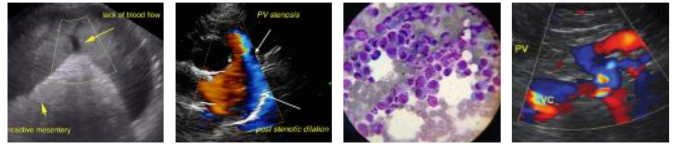

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1-800-838-4268 info@sonopath.com

PATIENT

Strega Martin

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

8.43 Pounds

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Emily Messner

HOSPITAL NAME

Total Bond VH Bethel

REFERRING VET

Emily Messner

INVOICE

13923

DATE

10/20/21

PRESENTING CLINICAL SIGNS

History: Progressive history of vomiting and weight loss. Most recently owner reports finding fluid (suspected to be urine, r/o vomit) that has gelatin-like pieces of blood mixed in. Blood work shows leukocytosis and elevated PSL. UA had minimal blood attributed to urinalysis. Owner later stated that she thinks blood is coming from the rectum, but it is difficult to determine as it is mixed with fluid. Sedated exam today- normal stool, nsf on rectal exam, left anal sac is full but expresses normal contents. No blood observed in vestibule.

Abnormal PE/Chem/CBC/UA Results: PSL 63 H (8-26)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.55 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. A cortical cyst is observed at the caudal aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. The mesentery surrounding the kidney is mildly hyperechoic.

The right kidney is normal size (3.49 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the left adrenal gland is evaluated, and no obvious pathology is observed.

The right adrenal gland is normal size (0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

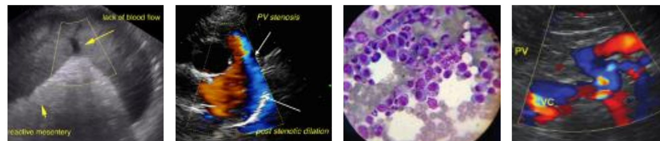
The spleen is normal in size (0.70 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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. Discreet masses are not identified. The ileocecalcolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left pancreatic limb is prominent in size with slightly irregular peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and mottled in appearance with a few ill-defined hypoechoic nodules/areas, the largest measuring 0.62 cm in diameter. See also other category.

Free Abdomen

There is no evidence of free fluid. A sublumbar lymph node is visible, measuring 0.75 cm in length.

Other

A 0.87 cm c 0.84 cm anechoic structure is observed in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are suggestive of age-related remodeling/fibrosis with nodular hyperplasia. Chronic pancreatitis may also be present. The anechoic structure in the right cranial quadrant may represent a pancreatic cyst in the right limb, a cyst within the mesentery, other.

Secondary Findings

- Bilateral age-related renal changes. Mild retro-peritonitis appears to be present surrounding the left kidney, the cause of which is unclear.

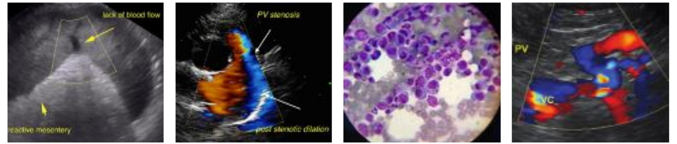
- The prominent sublumbar lymph node is most likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies
4. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider triple therapy as empirical treatment for Helicobacter gastritis:

   Amoxicillin: 10-22 mg/kg PO q 12 hours x 14-21 days
   Metronidazole: 10-15 mg/kg PO q 12 hours for 14-21 days
   Omeprazole: 0.7 mg/kg PO q 24 hours for 14-21 days
   (+/- the addition of Bismuth subsalicylate: 3.85 mg/kg PO q 6-8 hours x 14-21 days)



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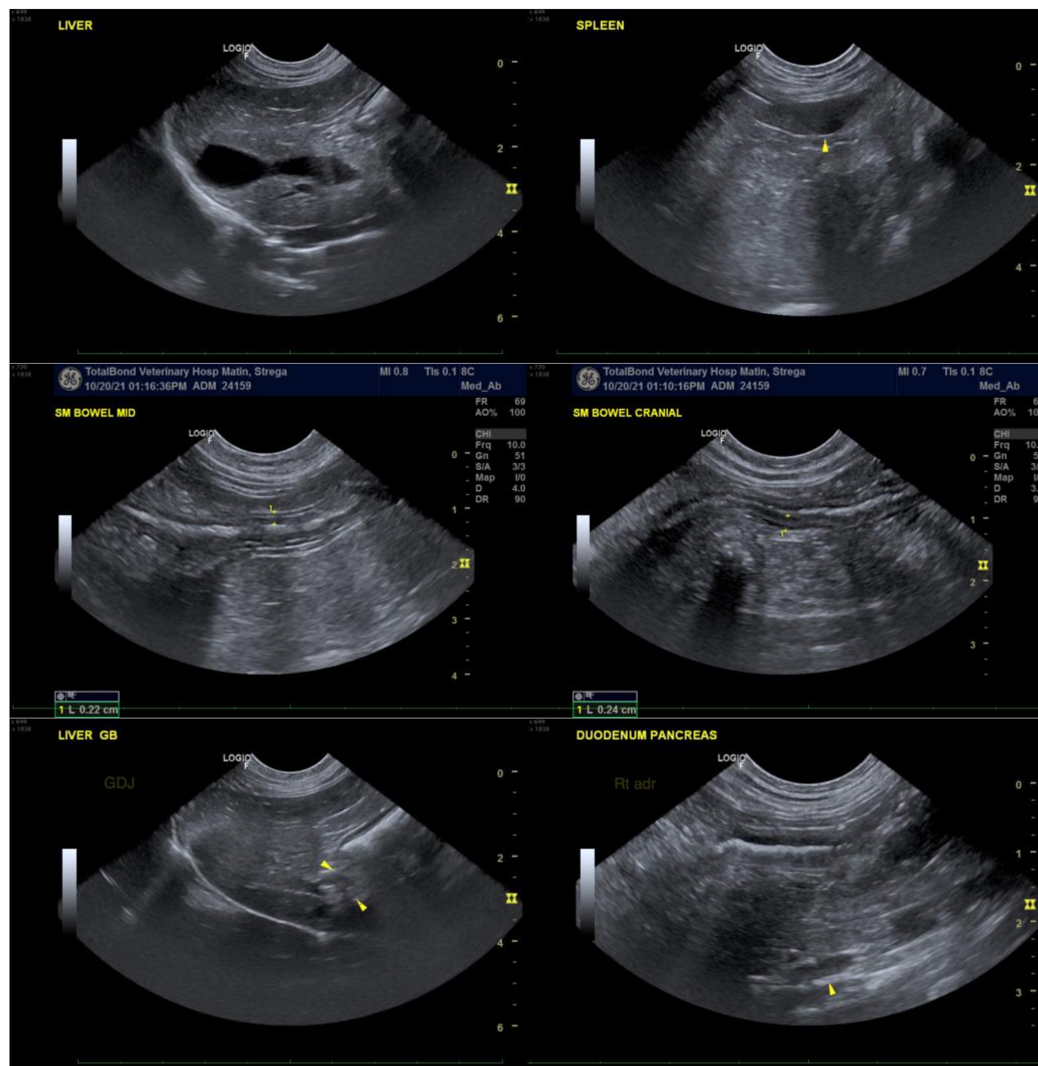
5. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.

6. Three view thoracic radiographs are recommended to assess for occult esophageal disease

7. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

- Given the suspected left retroperitonitis, a urine culture and sensitivity should be considered

Additional sonographic images of the anechoic lesion in the right cranial quadrant may be useful in further determining its origin.



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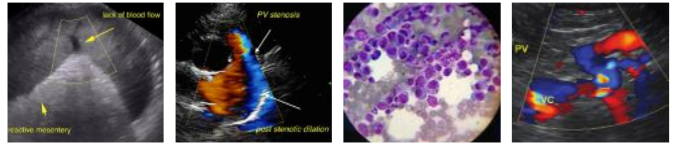

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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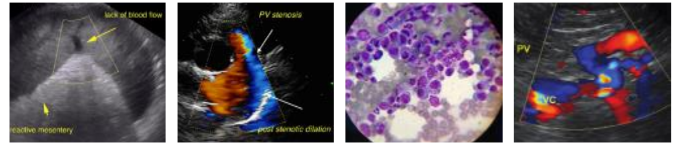

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