

**DATE**

11/15/2021

**PRESENTING CLINICAL SIGNS**

History: has lost 1.2# since April; decreased appetite. P sees a cardiologist and was dx'd w/ HCM.  
 Current Medications: Atenolol 25mg - 1/4 tab BID, Enalapril 2.5mg - 1 tab SID, Plavix 75mg - 1/4 tab SID.  
 USG 1.016, no proteinuria. Renal tech positive. CBC and chemistry WNL.  
 Date of Previous IntraPet Ultrasound: No previous IntraPet scans.  
 Sedation: Owner forgot Gabapentin. Kept in quiet room prior to scan.  
 Stat Report: Not requested.

**PATIENT**

Sylvester Kean

**SPECIES**

Feline

**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 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.

**BREED**

Domestic shorthair

The left kidney is normal size (3.21 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**SEX**

Male, neutered

The right kidney is normal size (3.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

12/1/2013

**Adrenal Glands**

The left adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**WEIGHT**

10.63 lbs.

The right adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

**Spleen**

The spleen is normal in size (0.70 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.

**IMAGING PERFORMED BY**

Stephanie Pearce RDCS,  
 RVT

**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 gall bladder lumen is moderately distended. A bi-lobed confirmation was present. The wall is thin and smooth. A small amount of mostly gravity dependent echogenic debris is observed within the lumen. The distal common bile duct is dilated (up to 0.93 cm at the level of the duodenal papilla). The duodenal papilla itself is borderline thickened (up to 0.57 cm). There is no obvious evidence of an intraluminal common bile duct obstruction.

**HOSPITAL NAME**

Charm City VH

**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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discrete masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**REFERRING VET**

Dr. Karbonik

**INVOICE**

12527

**Pancreas**

The left limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and diffusely mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated. There is no evidence of pancreatitis.

effusion.

### ***Free Abdomen***

The mesentery in the right cranial quadrant is hyperechoic. No free fluid is observed. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- The small intestinal wall changes are most consistent with inflammatory bowel disease. However, there is minor potential for emerging lymphoma.
- The significance of the dilated distal common bile duct is unclear as there is no obvious evidence of an intraluminal obstruction. The dilation may be secondary a small obstruction within the duodenal papilla, secondary to previous passing of a choledocolith, cholangitis, other. Regional peritonitis is present.

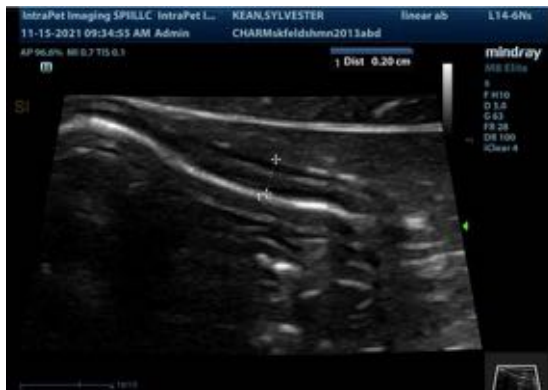
### **Secondary Findings:**

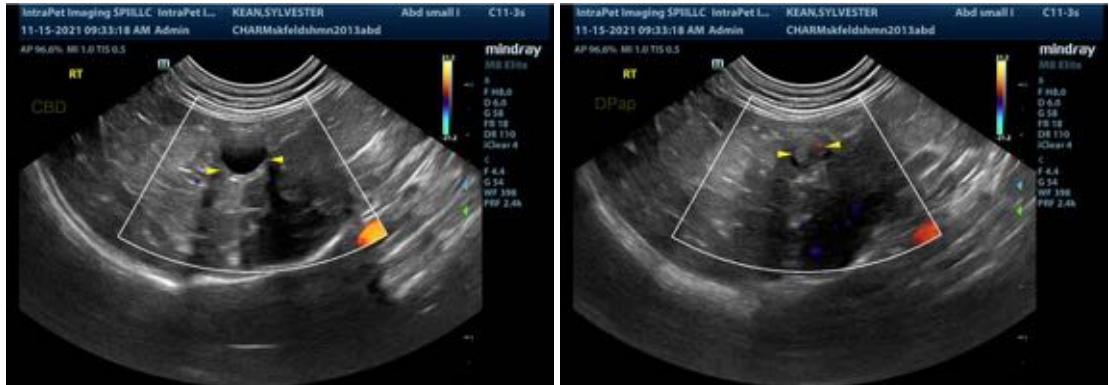
- Bilateral, age-related renal changes.
- Urinary bladder debris.

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

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Other diagnostic considerations include:
  1. GI panel (send to Texas A & M).
  2. A fecal evaluation for ova/Giardia.
  3. +/- endoscopic or surgical gastrointestinal biopsies. If biopsies are pursued, evaluation of bile duct patency is recommended which would be performed by a board-certified surgeon.







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