

**DATE PRESENTING CLINICAL SIGNS**

10/3/22

PATIENT

Prince Pannone

2 days ago: gave raw food in the PM (ground beef and chicken), owner noted will feel intermittently but trying to incorporate into the diet more Next AM: found piles of vomit on the floor that was food and bile - owner fed small amounts of fancy feast throughout the day and was noted to vomit it in the PM - throughout the night continued to vomit bile Today: vomiting was noted in the AM but fewer instances, owner noted hair was in it potentially from licking the floor - owner fed 2 cans of fancy feast and patient has been holding it down

SPECIES

Feline

Current Medications: Cerenia, Unasyn, Acepromazine, Gabapentin, protonix.

Radiographs: Suspicious area of potential intestinal bunching in the cranial abdomen Thickening of the stomach Feces and gas in the colon

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

Domestic shorthair

SEX

Male, neutered

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

6/1/2019

The left kidney is normal size (4.15 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.

WEIGHT

7.1 lbs.

The right kidney is normal size (4.45 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Animal Emergency
Hospital

The right adrenal gland is normal in size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.94 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.

REFERRING VET

Dr. Nacke-Horney

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 portal vein: caudal vena cava ratio is approximately 1:1. 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.

INVOICE

14042

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. In the region of the pyloric antrum, a small amount of echogenic fluid is present. 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 normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The mesentery surrounding the gastric wall is hyperechoic. No free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.66 cm in length. In addition, a 0.76 cm gastric lymph node is seen. The mesentery surrounding all nodes is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

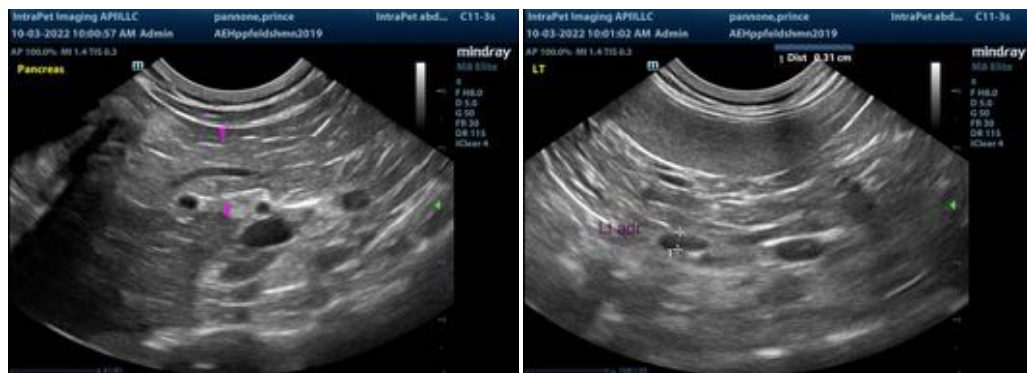
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The mild peritonitis in the cranial abdomen is likely secondary to low grade gastric inflammation.

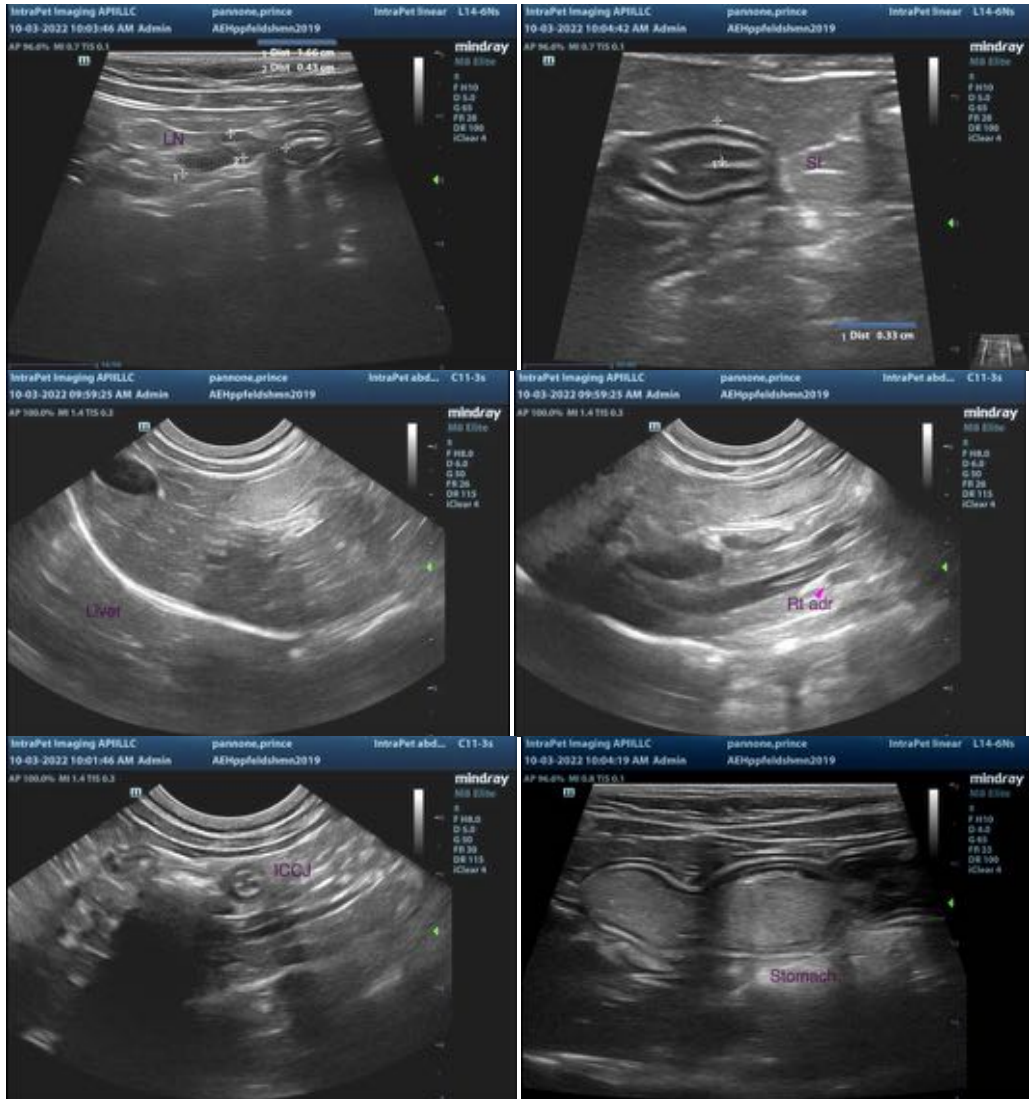
Secondary Findings:

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for acute gastroenteritis is recommended along with a fecal evaluation for ova and Giardia. If the patient's clinical signs do not improve within 24-72 hours of medical management, a more advanced GI workup (i.e., malabsorption panel, limited antigen diet trial, GI biopsies) may be warranted.





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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