

**DATE PRESENTING CLINICAL SIGNS**

10/18/22

Recurring episodes of vomiting and pancreatitis based on bloodwork 12/21, 07/22, 10/14/22.

**PATIENT**

Ollie Bente

Current Medications: Gabapentin 100mg 2 hr prior to AUS

Lab Results: 9/6/22- MSU malignancy panel- Parathyroid Hormone (CLIA) \* &lt;0.50 L [0.70-3.40] pmol/L, Ionized Calcium (ISE) 1.51 H [1.00-1.40] mmol/L, Parathormone Related Protein (RIA) 0.0 [0.0-1.0] pmol/L Chem 27, CBC, spec FPL from 10/14/22 pending

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

Domestic shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Female, spayed

**Urinary System**

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen along with a scant amount of gravity-dependent mineralized sand +/- tiny calculi. The region of the trigone and the visible portion of the proximal urethra are normal.

**AGE**

3/1/2013

The left kidney is normal size (4.14 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several non-obstructive nephroliths were visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

10.5 lbs.

The right kidney is normal size (4.32 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths 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.

**Spleen**

The spleen is normal in size (0.70 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.

**HOSPITAL NAME**

Perry Hall AH

**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. A small amount of aggregated echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Baer

**INVOICE**

14114

**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 and appropriate mural detail. There is disruption in the normal 1:3 muscularis:mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### *Pancreas*

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

### *Free Abdomen*

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

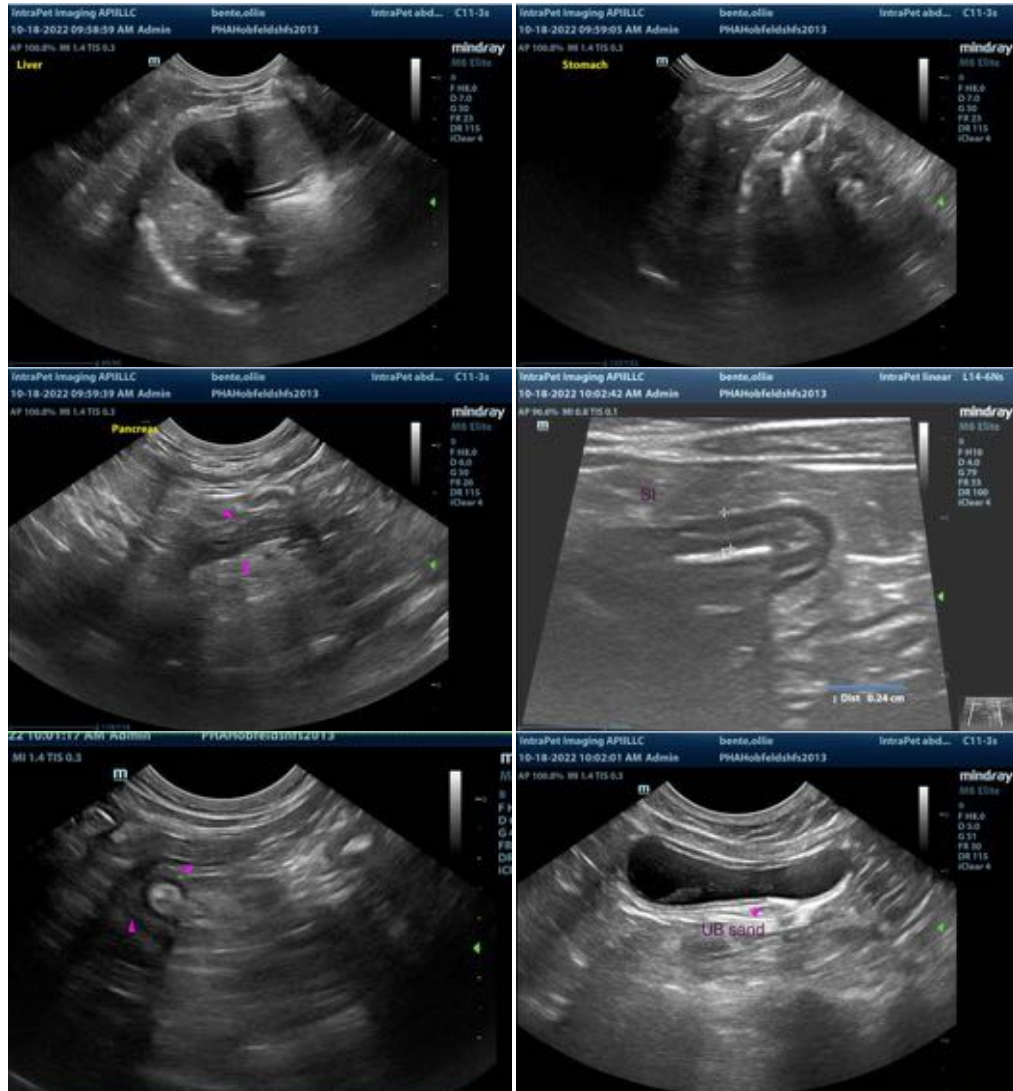
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

### **Secondary Findings:**

- 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.
- Bilateral age-related renal changes with left non-obstructive nephrolithiasis.
- Urinary bladder sand +/- tiny calculi.

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

- Given the patient's clinical history, consider the following:
  1. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
  2. A fecal evaluation for ova/Giardia, if not already performed.
  3. 6 week limited antigen or hydrolyzed protein diet trial to assess for food allergy.
  4. Depending on the results of the above diagnostics, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis. If pursued, three-view thoracic radiographs should be performed prior to anesthesia.
  5. Also consider heartworm testing (antigen and antibody) as heartworm disease can be a cause of chronic vomiting in cats.
  6. Supplementation with a probiotic should also be considered.
- Given the urinary bladder sand, consider increasing the patient's water consumption with serial sonographic monitoring (i.e., every 3 months) to assess for the development of larger stones.



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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