



## PATIENT PRESENTING CLINICAL SIGNS

Miss Kitty Hess

History: Cat with long term non-seasonal atopy controlled with Atopica for Cats and Hill's z/d diet. Presented 10/20/22 for vomiting food at first, then he stopped eating. Cat is no longer vomiting. Started with nasal congestion and sneezing plus coughing a day or two after vomiting. Has not eaten for 5 days.

## SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results

Bloodwork: CBC: Neu 1.83 K/uL (2.3-10.29), band suspected Chem: Glob 5.7 g/dL (2.8-5.1), ALP <10 U/L (14-111), Chol 258 mg/dL (65-225). U/A: Sp. Gr. >1.050, pH 7.0, Prot 100. Weight loss 1#.

## BREED

DLH

Sneezing, nasal congestion, normal temperature. Heart murmur 3/6 that has been present for several years; Echo done 2021 was WNL. Radiographs of chest done 10/20 show alveolar pattern left cranioventral lung. Abdominal radiographs done 10/20 show large amount of gas distention (ileus) and one large fecal ball at pelvic inlet. Colleague treated for aspiration pneumonia with antibiotics and gave enema to remove fecal ball. Appetite stimulant was started but hasn't worked. Repeat radiographs today show no change in gas distention pattern in cranial abdomen

## SEX

Neutered Male

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### AGE

11 years

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A small to moderate amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

### WEIGHT

9.9 lbs

The **left kidney** is normal size (4.16 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. Renal vasculature is normal.

### INTERPRETED BY

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

The **right kidney** is normal size (4.23 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. Renal vasculature is normal.

### IMAGING PERFORMED BY

Michelle Bartus

### Adrenal Glands

The **left adrenal gland** is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### HOSPITAL NAME

Valley Vet Svc Inc

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

### REFERRING VET

Dr. Tiffani Crum

### Spleen

The **spleen** is normal in size (0.76 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.

### INVOICE

11892

### Liver

The **liver** is prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

### DATE

10.24.22

The **gall bladder** 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 visible/tortuous, but not overtly dilated.



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**Gastrointestinal**

The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. The proximal duodenal lumen is mildly fluid-distended. In the remaining small intestinal segments, the lumen appears to be empty. The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. In a several-centimeter segment of bowel, there is shadowing material. The segment is thought to be colon. There is no obvious evidence of an obstructive pattern.

**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**

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. 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**

- Minor bilateral age-related renal changes
- Urinary bladder debris
- The mild hepatomegaly may be a normal variant for this patient or may be secondary to emerging hepatic lipidosis, inflammatory disease, or less likely, infiltrative neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider rechecking baseline lab-work, including a CBC chemistry panel and T4.

Other diagnostic considerations include the following:

1. Fecal evaluation for ova and Giardia
2. Malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended.
3. Ultimately, GI biopsies may be necessary to get a definitive diagnosis. However, the patient's pneumonia should be stabilized prior to considering any procedures under general anesthesia.
4. While awaiting test results, supportive care, including fluid therapy, antiemetics, gastric protectants, appetite stimulants and a probiotic are recommended. Also consider placement of a temporary feeding tube (i.e., esophagostomy) to help prevent/treat hepatic lipidosis.

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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