

**DATE PRESENTING CLINICAL SIGNS**

11.1.2022 Chronic vomiting.

**PATIENT**

Misha Mehr

Current Medications: Famotidine 10mg ½ SID.  
 Radiographs: See attached report.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

**SPECIES**

Feline

Imaging Performed By: Stephanie Warga RDCS, RVT.

**BREED**

DSH

**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.

**SEX**

Spayed Female

The left kidney is normal size (3.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

7/1/2021

The right kidney is normal size (3.52 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

10.2lbs

**Adrenal Glands**

The left adrenal gland is normal size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

The left adrenal gland is normal size (0.24 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.96 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

The gall bladder lumen is mildly to moderately distended. The wall is borderline thickened and hyperechoic. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**INVOICE**

11943

**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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The

ileocecocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

### **Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

### **Free Abdomen**

There is no evidence of free fluid. A 1.08 cm lymph node is observed near the aortic trifurcation. In addition, a few prominent mesenteric lymph nodes (the largest measuring 0.89 cm in length) are seen.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

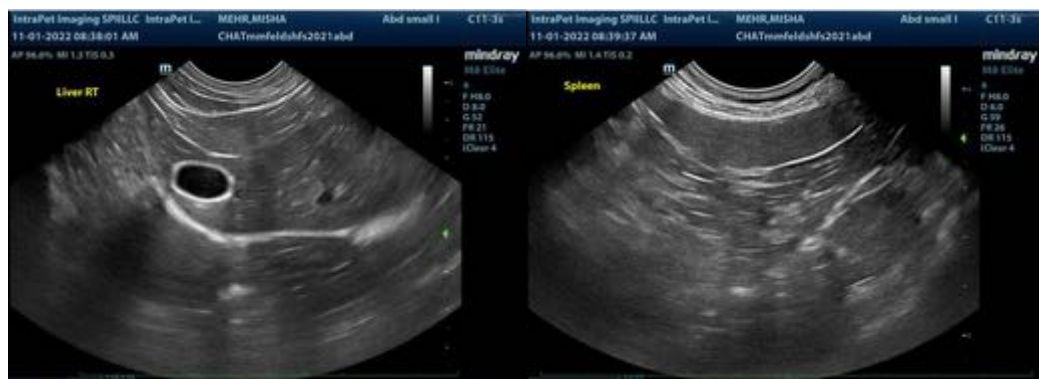
- The prominent abdominal lymph nodes are most likely reactive, with a lower possibility of emerging neoplasia.
- The gall bladder changes are suggestive of cholecystitis. Correlation with clinical history and liver values is recommended

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Baseline lab work, including a CBC chemistry panel, urinalysis and T4 is recommended, if not already performed.

Other diagnostic considerations include the following:

1. Fecal evaluation for ova and Giardia
2. Malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended
3. Hydrolyzed protein or limited antigen diet trial
4. GI biopsies (endoscopic or surgical)





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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