

**DATE PRESENTING CLINICAL SIGNS**

10.6.2022 Chronic vomiting, stage 2 CKD, muscle wasting, anorexia and weight loss.

PATIENT

Current Medications: Metronidazole 31.25mg BID.
 Lab Results: See attached.
 Radiographs: See attached Report.
 Penny Nelson Creatinine 2.5. BUN 34. USG 1.029. 1+ proteinuria. Inactive sediment. Normal T4.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Requested by DVM.
 Imaging Performed By: Andi Parkinson, RDMS

BREED

Siamese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** 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 is normal.

SEX

Spayed Female

AGE

11/21/2008

The **left kidney** is borderline small in size (3.06 cm in length); with a normal shape and architecture with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

6.73 lbs

The **right kidney** is normal size (3.03 cm in length); with a normal shape and architecture with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro,
 DMV, Diplomate
 DACVIM (Small
 Animal
 Internal Medicine)

Adrenal Glands

The **left adrenal gland** is normal size (0.47 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 (0.69 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.

HOSPITAL NAME

Cat Hospital at
 Towson

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.

REFERRING VET

Dr. Slaughter

INVOICE

11781

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of partially dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are visible, but not overtly dilated.

Gastrointestinal

The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. Several small intestinal segments are moderately fluid-distended and hypomotile. Distal to the dilated segments, a 1.40 cm focal annular thickening of the intestinal wall is present, with minimal

obstruction. The mesentery effacing the serosal surface of this lesion is hyperechoic. The wall in this region is thickened (up to 0.53 cm) with a loss of the normal layering pattern. Distal to this thickening, the small intestinal lumen is empty. In the remaining small intestinal segments, the wall is moderately thickened (up to 0.43 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio. The ileocecolic junction and colonic wall are normal.

Pancreas

The right limb is prominent in size with normal curvilinear peripheral contours. A 1.03 x 0.80 cm well-demarcated, hypoechoic area is visualized. The remaining parenchyma is of appropriate echogenic and echotexture. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The focal annular thickening of the jejunum could be consistent with neoplasia (i.e., adenocarcinoma), stricture, a severe inflammatory process, other. Adjacent peritonitis is present. The lesion is causing at least partial luminal obstruction.
- The hypoechoic pancreatic lesion could be consistent with infarction, inflammatory focus, emerging neoplasia, other.

Secondary Findings

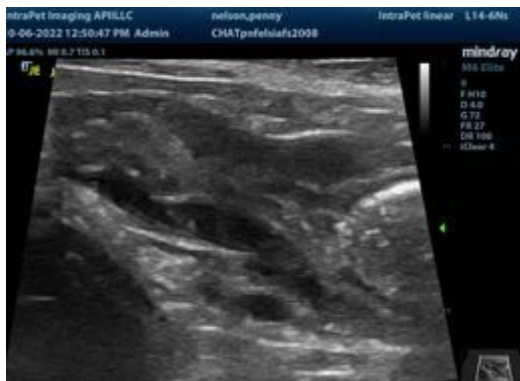
- Bilateral chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

If there is no evidence of pulmonary metastatic disease, consider an abdominal exploratory with biopsy +/- removal of the abnormal section of jejunum, with submission for histopathology. The hypoechoic pancreatic lesion should also be biopsied at the time of surgery.

Also consider a malabsorption panel including serum cobalamin and folate, TLI and PLI to assess for maldigestion/malabsorption.



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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