

DATE

12/10/21

PRESENTING CLINICAL SIGNS

History: Decreased appetite and daily vomiting for a few weeks. Small hard fecal balls.

PATIENT

Sophie Reed

Current Medications: Mirtazapine transdermal started 12/7/21
Convenia given 12/7/21 (40mg).

SPECIES

Feline

Lab Results: Neutropenia mild (2050).
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder is contracted. The wall is of appropriate thickness for the level repletion. A 0.57 cm cystic calculus (versus accumulation of mineralized sand) is observed within the lumen. The region of the trigone is normal.

AGE

2/3/13

The left kidney is normal size (3.88 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.

WEIGHT

9.8 Lbs.

The right kidney is normal size (4.25 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

Andrea Nicastro, DMV,
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Internal Medicine)

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

IMAGING PERFORMED BY

Andi Parkinson RDMS

Spleen

The spleen is normal in size (0.60 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

Timonium AH

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. Kauder

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

INVOICE

10038

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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma in the right limb is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

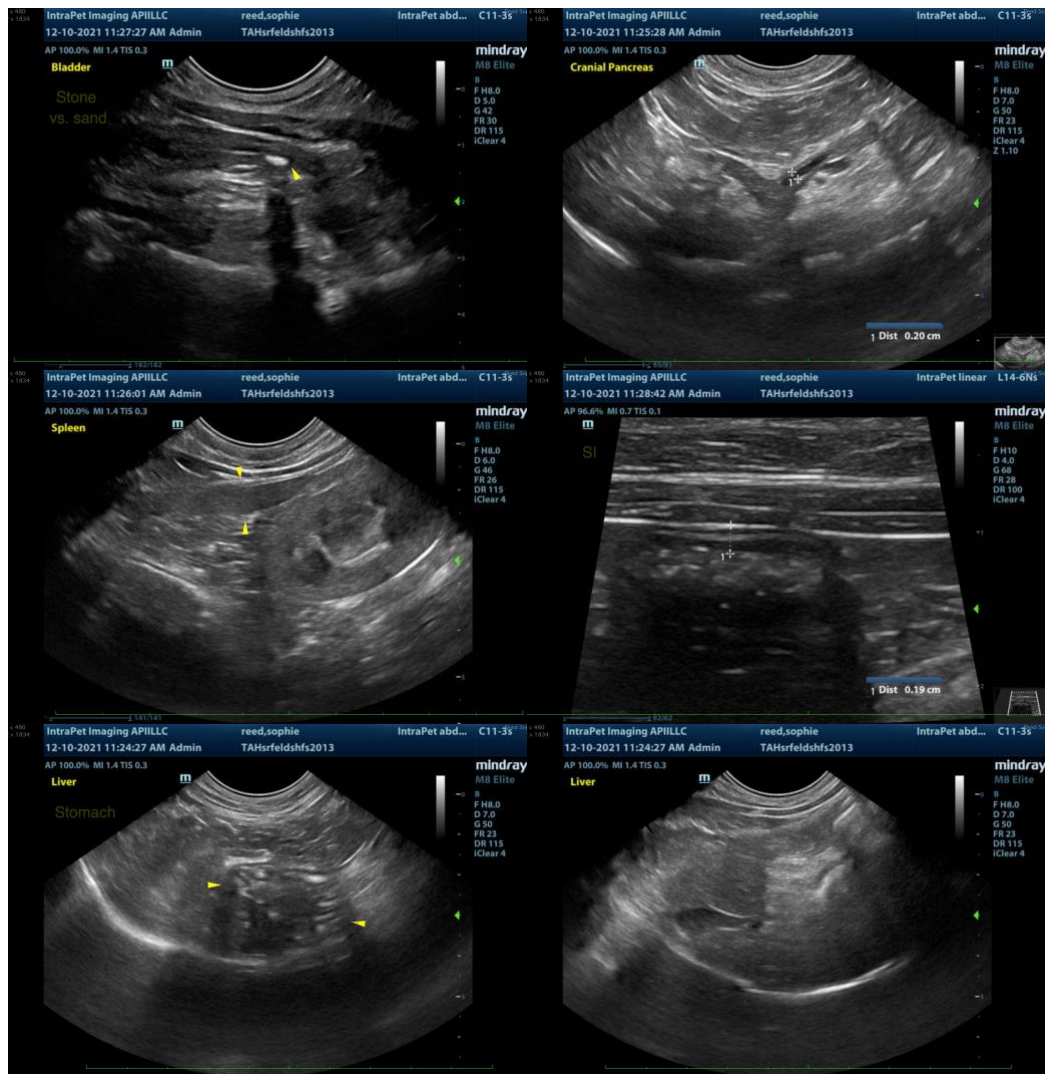
- Cystic calculus versus accumulation of mineralized sand
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include GI disease, 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 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. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.
 6. Three-view thoracic radiographs should be performed prior to any anesthetic event.
- Regarding the bladder stone/sand, consider abdominal x-rays to further determine if a discreet stone is present. If so, consider the following options: A cystotomy with stone removal, analysis and culture, or medical dissolution of the stones with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy

should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.



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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