

**DATE PRESENTING CLINICAL SIGNS**

10/11/2021

History: presented on 10/4/21 with a primary complaint of vomiting at least 30 hair ties 2 days prior. Maintaining good appetite and energy but has continued to vomit food periodically. PE: temp 102.6, no abdomen pain. Tx with SQF 150ml and Cerenia 0.4ml SQ. No vomiting for 24 hr. P returned 10/6/21 due to vomiting once that morning. P is still eating and having bowel movements. Temp 102.7, exam otherwise unremarkable.

**PATIENT**

Murray Brill

Current Medications: Cerenia 4mg SQ given on 10/4/21 and 10/6/21.

**SPECIES**

Feline

Lab Results: CBC/Chem 10/4/21 was WNL.

Radiographs: lat and V/D radiographs take on both 10/4/21 and 10/6/21 showed no obvious evidence of foreign material and no apparent obstructive pattern.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

**BREED**

Domestic longhair

Stat Report: STAT report not requested by the veterinarian.

**SEX**

Male, neutered

**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 lumen is mildly distended. A mild to moderate amount of aggregated echogenic debris is suspended within the lumen. 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.

**AGE**

9/17/2019

The left kidney is normal size (4.00 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 hydroureter.

**WEIGHT**

9 lbs.

The right kidney is normal size (4.53 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 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.

**HOSPITAL NAME**

Timonium AH

**Spleen**

The spleen is normal in size (0.69 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. Meredith Brand

**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 contracted. The wall is normal in thickness. A scant amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**INVOICE**

12324

**Gastrointestinal**

The gastric lumen is moderately distended with ingesta. 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 segmentally distended with gas and chyme. The small intestinal wall is normal to mildly thickened (up to 0.31 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis:

mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obvious obstructive disease is noted.

### ***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.

### ***Free Abdomen***

There is no evidence of free fluid. 1-2 prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 0.68 cm in length. Surrounding mesentery is mildly hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

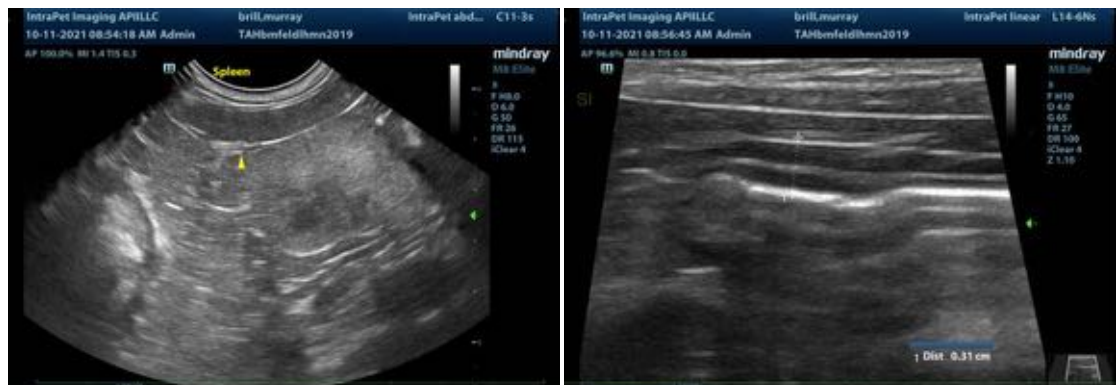
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. There is no obvious evidence of obstruction. However, given the degree of gas in the intestines, a partial obstruction cannot be completely excluded.

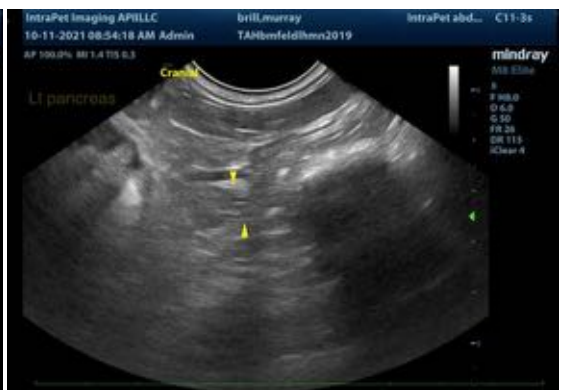
### **Secondary Findings:**

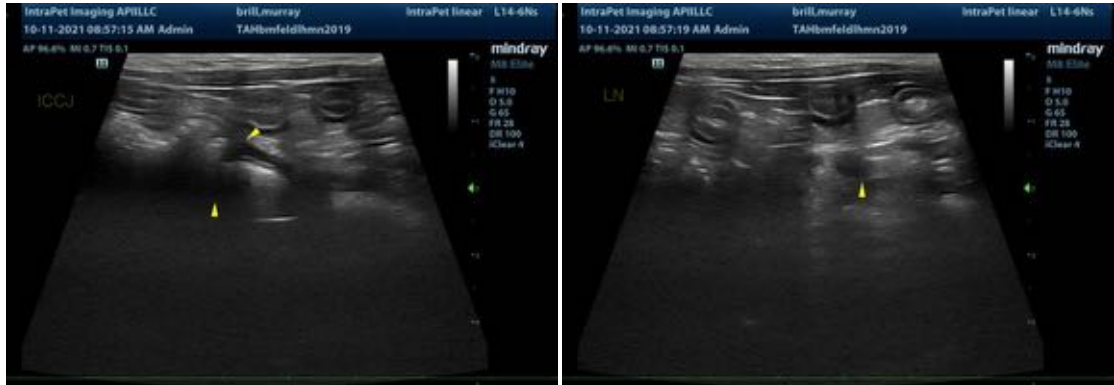
- Urinary bladder debris.
- The prominent abdominal lymph nodes are likely reactive with a low possibility of infiltrative neoplasia.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If the patient's clinical signs persist, repeat abdominal imaging (i.e., radiographs and/or ultrasound) should be considered.
- If the gastrointestinal signs become chronic, a more advanced GI workup (i.e., malabsorption panel, fecal evaluation for ova and giardia +/- endoscopic or surgical gastrointestinal biopsies) may be warranted.







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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