

**DATE PRESENTING CLINICAL SIGNS**

10/18/2021

History: Vomiting/diarrhea off and on since December 2019.

PATIENT

Dez-Ien Svoboda

Current Medications: Metronidazole 50mg SID.

Lab Results: elevated WBC.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

SPECIES

Feline

BREED

Devon Rex

SEX

Male, neutered

AGE

12/21/2015

WEIGHT

10 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Brockett

INVOICE

12370

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 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.

The left kidney is normal size (4.07 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. Renal vasculature is normal.

The right kidney is normal size (4.27 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. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland was evaluated. No obvious pathology is observed.

The right adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.46 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 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 gastric lumen is mildly fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Several small intestinal segments are distended with echogenic fluid. The wall thickness in some areas is thickened (up to 0.35 cm) with mild loss of the normal layering pattern. In some of the remaining segments, there is disruption of the normal 1:3 muscularis:mucosal ratio. At the level of the ileocecal colic junction the submucosal layer is thickened. The wall of the proximal colon is mildly thickened with loss of the normal layering pattern. The colon itself is subjectively short in length. There is no obvious evidence of an obstruction.

Pancreas

A portion of the pancreas is likely obscured by the bowel distention. In the visualized portion, no obvious abnormalities are seen.

Free Abdomen

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.52 cm in length. The surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

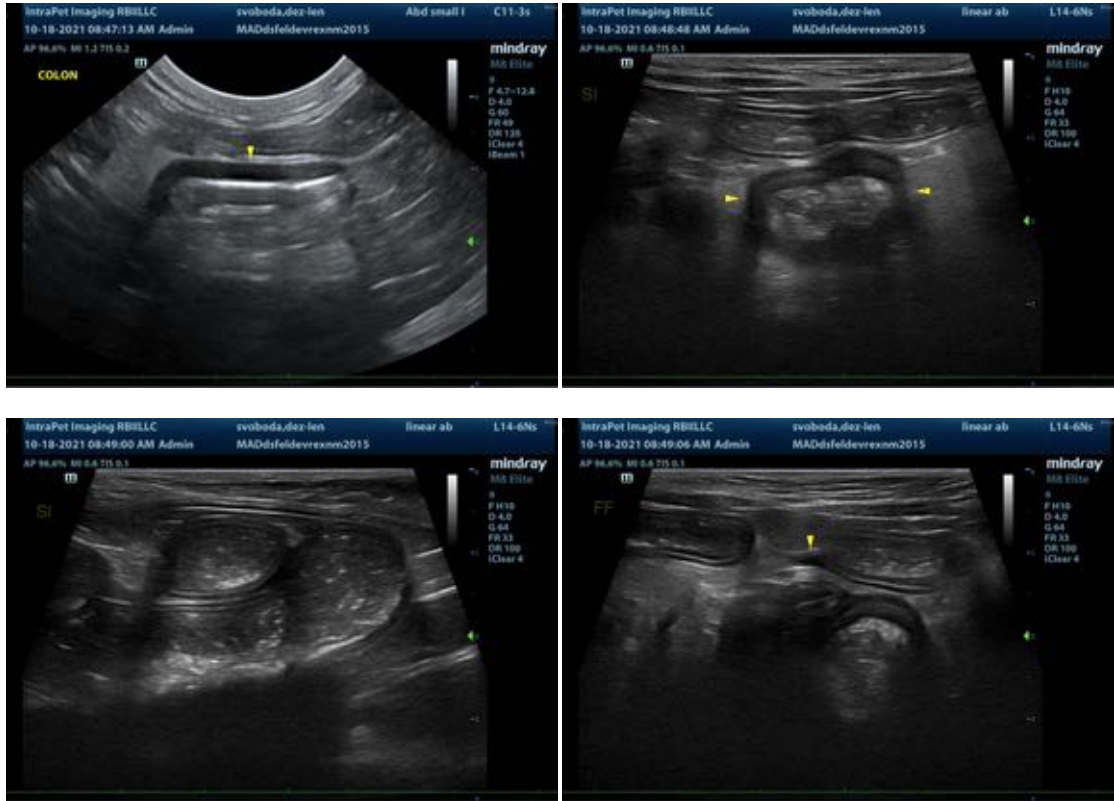
- The bowel changes could be consistent with emerging lymphoma or severe inflammatory bowel disease. Bowel stasis is suspected although a partial bowel obstruction cannot be completely excluded.
- Peritonitis, likely secondary to bowel pathology.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- If an aggressive approach is desired, an abdominal exploratory with gastrointestinal and abdominal lymph node biopsies should be considered.
- Non-invasive testing could include the following:
 1. Malabsorption panel including serum cobalamin, folate, PLI and TLI
 2. A fecal evaluation for ova/Giardia
 3. Limited antigen diet trial







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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