



PATIENT PRESENTING CLINICAL SIGNS

Jackson Struk

History: Patient presented 2 days prior for vomiting, anorexia, and liquid diarrhea. Treated supportively. Re-presented to the ER for continued diarrhea. AXR showed distended stomach no obvious obstruction. Labwork unremarkable aside from mild azotemia. Repeated rads today stomach is still distended with a soft tissue opacity in the stomach unable to determine if ingesta or foreign material. Patient is also on a raw diet.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

SEX

Neutered Male

The left kidney is normal in size (3.54 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

4

The right kidney is normal in size (3.98 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction.

WEIGHT

11.2 lbs

A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

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

Spleen

The spleen is normal in size (0.72 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.

IMAGING PERFORMED BY

Elaina Petrone

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.

HOSPITAL NAME

Long Branch AH

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Elaina Petrone

Gastrointestinal

The gastric lumen is mildly-to-moderately distended with ingesta and a scant amount of shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal.

INVOICE

22459

DATE

1-26-26

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.



PATIENT *Lymph Nodes*

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A few prominent mesenteric lymph nodes are visualized adjacent to the ileocecolic junction (one measuring 0.49 x 0.31 cm).

SPECIES *Free Abdomen*

Feline

There is no obvious evidence of free fluid.

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ULTRASONOGRAPHIC FINDINGS

- Retained gas and ingesta. The scant shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. Given the scant amount of shadowing material visible within the gastric lumen, it is unlikely to be causing an obstruction, although a mechanical outflow tract obstruction in the pyloric region cannot be completely excluded, as this area is difficult to visualize in the available images.
- Medullary rim sign in both kidneys. This finding, in conjunction with some loss of corticomedullary distinction, is consistent with a chronic nephropathy.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider the following:
 - Fecal evaluation for ova and Giardia
 - Prophylactic deworming with fenbendazole
 - A GI panel including serum cobalamin and folate, TLI and PLI
 - If clinical signs persist despite medical management, further GI work-up (i.e., biopsies) may be warranted.
- Regarding the mild azotemia, a urinalysis with a culture and sensitivity are recommended. Also consider a UPC if proteinuria is present in the absence of infection. A baseline blood pressure measurement should also be considered to assess for systemic hypertension.





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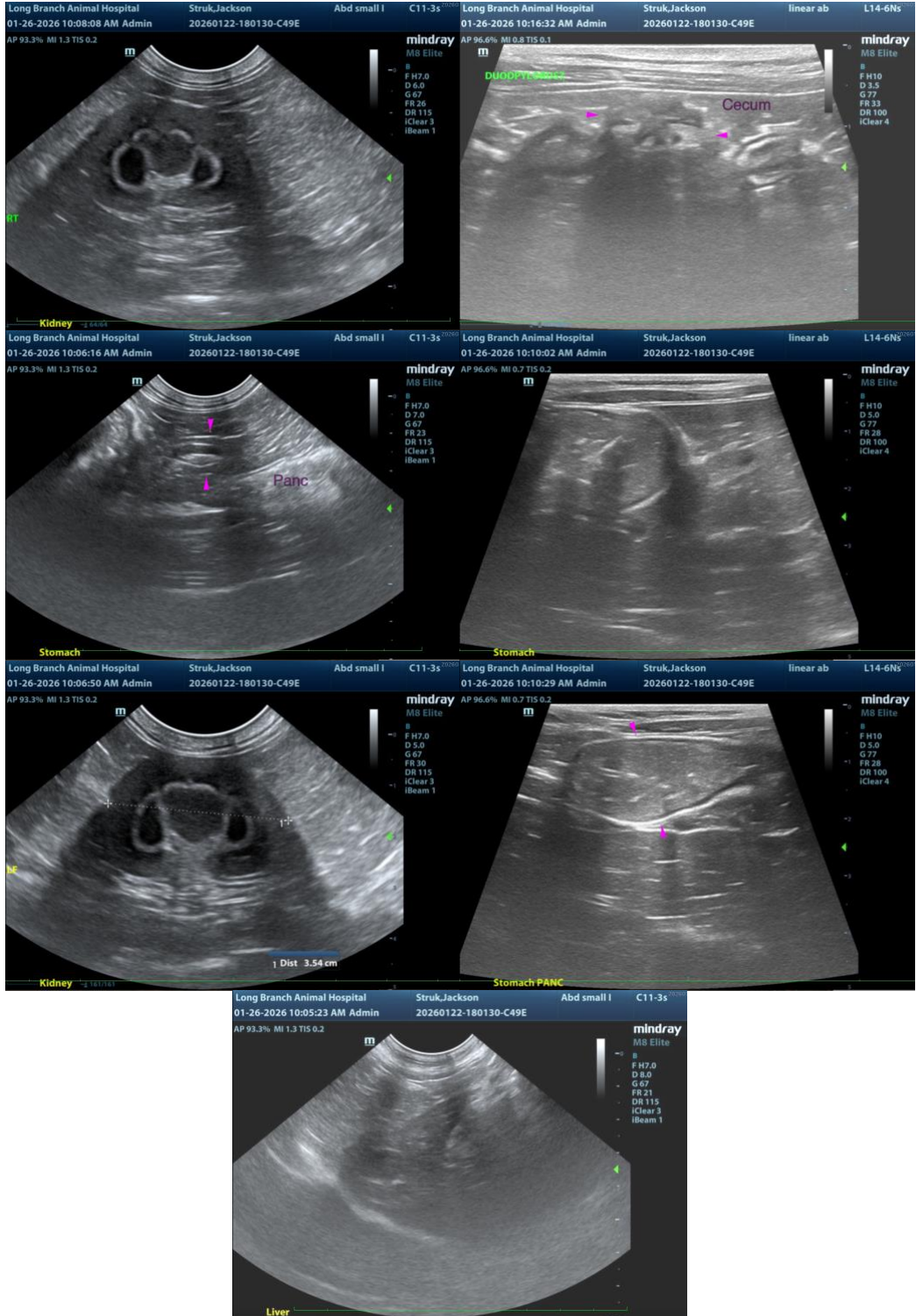
Elaina Petrone

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PATIENT

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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.

SPECIES

Feline

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.

BREED

DSH

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