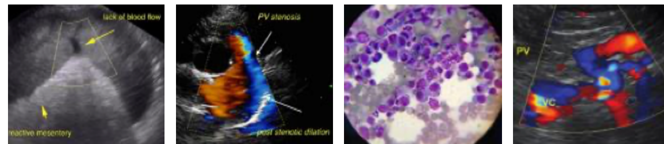

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1-800-838-4268 info@sonopath.com

PATIENT

Lightening Valentine

SPECIES

Feline

BREED

Abyssinian

SEX

Male, neutered

AGE

8 years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Heritage AH

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Dr. Jarrett

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10/4/21

PRESENTING CLINICAL SIGNS

History: Overweight. Has periodically vomited for the past few months; about once a day. Vomited bloody material recently, about 5 times one morning. rDVM started sucralfate/supportive care and the cat is doing better over the weekend. Gets fluoxetine in lipoderm and sucralfate. Sedated.
Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry/T4 all reportedly NSF.

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 mildly 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.

The left kidney is normal size (4.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.18 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.88 cm length; 0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.74 cm length; 0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

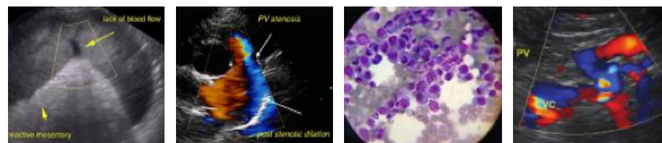
The spleen is normal in size (0.71 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several varying sized hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen with a few ill-defined hyperechoic nodules observed throughout the organ. Hepatic vasculature is of normal volume with no evidence of congestion. A few linear foci of mineralization are observed along the intrahepatic biliary tracts. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The common bile duct is visible but not overtly dilated (0.25 cm in diameter). The duodenal papilla is visible and is normal in size (0.43 cm in width).

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall is normal to mildly thickened (up to 0.34 cm)



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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 visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent jejunal lymph nodes are visualized, the largest measuring 1.65 cm in length. One prominent cranial abdominal lymph node is also seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel changes consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The hyperechoic hepatic nodules trend toward the benign (i.e., areas of lymphoid hyperplasia or myelolipomas) with a low possibility of an early neoplastic process.
- The pancreatic changes are suggestive of chronic low-grade pancreatitis. However, normal variation cannot be completely excluded.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

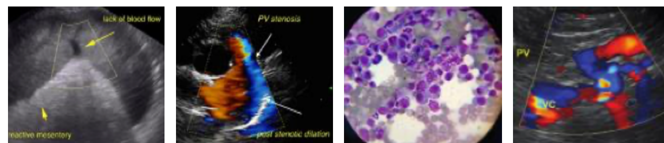
Secondary Findings:

- Bilateral age-related renal pathology.
- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.

*Given the patient's sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serum cobalamin, folate, PLI and TLI
- A fecal evaluation for ova/Giardia
- A 6-week limited antigen diet trial to assess for food allergies



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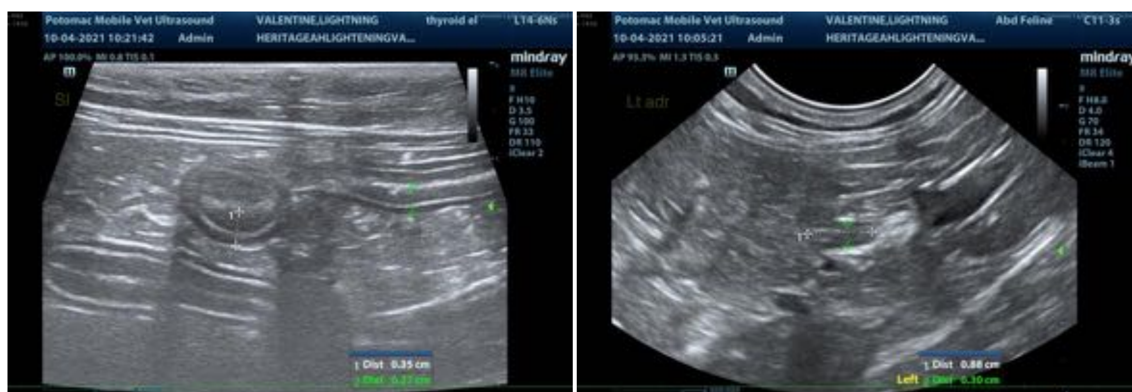
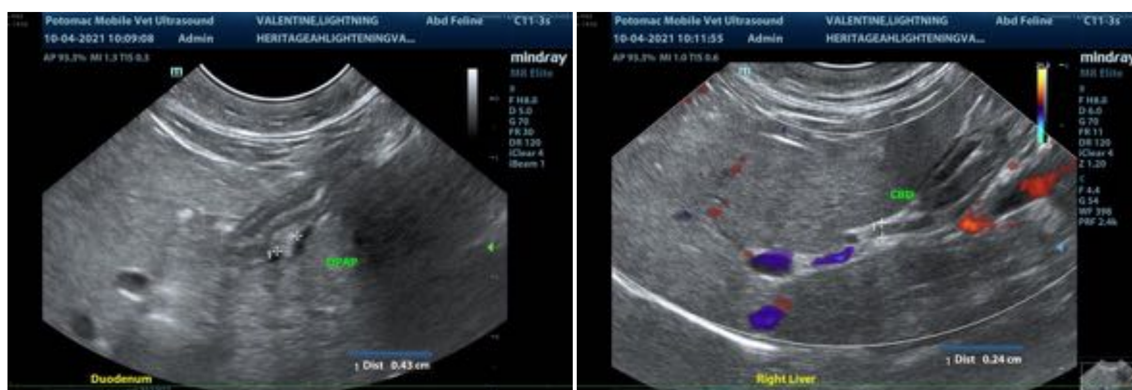
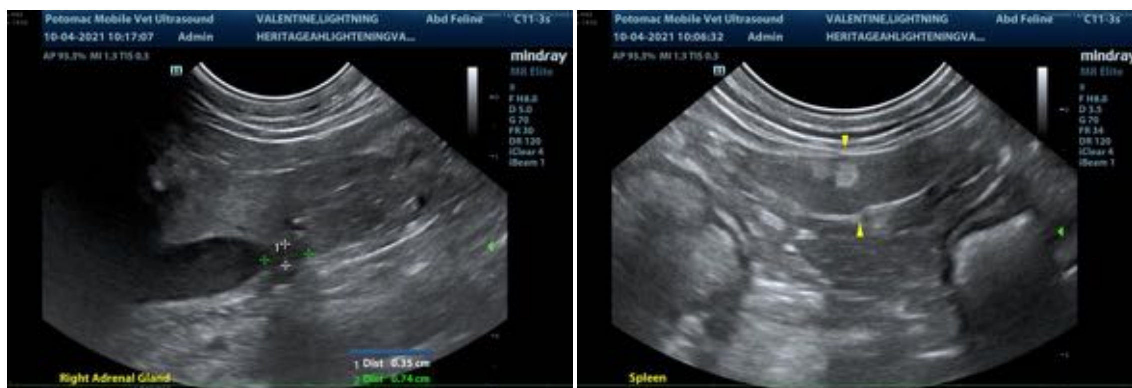
- Consider a fine needle aspirate of the liver to assess for microscopic hepatic disease (if clotting status is appropriate). A 25-gauge needle should be used.
- Depending on the results of the above diagnostics, an abdominal exploratory with gastrointestinal hepatic +/- pancreatic biopsies may be necessary to get a definitive diagnosis. Three-view thoracic radiographs should be assessed prior to anesthesia to assess cardiopulmonary status.







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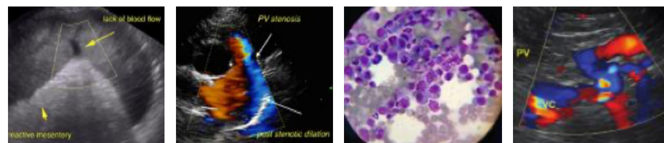

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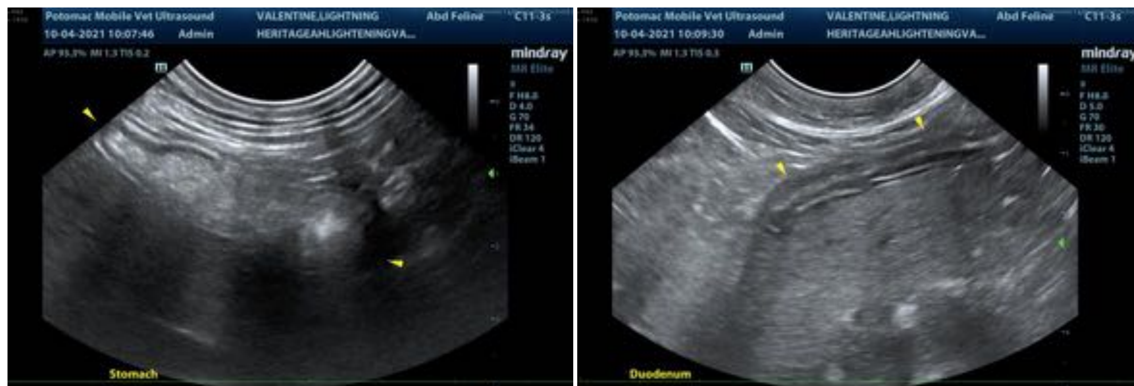

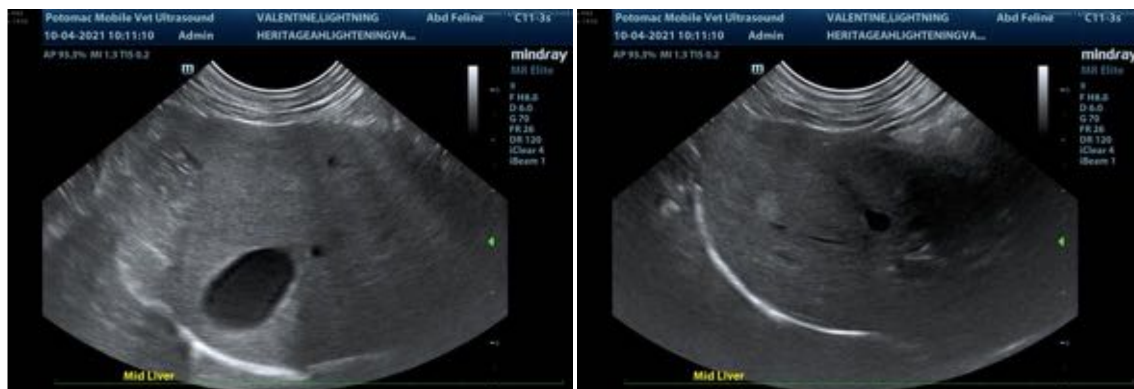

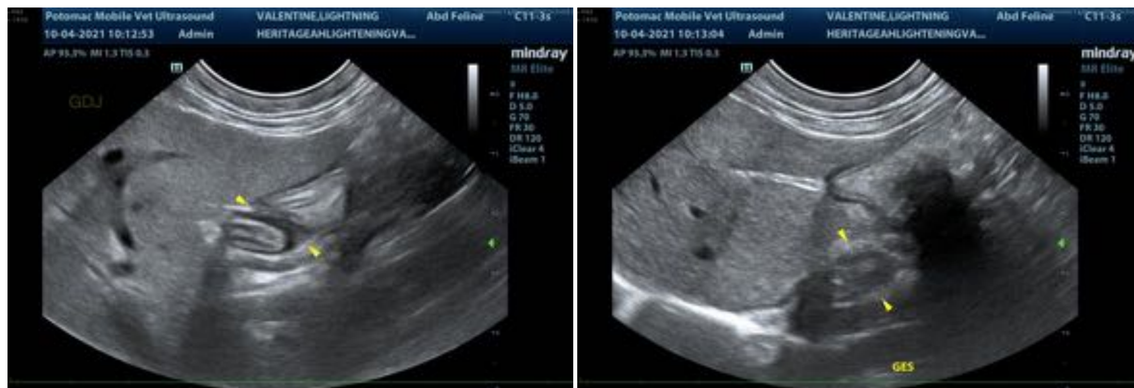

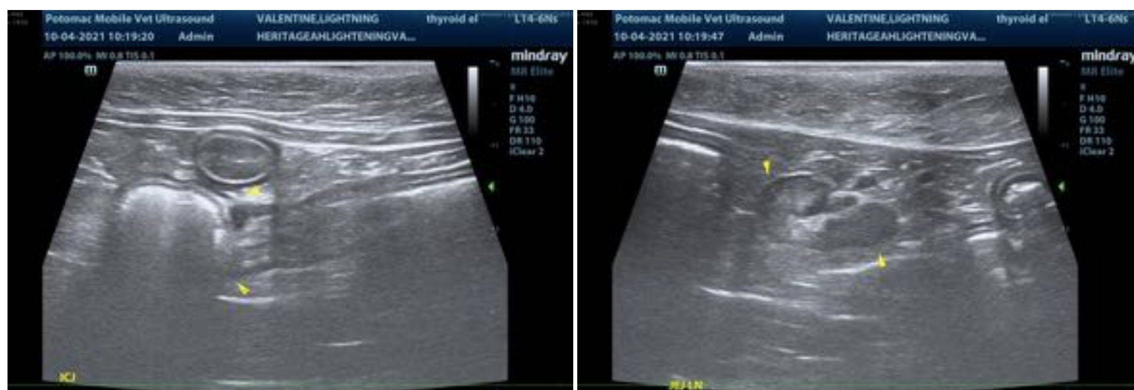

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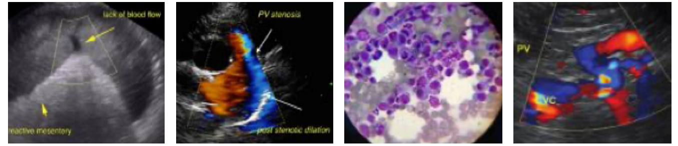

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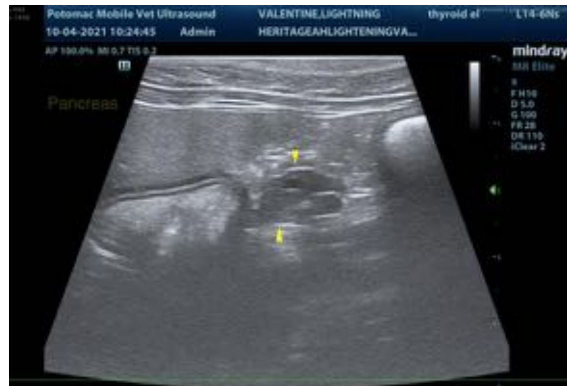

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea.nicastro@sonopath.com