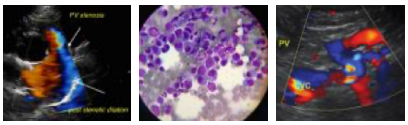

DATE
10/12/2021

PATIENT
Ellie Byrd

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
3/12/2011

WEIGHT
10 lbs. 14 oz.

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

HOSPITAL NAME
Chadwell AH

REFERRING VET
Dr. Heydt

INVOICE
12347

PRESENTING CLINICAL SIGNS

History: Patient presented to increase in vomiting episodes. Per owner, patient has always had a sensitive stomach, but the vomiting has increased dramatically. Patient is still eating per owner. On physical examination, the patient had gone from 15lb to 10lb over a 1-year timeframe. It was difficult to do an oral exam on the patient, the rest of the physical exam was WNL.

Current Medications: Cerenia (16mg) - 1 tab PO once daily PRN.
Lab Results: Potassium 3.6, Chloride 105. CBC chem, T4 WNL
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Isoflurane.
Stat Report: Not requested.

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 moderately distended. A small amount of suspended echogenic debris is observed 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.

The left kidney is normal in size (4.21 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.22 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A cortical infarct is observed at the cranial pole. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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. No focal lesions are observed. 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 portal vein: caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 borderline thickened (up to 0.27 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio and mild thickening of the submucosal layer in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left and right limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. Several prominent hypoechoic lymph nodes are observed at the mesenteric root. Surrounding mesentery is hyperechoic. In addition, a prominent node is observed in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- Bilateral age-related renal changes with dystrophic mineralization and a right cortical infarct.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If accessible, fine needle aspiration of a prominent abdominal lymph node is recommended (if clotting status is appropriate). A 25-gauge needle should be used.
- Other diagnostic considerations include the following:
    1. Three-view thoracic radiographs to assess for occult esophageal disease
    2. GI panel including serum cobalamin, folate, TLI and PLI
    3. A fecal evaluation for ova/Giardia
    4. +/- endoscopic or surgical gastrointestinal biopsies.
- Also consider heartworm testing (i.e., antibody and antigen), as this disease can cause chronic vomiting in cats.


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mindray
Liver


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Abd small I
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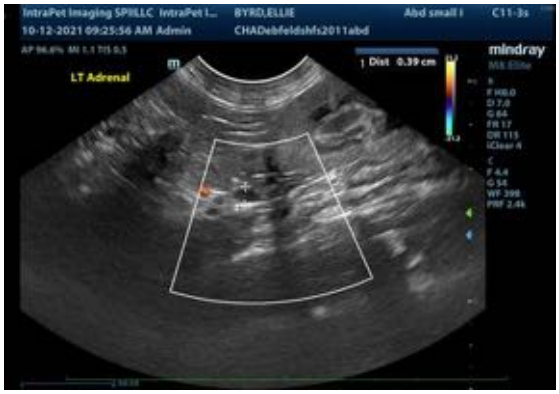
Cranial lt
Spleen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mindray
LT Adrenal
Dist 0.39 cm


IntraPet Imaging SPIILLC IntraPet I...
BYRD,ELLIE
Abd small I
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mindray
RT
RK - infarct
Dist 3.22 cm


IntraPet Imaging SPIILLC IntraPet I...
BYRD,ELLIE
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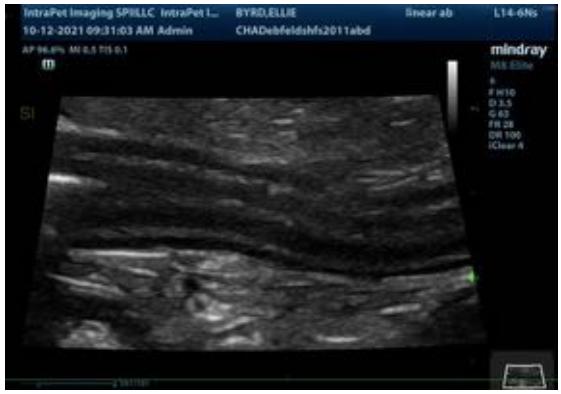
CHADebfeldshfs2011abd
mindray
RT Adrenal
Dist 0.44 cm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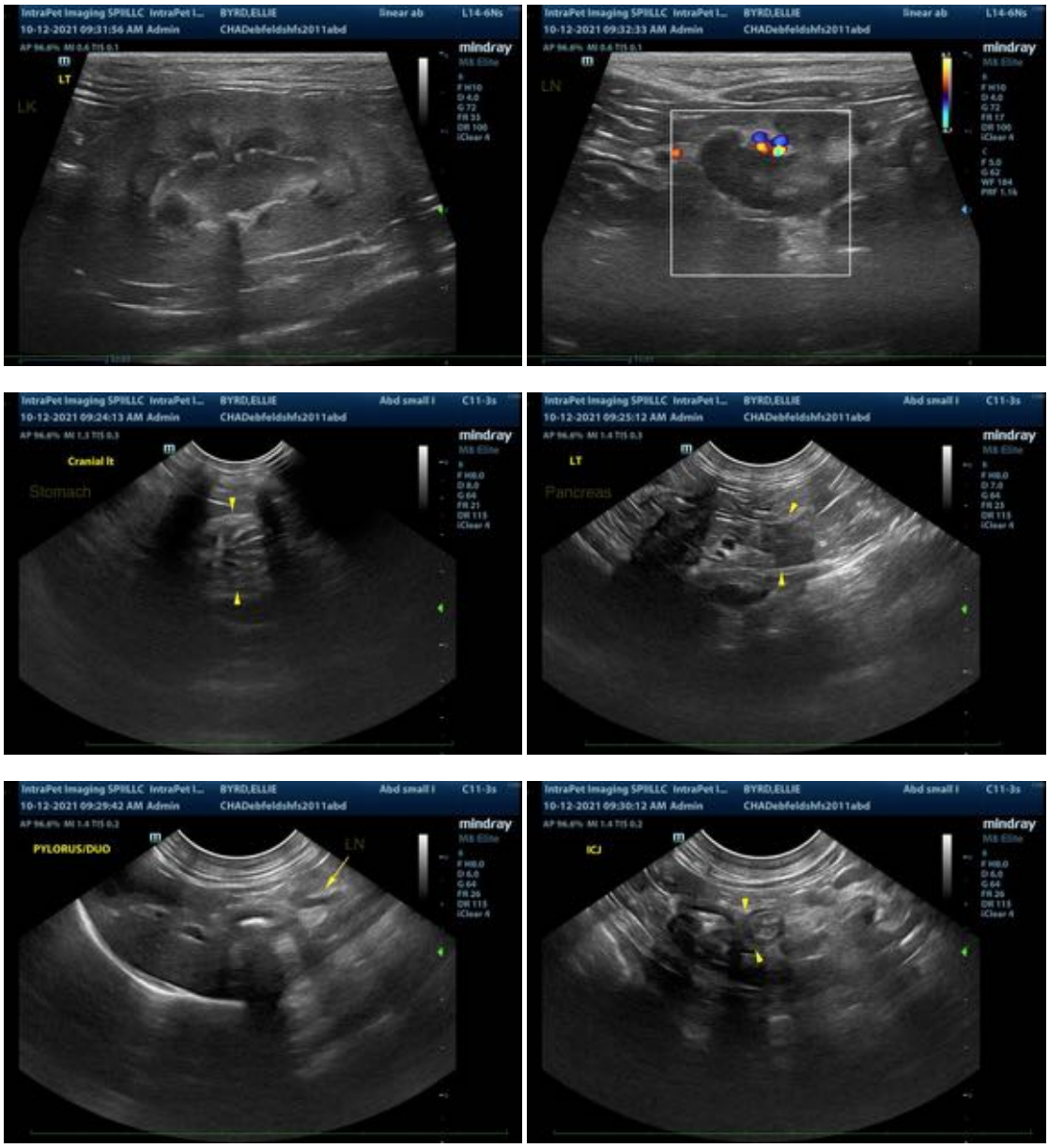

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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