

**DATE PRESENTING CLINICAL SIGNS**

1/17/2022

History: History of vomiting after eating. Cat continues to lose weight.

PATIENT

Millie Lewis

Current Medications: Currently on no medications other than prescription diet RC GI diet.

All meds were given 12/28/21 then repeated 1/10/22. We also gave sub-q fluids at both visits.

SPECIES

Feline

Cerenia 10mg/ml Injectable (per ml) 0.5 mls one time. Provable Forte Sprinkle Capsule (per capsule) 1 capsule every 24 hours for 5 days. Metronidazole 250mg Tablet 0.12 tablets every 24 hours for 8 days. Lab Results: 12/28/21. CBC/CHEM – WNL. SDMA - 9 (normal range 0-14).

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED

Domestic shorthair

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Female, spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

3/14/2016

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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.

WEIGHT

9.9 lbs.

The left kidney is normal size (3.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BYAndrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

The right kidney is normal size (3.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAMEBanfield Pet Hospital
of Whit Marsh**Adrenal Glands**

The left adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Racz

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

Spleen

The spleen is normal in size (0.60 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.

INVOICE

12850

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.

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. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. There is a suspected line of mucosal fibrosis in some areas. 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 normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No 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 few prominent mesenteric lymph nodes are visualized, the largest measuring 0.67 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

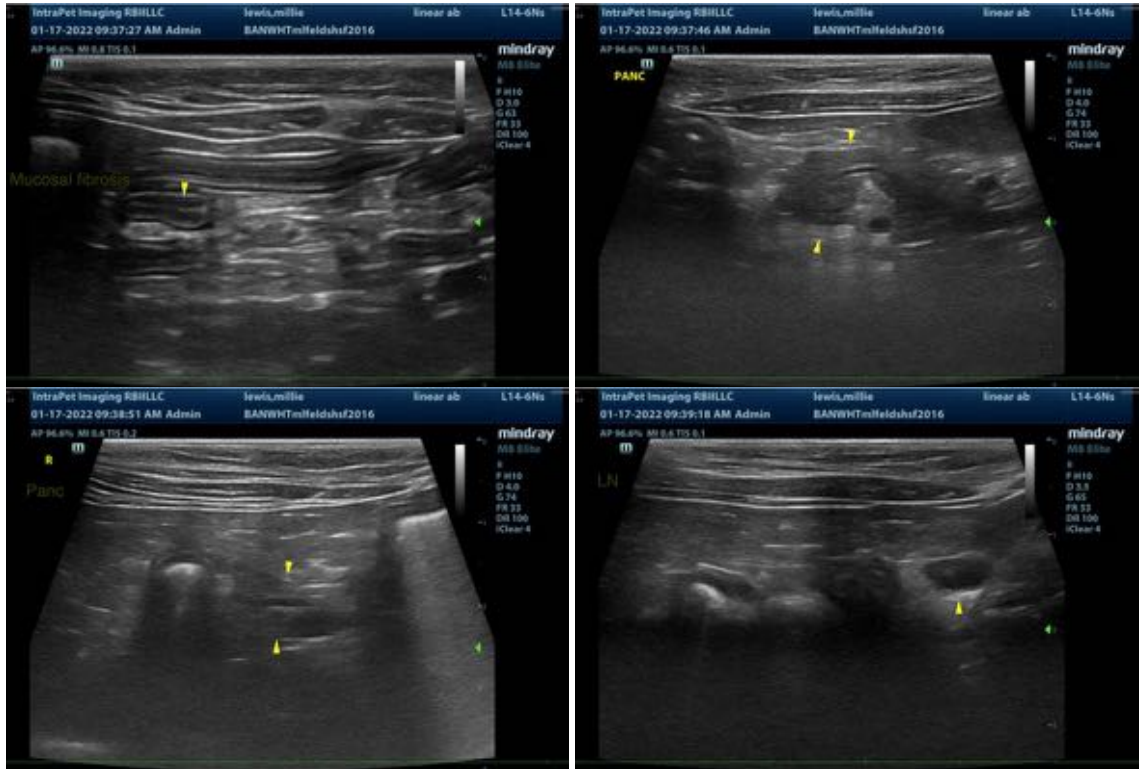
- The bowel pattern is most consistent with inflammatory bowel disease. However, there is some potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The pancreatic changes are consistent with remodeling +/- fibrosis. Concurrent low-grade pancreatitis is also possible, particularly if the patient exhibits cranial abdominal discomfort.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI, fecal evaluation for ova/Giardia, a 6-week limited antigen diet trial (to assess for food allergies) and heartworm antigen and antibody testing (as heartworm disease can be a cause of chronic vomiting in cats). Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
2. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Surgical biopsies are more likely to yield a definitive diagnosis as portions of bowel can be accessed with this approach.





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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