

**DATE PRESENTING CLINICAL SIGNS**

1/19/2022

History: Chronic vomiting, reduced appetite. Anterior abdomen uncomfortable to palpation. Chronic pancreatitis.

PATIENT

Houdini Mattingly

Current Medications: Oral Cerenia 16mg daily for several days from 1/5/22.
Lab Results: WBC = 16,000, mild monocytosis, ALT=206, AST=70, ALP=61, SpecFPL=4.5(elevated).
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Female Spayed

The left kidney is normal size (3.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

8-27-2008

The right kidney is normal size (2.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

7.4 Lbs

Adrenal Glands

The left adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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The region of the right adrenal gland is evaluated. No obvious pathology is observed.

HOSPITAL NAME

Airpark Animal Hospital

Spleen

The spleen is normal in size (0.84 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Herrick

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

INVOICE

10158

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to moderately thickened (up to 0.38 cm); with a normal layering pattern and appropriate mural detail. There is

disruption in the normal 1:3 muscularis: mucosal ratio in some segments. There is also mild thickening of the submucosal layer in some regions. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.15 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. A 0.60 x 0.52 cm gastric lymph node is visualized. In addition, several prominent mesenteric lymph nodes are seen (the largest measuring 1.28 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are most consistent with inflammatory bowel disease, with potential for emerging lymphoma.
- The prominent abdominal lymph nodes could be consistent with lymphoid hyperplasia, reactive lymphadenitis, or emerging neoplasia (i.e., lymphoma).
- The pancreatic changes are consistent with age-related remodeling, +/- low-grade pancreatitis, particularly if the patient is uncomfortable on abdominal palpation.

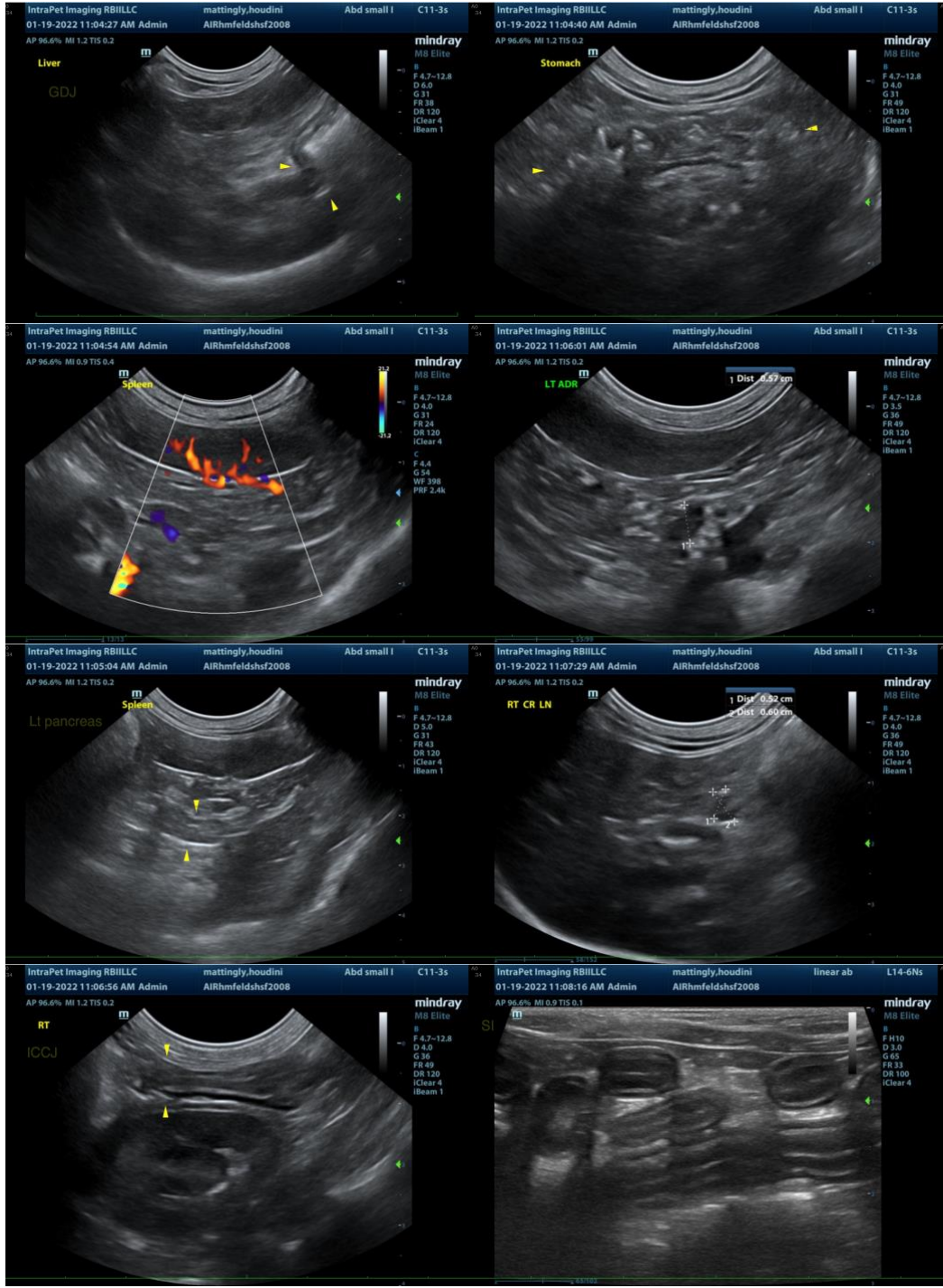
Secondary Findings

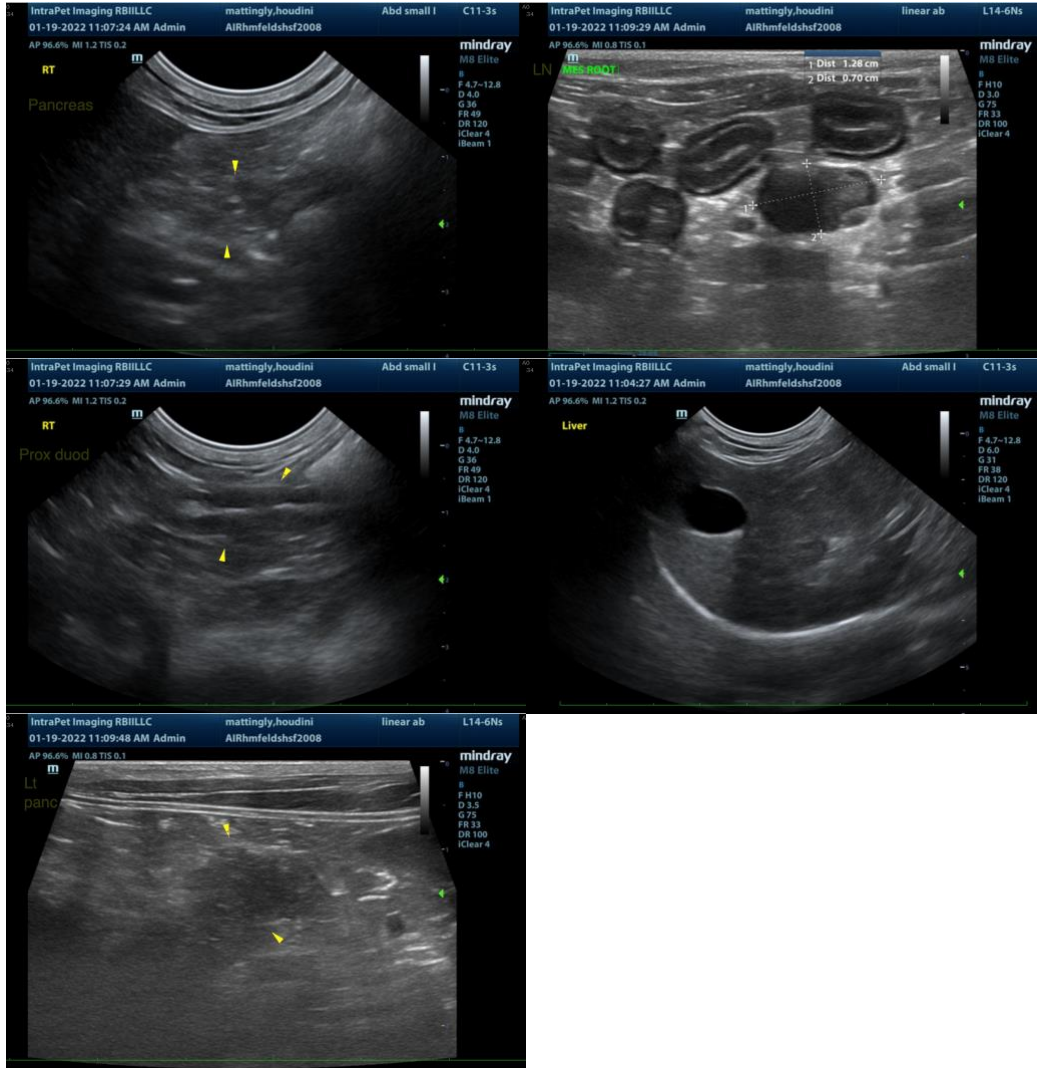
- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. Three-view thoracic radiographs are recommended to assess for occult esophageal disease
4. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.
5. Also consider heartworm antigen and antibody testing





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.

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