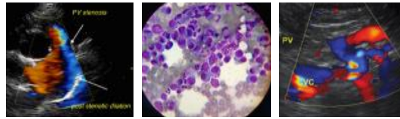


DATE

12/3/21

PATIENT

Terry Narrow

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11/17/2008

WEIGHT

8.2 Lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. King

INVOICE

12821

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Not Eating. Date: 11-30-2021 Notes: Seen in 2020 for acute resp distress and suspected thromboemboli to the brain treated with cardiac meds-- did well. Has subsequently seen a cardiologist and has been stable, has not had CHF again. Saw cardio mid-November, had lab work --mild azotemia , otherwise ok Has not been eating well for over 10 days, unable to give meds- will spit out/not take; lethargy; no v/d 11/19. Restrictive Cardiomyopathy, Atrial Fib, Smoke in Atrium. Assessment: Worried about underlying metabolic or worsening of renal disease; discussed possible underlying neoplasia; recommend we start with workup, see if there is an obvious treatable supportive care-- antinausea, appetite and try to get his heart meds into him.

Current Medications: Is on Xarelto 2.5 mg PO SID Furosemide 6.25 mg PO BID Pimobendan 1 mg PO BID Plavix 18.75 mg SID Dogoxin 0.125 1/4 EOD in Am Benazepril 1.25 mg SID PM Spironolactone 6.25 mg PO SID AM. Gabapentin, Cerenia, and Mirtazapine added in-hospital.
Lab Results: sysbp 98mmHg. Labs attached separately.
Radiographs: Xray Whole Body 2 view cardiomegaly; chronic lung changes but does not look like edema abdomen-- extremely thin- bowels subjectively thickened, firm stool. Markedly different from film in 2020. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 is moderately distended. A scant 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.

The left kidney is normal size (3.89 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. Renal vasculature is normal.

The right kidney is normal size (4.21 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is contracted with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.89 cm x 1.39 cm irregular cystic lesion is observed on the right side. The remaining parenchyma is homogeneous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The caudal vena cava is subjectively dilated (0.63 cm in diameter).

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

A small amount of anechoic free fluid is visualized. The abdominal lymph nodes are normal/not visible.

Other

A brief visualization of the heart reveals severe left atrial enlargement with “smoke” in the left atrium. Pleural effusion is also present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Severe left atrial enlargement. The pleural and peritoneal fluid as well as the dilated caudal vena cava are most consistent with congestive heart failure.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma

Secondary Findings

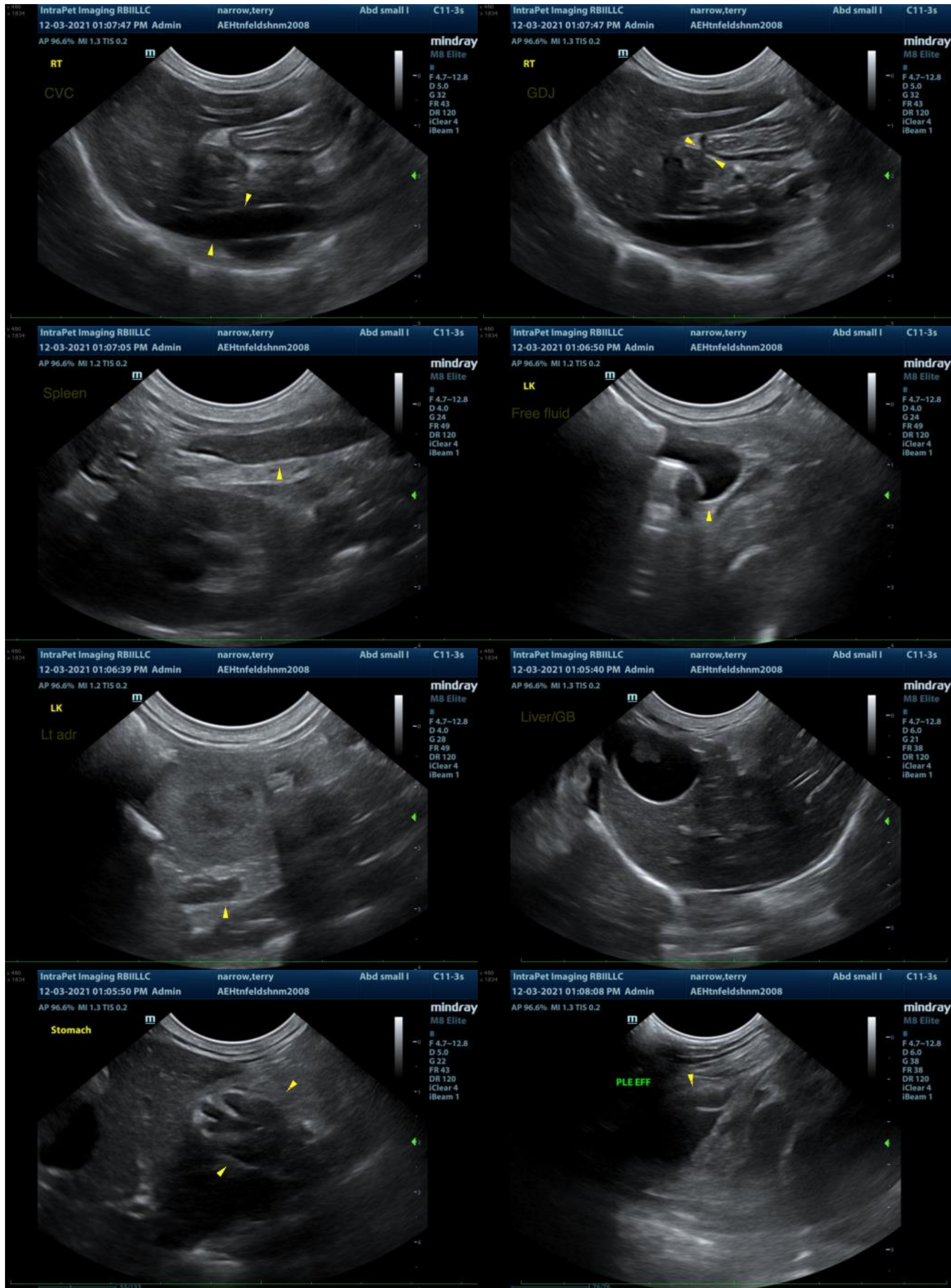
- The splenic contraction is likely secondary to dehydration.
- The hepatic cyst trends toward the benign with low potential for emerging neoplasia.

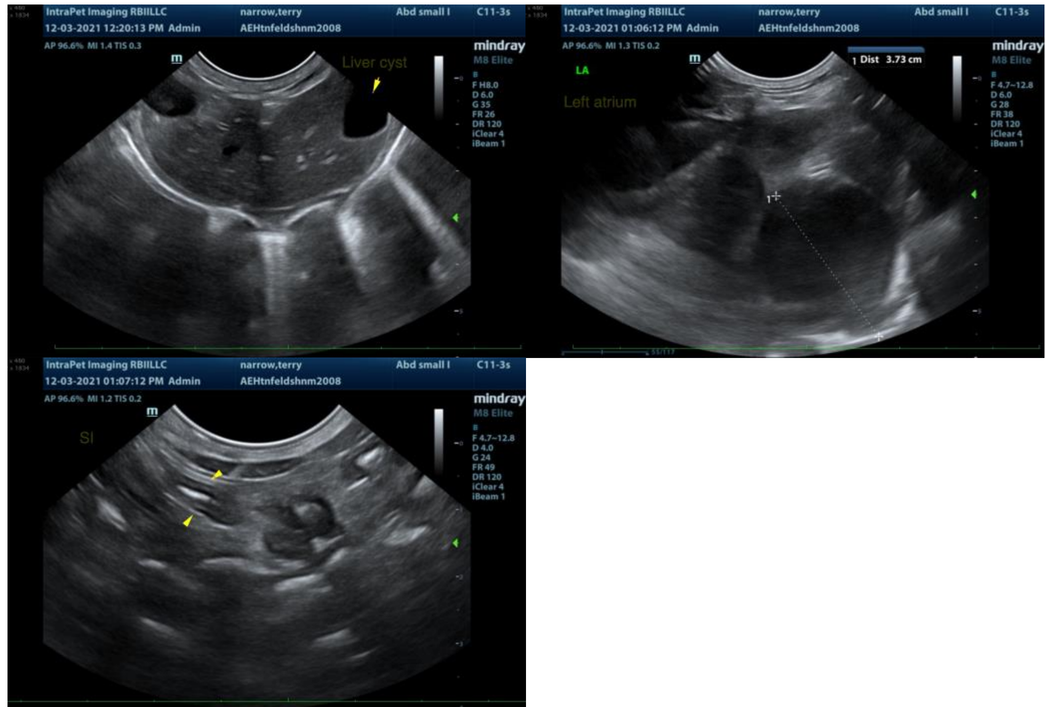
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Repeat thoracic radiographs are recommended to assess the degree of pleural effusion.

Therapeutic thoracocentesis may be warranted. Further consultation with the patient's cardiologist is also recommended.

- A GI panel can also be considered to further evaluate for small intestinal and pancreatic disease.





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)
info@SonoPath.com