

**DATE PRESENTING CLINICAL SIGNS**

12/1/21

PATIENT

Freyja Dodwell

History: History: 1 1/2-year history of intermittent diarrhea and vomiting ~2X/week. Bouts of inappetence. Most recently diarrhea for ~1 month with vomiting 1-2X/week. June 30th had bloodwork and Texas GI panel done, all normal. Did test positive for whipworms ~1 year ago, treated with 6 rounds of Panacur. Is currently on Blue Buffalo chicken recipe. Fecal to Idexx pending-will be back on Monday.

SPECIES

Feline

Current Medications: Metronidazole 50 mg BID PO, started 11/27, Provable started 11/22, Vitamin B12 inj. on 11/27.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Gabapentin.

BREED

Stat Report: Not requested.

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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 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 2.0 cm, are normal.

AGE

3/4/18

The left kidney is borderline small in size (2.91 cm in length) with a normal shape and architecture with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

8.4 Lbs.

The right kidney is normal size (3.50 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 hydroureter.

INTERPRETED BY

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(Small Animal
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IMAGING PERFORMED BY

Andi Parkinson RDMS

Adrenal Glands

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.26 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Paradise AH

Spleen

The spleen is normal in size (0.80 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. King

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 portal vein to caudal vena cava ratio is approximately 1:1.

INVOICE

12773

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

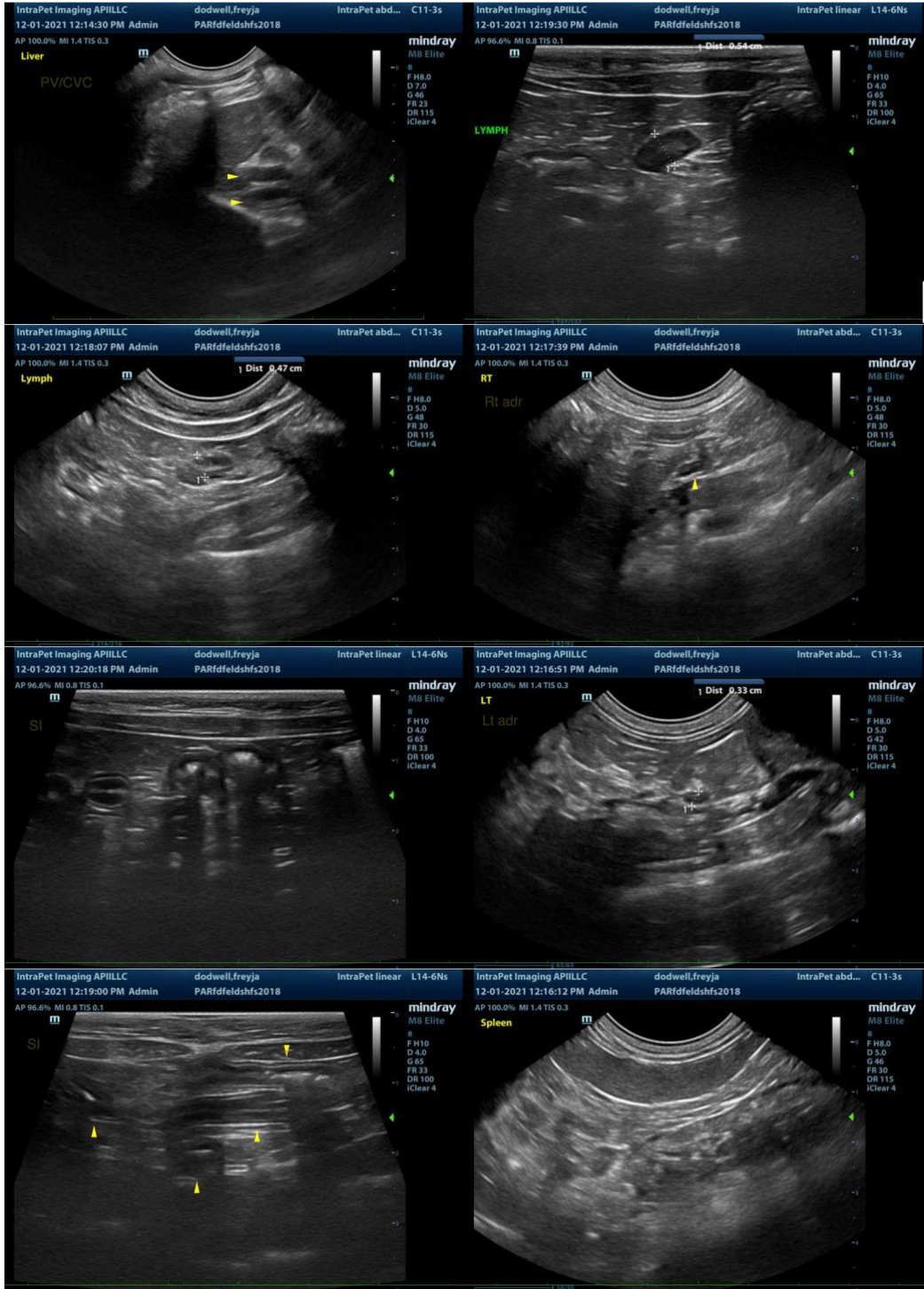
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 1.19 cm sublumbar lymph node is visualized. In addition, a 0.96 cm medial iliac lymph node is seen. A few prominent mesenteric lymph nodes are also observed.

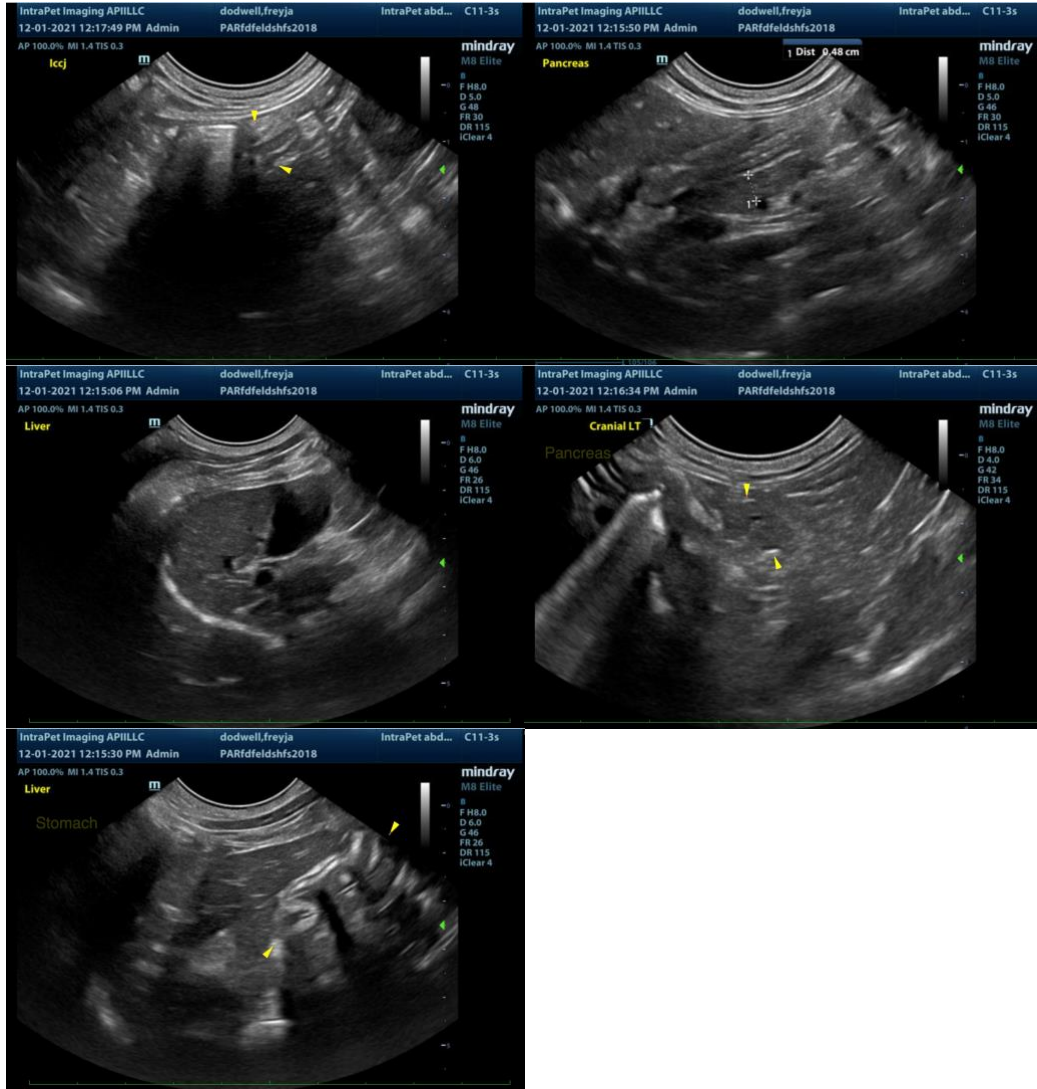
ULTRASONOGRAPHIC FINDINGS

The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. The abdomen is otherwise unremarkable. An obvious cause for the patients' clinical signs is not identified in the study. Differentials include microscopic gastrointestinal or pancreatic disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a repeat baseline lab work, including a CBC/chemistry panel, urinalysis and T4 as well as a repeat GI panel (given the chronicity of the clinical signs).
- A 6-week limited antigen diet trial to assess for food allergies
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. Three-view thoracic radiographs should be performed prior to any anesthetic event.





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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