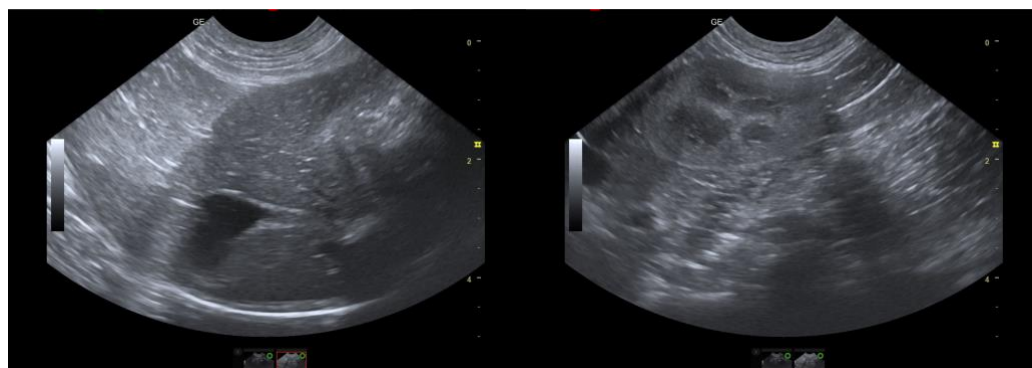
Dr. Stockmal

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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.



**PATIENT**

Luna Koumantzelis

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.

**SPECIES**

Feline

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

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

11.3 Pounds

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