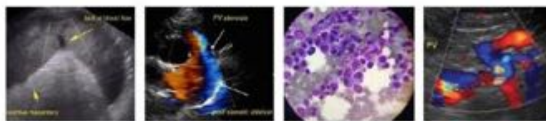


PATIENT

Oli Paolome

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 years

WEIGHT

5 kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview VC

REFERRING VET

P. Stevenson

INVOICE

12055

DATE

1.16.23

PRESENTING CLINICAL SIGNS

History: Vomiting on off for little while sometimes 2x week - one last time Sunday (sometimes food, last time was clear food shortly after eating). but also vomiting without any indoor/outdoor - not sure if mouses - thinks kills but not eat not on any meds currently on rayne pork. No past vomiting issues no D+ - maybe harder stool eating fine o sometimes gives cheese etc 2-3 x week skin issues better BAR HR 180 RR 32 Temp 100.1F mm pink CRT < 2sec nothing felt abd lymph normal bcs 5/9 all else appears normal Current Medications 16 mg milbemax deworming initially, 250 mcg b12 SQ every 7 days (has had 4)

Abnormal PE/Chem/CBC/UA Results: Please see attached bloodwork
CBC chem largely unremarkable. Spec fPL normal. T4 normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A scant amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.06 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is slightly thickened and isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.94 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is slightly thickened and isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.96 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few ill-defined hyperechoic nodules are visualized (the largest measuring 0.35 cm in diameter). Splenic vasculature is normal.

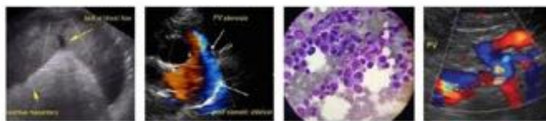
Liver

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.

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/not seen.

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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.



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Pancreas

The right limb is visible/prominent with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. There is questionable reactive mesentery in this region.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

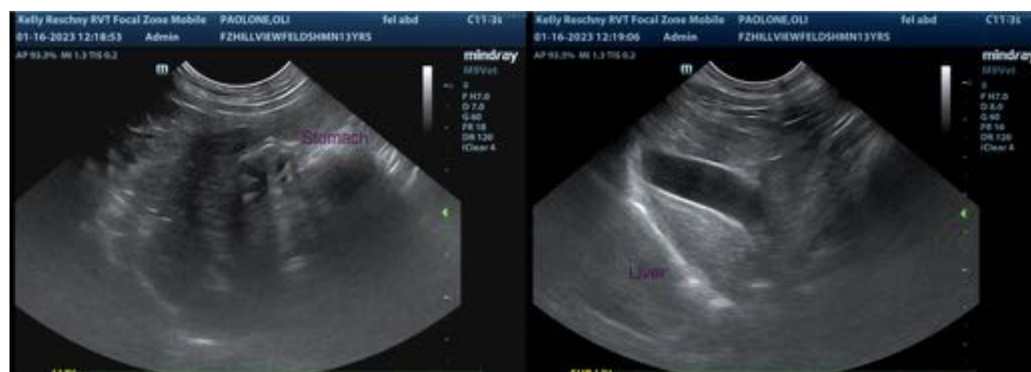
Secondary Findings

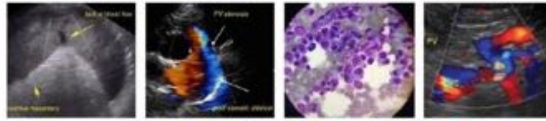
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
- The hyperechoic splenic nodule trend toward the benign (i.e., myelolipomas) with a lower possibility emerging neoplasia (i.e., mast cell disease).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider the following:

1. Thoracic radiographs to assess for occult esophageal disease
2. Fecal evaluation for ova and Giardia
3. fPLI +/- to better assess for pancreatitis
4. 6-week limited antigen or hydrolyzed protein diet trial
5. Initiation of a probiotic
6. Heartworm testing (i.e., antigen and antibody) as heartworm disease can sometimes cause chronic vomiting in cats.
7. +/- GI biopsies (i.e., endoscopic or surgical)





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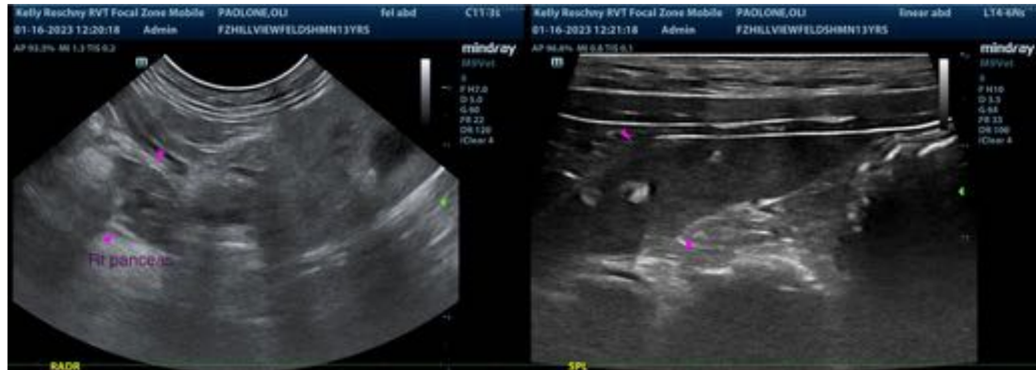

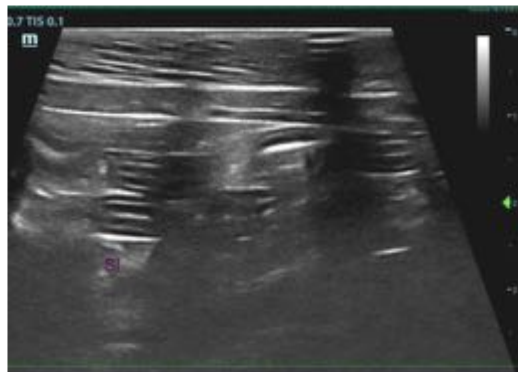

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com