

**DATE PRESENTING CLINICAL SIGNS**

12/10/21

History: 11/2/21: Presented for weight loss (2lbs since 10/2020) and vomiting 3-4x weekly. P has been a chronic vomiter, but frequency has increased. PE: Grade 1 dental disease; remaining exam unremarkable.

**PATIENT**

Sasha Orlando

Lab Results: Bloodwork 11/2/21: CBC: wnl. Chemistry: wnl. UA (cysts): USG 1.042, pH 6.5, WBC 2-5/HPF, RBC > 100/HPF, no bacteria. T4: 2.0ug/dL.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Torb/Midazolam.

Stat Report: Not requested.

**BREED**

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 cm, are normal.

**AGE**

10/8/07

The left kidney is normal size (4.12 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 hydroureter.

**WEIGHT**

9.4 Lbs.

The right kidney is normal size (4.12 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 hydroureter.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Andi Parkinson  
RDMS

The right adrenal gland is normal size (0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Timonium AH

**Spleen**

The spleen is normal in size (0.57 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. Falkowski

**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**

10036

The gall bladder is mildly distended. The wall is slightly thickened and hyperechoic. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

### ***Gastrointestinal***

The gastric lumen is moderately distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains hard, shadowy fecal material. There is no evidence of an obstructive pattern.

### ***Pancreas***

A portion of the pancreas is obscured by the gastric distention. The visualized portions of the pancreas are normal in size with normal curvilinear peripheral contours, and is largely isoechoic, relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

### ***Free Abdomen***

There is no evidence of free fluid. A 0.47 cm gastric lymph node is visualized.

## **ULTRASONOGRAPHIC FINDINGS**

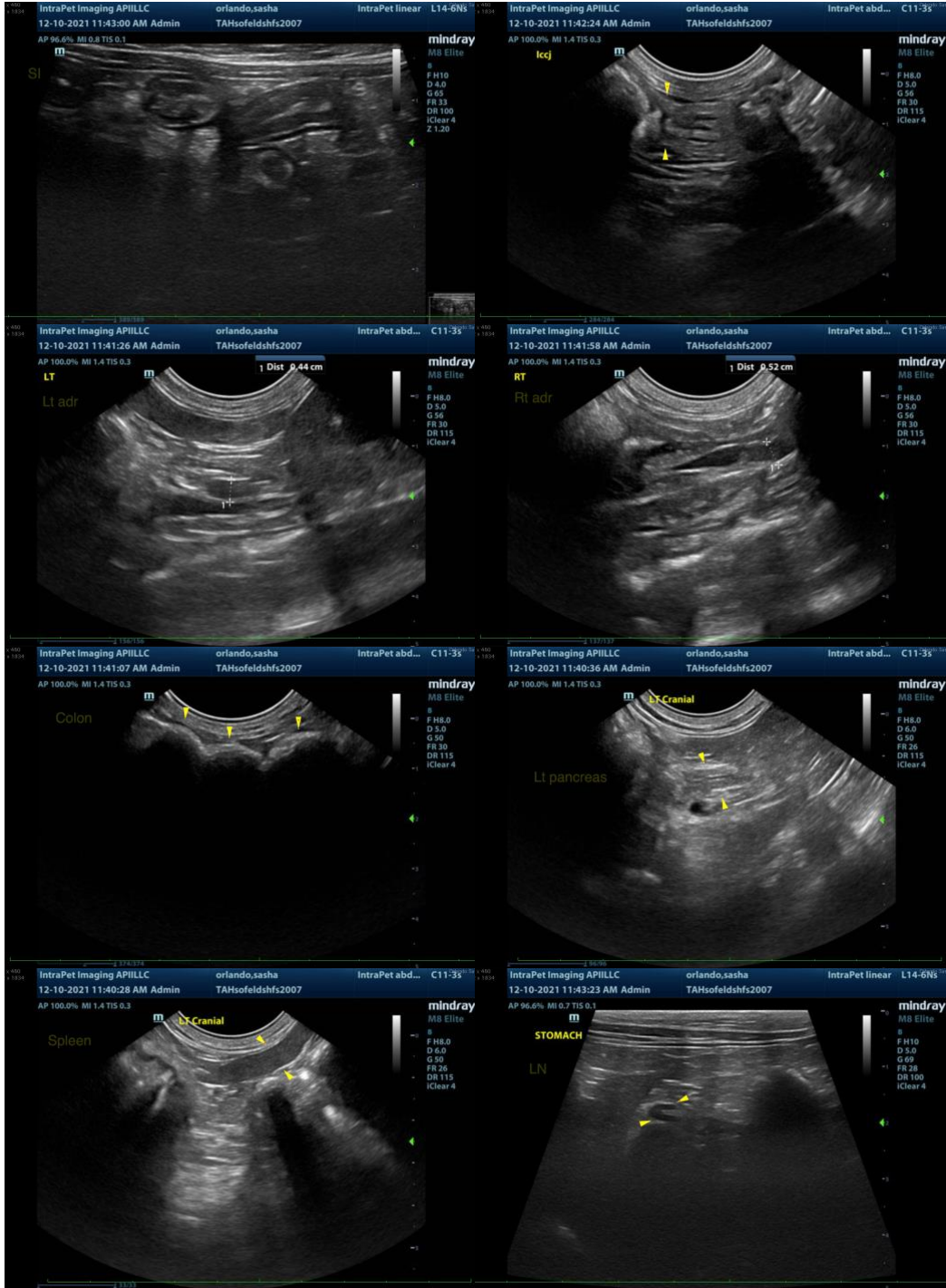
- Minor age-related renal changes
- The slight gall bladder wall thickening may be artifactual due to lack of full repletion. Alternatively, it may be secondary to benign age-related hyperplasia or cholecystitis.
- The prominent gastric lymph node is likely reactive.
- Correlation with clinical findings is recommended.

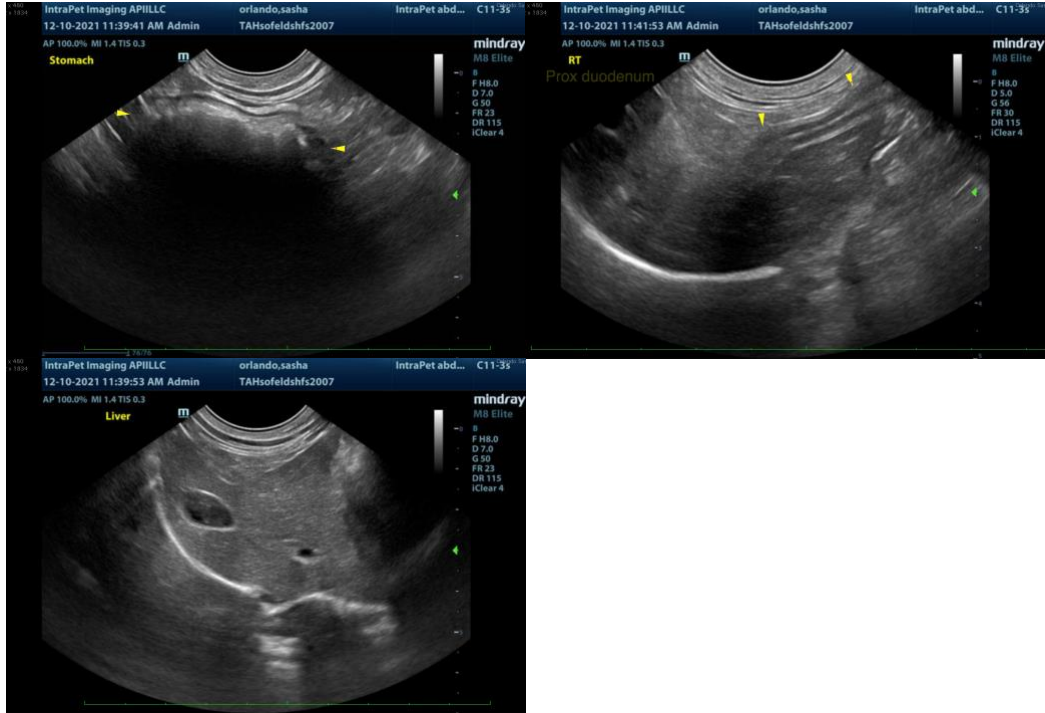
\*An obvious cause for the patient's clinical signs is not identified in this study. Possible differentials include primary gastrointestinal disease (i.e., food allergy, inflammatory bowel disease, intestinal dysbiosis), low-grade pancreatitis, underlying metabolic issue, other.

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

The following diagnostic/treatment recommendations can be considered:

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

**Andrea Nicastro**, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
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