

**DATE PRESENTING CLINICAL SIGNS**

11/5/21 History: vomiting, increased frequency. H/O IBD. Currently on hydrolyzed protein diet.

**PATIENT**

Spooky Lippy

Current Medications: Owner unable to medicate. Was previously prescribed Atenolol.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

DSH

**SEX**

Neutered Male

**AGE**

4/12/2011

**WEIGHT**

9.875 Pounds

**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 moderate amount of aggregated echogenic suspended 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 2.0 cm, are normal.

The left kidney is normal size (3.99 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter.

The right kidney is normal size (3.95 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 hydroureter.

**INTERPRETED BY**

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Diplomate DACVIM  
(Small Animal  
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**Adrenal Glands**

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**HOSPITAL NAME**

Timonium AH

**Spleen**

The spleen is normal in size (0.82 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.

**REFERRING VET**

Dr. McMichael

**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.

**INVOICE**

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The gall bladder is moderately distended. The wall is normal in thickness. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**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 0.27 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosa ratio in most segments. Discreet masses are not identified. The ileocecal junction and colonic wall is normal. There is no evidence of an obstructive pattern.

### ***Pancreas***

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

### ***Free Abdomen***

There is no evidence of free fluid. 1-2 lymph nodes are visible adjacent to the ileocecal junction.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- The bowel pattern is most consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

### **Secondary Findings**

- Age-related pancreatic remodeling/fibrosis +/- concurrent inflammation. Correlation with clinical findings is recommended.
- Bilateral age-related renal changes with a left cortical infarct
- Urinary bladder debris

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

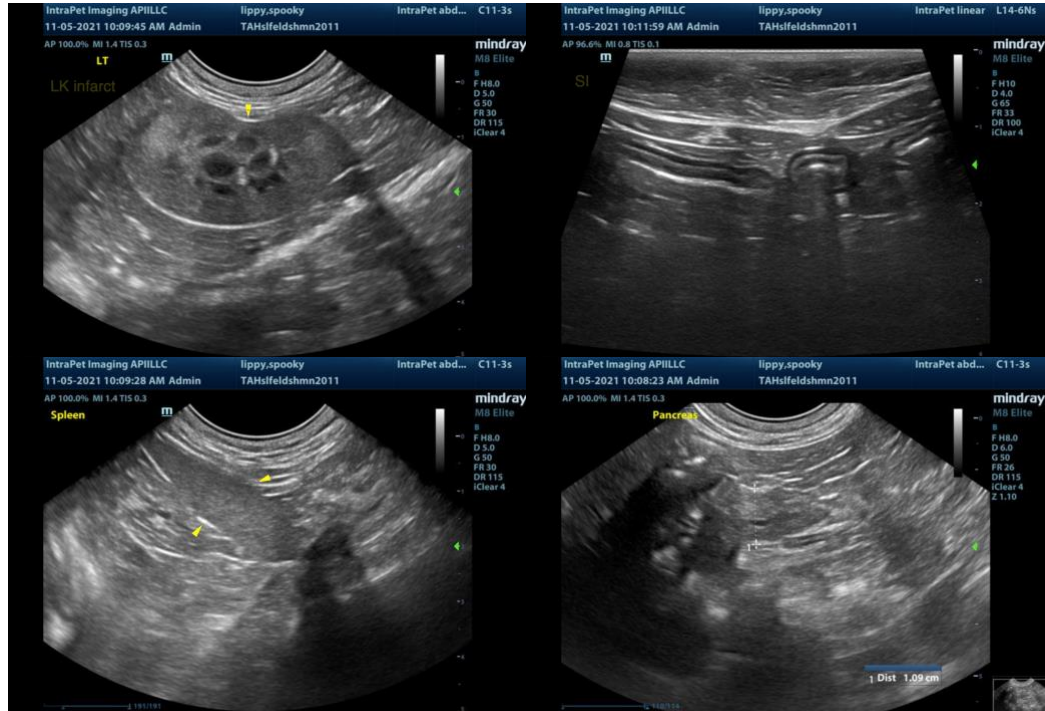
- Baseline lab work, including a CBC/chemistry panel, urinalysis and T4 is recommended, if not already performed.

The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies
4. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
5. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.

6. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.





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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