

**DATE PRESENTING CLINICAL SIGNS**

10/26/21

History: Recurring hematemesis one-episode 08/23 and again on 10/21, PE unremarkable on 08/23/21.

PATIENT

Raja Jenkins

Current Medications: Famotidine 5mg PO BID 10/21-current.

Lab Results: 8/23/21- chem 17, CBC, T4 wnl.

Radiographs: 2 View thorax/abdomen on 08/23

1. Suspect atelectasis of the caudal segment of the left cranial lung lobe likely secondary to a chronic bronchial obstruction because of feline asthma.

2. Mild feline asthma.

SPECIES

Feline

3. Gastroenteritis/colitis due to nonspecific etiologies. Systemic disease can cause small bowel atony resulting in a similar radiographic change.

4. Chronic renal infarcts on the right with nephrolithiasis.

BREED

Domestic shorthair

5. Suspect compensatory renal hypertrophy on the left.

6. Probable cholelithiasis.

SEX

Male, neutered

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: dexdomitor 0.0075mg/kg IM butorphanol 0.2mg/kg IM

Stat Report: not requested

AGE

9/10/2005

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 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.

WEIGHT

13.2 lbs.

INTERPRETED BYAndrea Nicastrò, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

The left kidney is borderline enlarged (4.41 cm in length) with a slightly irregular shape. The cortex is hyperechoic and there is a normal 1:3 cortex: medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

HOSPITAL NAME

PErryHall AH

The right kidney is small in size (2.29 cm in length) with an irregular shape. Several cortical infarcts are present. The cortex is variably thickened and there is poor corticomedullary distinction. Foci of mineralization are present. There is mild pyelectasia (0.24 cm in the transverse plane). There is no evidence of hydroureter. Renal vasculature is normal.

REFERRING VET

Dr. Baer

Adrenal Glands

The left adrenal gland is normal in size (0.55 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

12428

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

Spleen

The spleen is normal in size (0.68 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 anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly to moderately distended with fluid and chyme. 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 borderline thickened (up to 0.26 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some 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 enlarged with irregular peripheral contours. The parenchyma is heterogeneous and nodular in appearance. The pancreatic duct is visible but not overtly dilated. The mesentery effacing the serosal surface in the region of the body and right limb is hyperechoic.

Free Abdomen

There is no evidence of free fluid. 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 0.62 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes could be consistent with benign pathology (i.e., benign nodular hyperplasia with concurrent inflammation, remodeling and fibrosis). Alternatively, a neoplastic process cannot be completely excluded. Mild regional peritonitis is present.
- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying. The small 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.

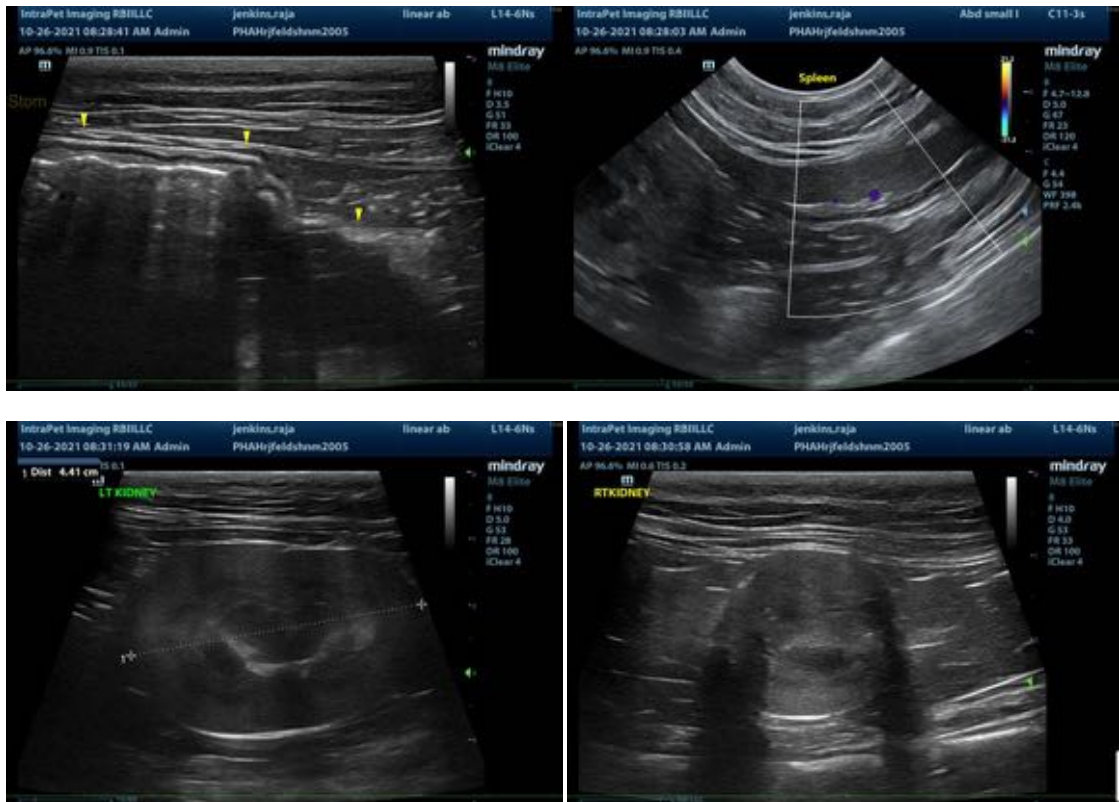
Secondary Findings:

- Bilateral age-related renal changes with right non-obstructive nephrolithiasis and left dystrophic mineralization. Renal pathology is more severe on the right side. The left renomegaly is thought to represent compensatory hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, a fine needle aspirate of the pancreas is recommended to assess for infiltrative neoplasia.
- Other diagnostic considerations include:
 1. GI panel (i.e., serum cobalamin, folate, TLI and PLI).

2. A fecal evaluation for ova/Giardia
3. 6-week limited antigen diet trial
4. +/- surgical biopsies of the gastrointestinal tract and pancreas
5. Given the clinical history consider empirical treatment for Helicobacter infection.
 - 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)







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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