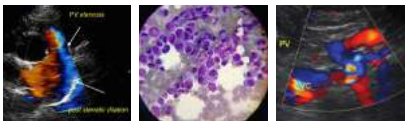
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**DATE**

10/5/21

**PATIENT**

Izzie Skipper

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Male Neutered

**AGE**

2007

**WEIGHT**

10.5 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Padonia Veterinary Hospital

**REFERRING VET**

Dr. Youssef

**INVOICE**

11960kk

## PRESENTING CLINICAL SIGNS

Vomiting Blood.

Lab Results & Radiographs: Mild hypercalcemia at 12.1, CBC is unremarkable, FeLV/FIV and feline coronavirus are negative.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Sedation not necessary.

Stat Report: Stat report not requested.

## 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 is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. 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 (3.69 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild to moderate pyelectasia is present (0.28 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

The right kidney is normal size (3.75 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild to moderate pyelectasia is present (0.32 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

### *Adrenal Glands*

The left adrenal gland is mildly enlarged (0.58 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

### *Spleen*

The spleen is normal in size (0.84 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. Numerous, intrahepatic biliary stones are visualized. Hepatic vasculature is of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. A scant amount of echogenic debris is suspended within the lumen. A choledocolith is suspected in the region of the gall bladder neck. The cystic and common bile ducts are normal without evidence of obstruction.

### *Gastrointestinal*

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 is normal to mildly

thickened (up to 0.29 cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. Shadowing fecal material is observed within the colonic lumen. There is no evidence of obstruction.

### *Pancreas*

The pancreas is prominent in size, particularly in the region of the right limb. There is 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 mildly dilated (0.34 cm in diameter). There is no evidence of peripancreatic 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:**

**An obvious cause for the patient's hematemesis is not identified in this study. Considerations include gastric ulceration associated with primary gastrointestinal disease (i.e., Helicobacter infection, inflammatory bowel disease, neoplasia, food allergy), pancreatitis or an underlying metabolic disorder (i.e., gastrinoma) versus other.

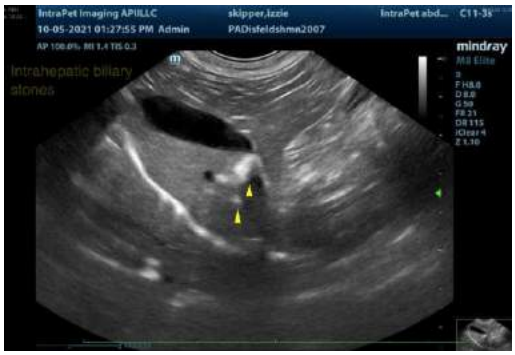
- The pancreatic changes are consistent with chronic pancreatitis.
- The mild small intestinal wall thickening is most consistent with an inflammatory process. However, emerging neoplasia cannot be completely excluded.

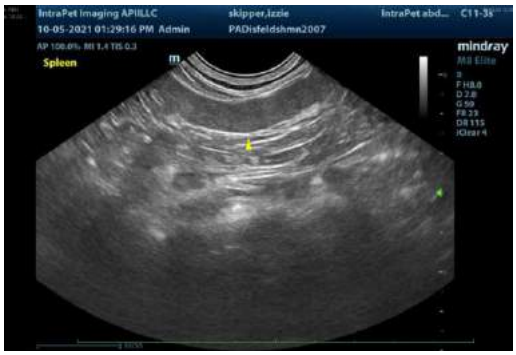
**Secondary Findings:**

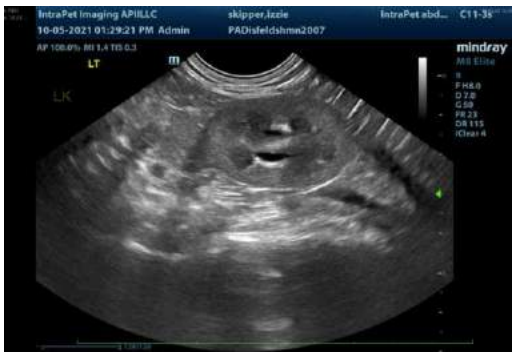
- Bilateral, age-related renal changes with dystrophic mineralization and pyelectasia.
- Urinary bladder debris.
- The mild left adrenomegaly may be secondary to stress hyperplasia or an early neoplastic process.
- Intrahepatic biliary stones and a suspected small choledocolith – incidental.

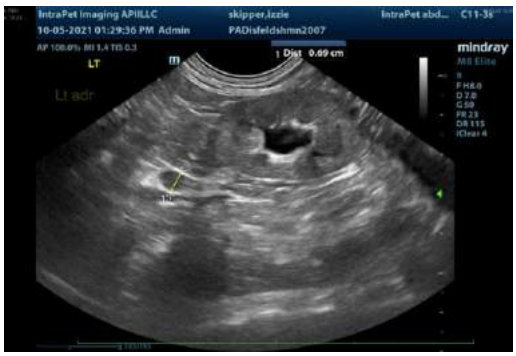
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

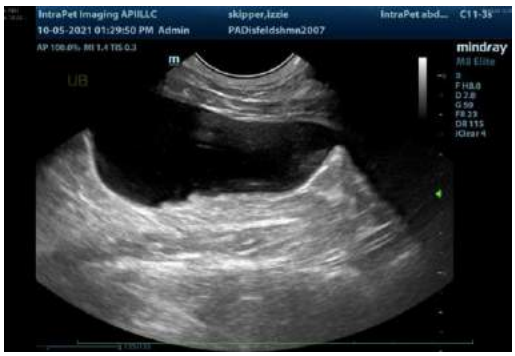
1. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
2. An upper GI endoscopy with gastrointestinal biopsies is recommended for further evaluation of the hematemesis. If endoscopy is inconclusive, consider a serum gastrin level to further evaluate for gastrinoma, which may be difficult to identify sonographically if small.
3. A malabsorption panel including serum cobalamin, folate, PLI and TLI should also be considered to further assess for underlying pancreatic and small intestinal disease.
4. Regarding the bilateral pyelectasia, consider a urinalysis and urine culture and sensitivity to assess for a urinary tract infection.
5. Given the hypercalcemia, an ionized calcium +/- PTH/PTHrP should also be considered.

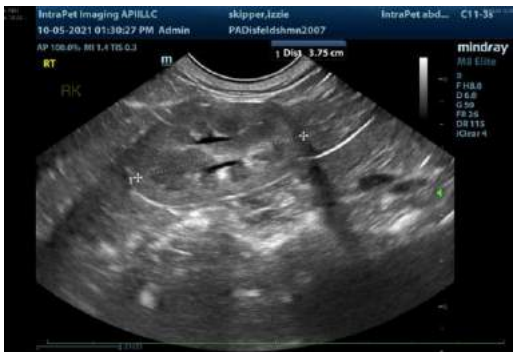

IntraPet Imaging APIILLC
skipper,lizzie
IntraPet abd... C11-3s
10-05-2021 01:27:55 PM Admin
PADisfeldshmn2007
mindray
Intrahepatic biliary stones

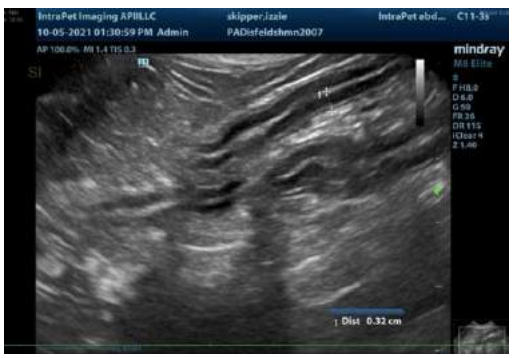

IntraPet Imaging APIILLC
skipper,lizzie
IntraPet abd... C11-3s
10-05-2021 01:29:16 PM Admin
PADisfeldshmn2007
mindray
Spleen

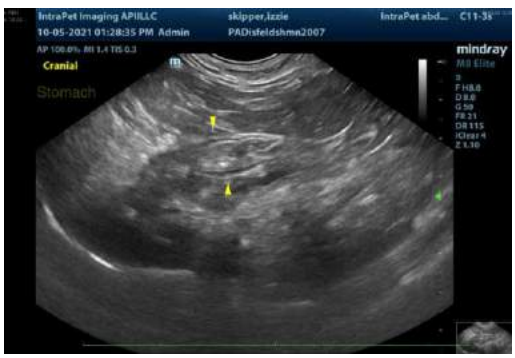

IntraPet Imaging APIILLC
skipper,lizzie
IntraPet abd... C11-3s
10-05-2021 01:29:21 PM Admin
PADisfeldshmn2007
mindray
LT
LK

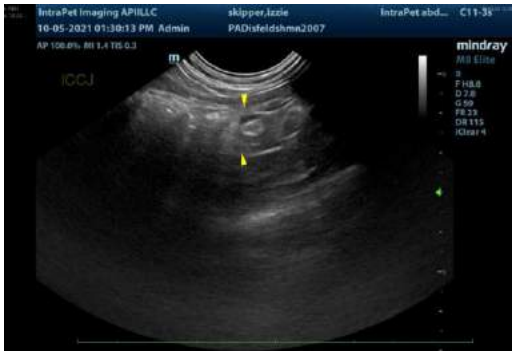

IntraPet Imaging APIILLC
skipper,lizzie
IntraPet abd... C11-3s
10-05-2021 01:29:36 PM Admin
PADisfeldshmn2007
mindray
Dist 0.69 cm
LT
Lt adr

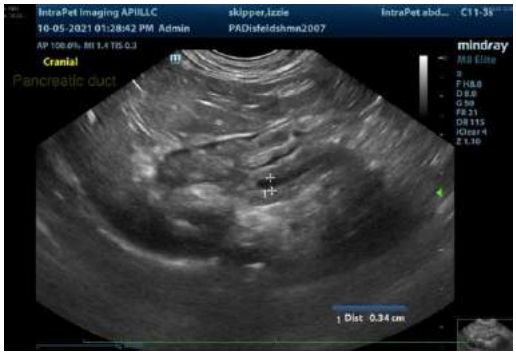

IntraPet Imaging APIILLC
skipper,lizzie
IntraPet abd... C11-3s
10-05-2021 01:29:50 PM Admin
PADisfeldshmn2007
mindray
UB


IntraPet Imaging APIILLC
skipper,lizzie
IntraPet abd... C11-3s
10-05-2021 01:30:27 PM Admin
PADisfeldshmn2007
mindray
Dist 3.75 cm
RT
RK


IntraPet Imaging APIILLC
skipper,lizzie
IntraPet abd... C11-3s
10-05-2021 01:30:59 PM Admin
PADisfeldshmn2007
mindray
SI
Dist 0.32 cm


IntraPet Imaging APIILLC
skipper,lizzie
IntraPet abd... C11-3s
10-05-2021 01:28:35 PM Admin
PADisfeldshmn2007
mindray
Cranial
Stomach




**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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com