

**PATIENT**

Bully Kielty

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

11.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gramazio

**HOSPITAL NAME**

Shohola VH

**REFERRING VET**

Dr. Gramazio

**INVOICE**

39581

**DATE**

9/22/22

**PRESENTING CLINICAL SIGNS**

History: Second opinion from another hosp that was treating with fluids and antibiotics for decreased to no appetite and vomiting. Vomiting bile almost 1-2 times a day. Decreased appetite and sometimes will go 4-5 days with no appetite. Only vomiting bile but will hold down the food that he does eat. PE was normal with no fever but weight loss of a pound over the month was noted. These signs have been going on for over a month.

Abnormal PE/Chem/CBC/UA Results: All blood work is pending. Previous DVM blood work in august was WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The right kidney measured 4.03 cm. The left kidney measured 3.81 cm.

**Adrenal Glands**

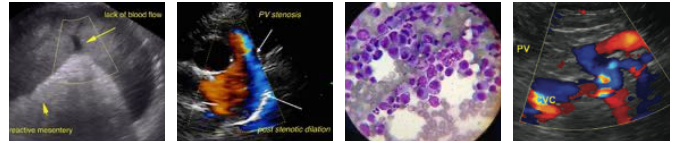
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

**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** revealed uniform parenchyma, yet no evidence of significant pathology. The gallbladder wall was slightly thickened.



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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. 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** revealed dilated duct and coarse architecture. The right limb of the pancreas also revealed duct dilation.

**ULTRASONOGRAPHIC FINDINGS**

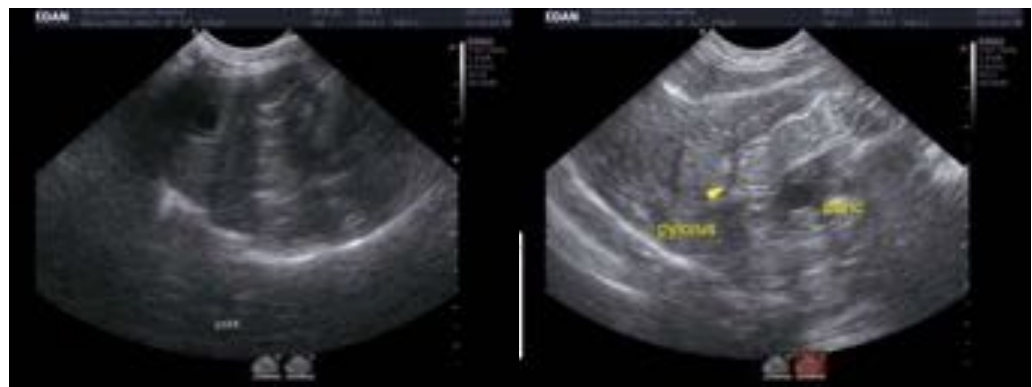
Heterogenous pancreatic presentation with dilated duct. Active inflammation versus history of inflammatory events cannot be distinguished.

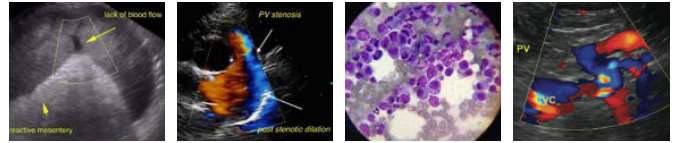
Minor gallbladder debris.

Age related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This patient is likely triaditis. There was no evidence of neoplasia. A clinical trial of the following is recommended. Hydrolyzed diet may be in the patient's best long term history given the patient's history and sonographic presentation. There was no evidence or suspicion of neoplasia.





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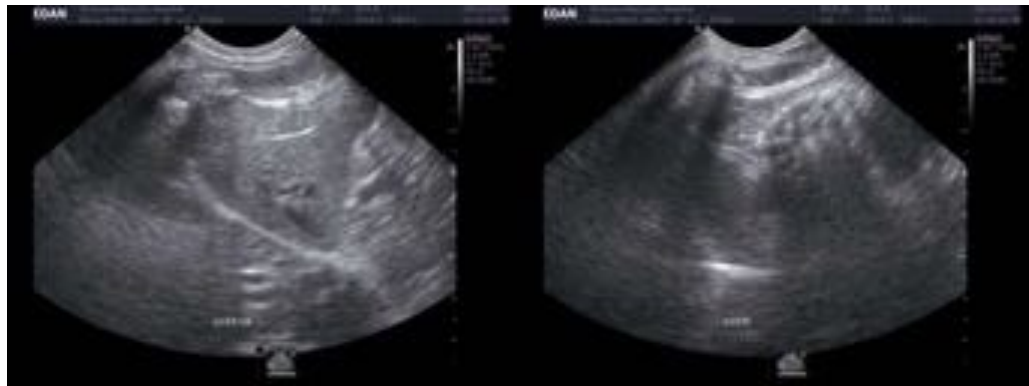
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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