**DATE**

12/30/2021

PRESENTING CLINICAL SIGNS

History: Presenting for a chronic history of vomiting that has increased in frequency. Appetite and bowel mvmts still wnl.

PATIENT

Precious Kahler

Current Medications: Cerenia 1 mg/kg PO SID for nausea.

Lab Results: CBC/CHEM/T4 BNP pending.

Radiographs: abdominal rads- caudal deviation of stomach- concerns for soft tissue opacity of liver.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Gabapentin.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce DCS, RVT.

SPECIES

Feline

BREED

DSH

PRESENTING CLINICAL SIGNS**SEX**

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

6/22/2007

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 small 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.

WEIGHT

7.2 Lb.

The left kidney is normal size (3.30 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 a questionable infarct at the cranial pole. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal in size (3.18 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Stephanie Pearce,
RDCS, RVT

Adrenal Glands

The left adrenal gland is normal size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Eastern Animal
Hospital

Spleen

The spleen is normal in size (0.93 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. Haviland

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

10095

The gall bladder is contracted. The wall is of appropriate thickness (0.21 cm) for the level of repletion. Luminal contents appear anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

gastric lumen is 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 mildly and diffusely distended with chyme. The small intestinal wall is diffusely thickened (up to 0.33 cm), with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis to mucosal ratio with a >1:1 ratio in some segments. Discreet masses are not identified. The muscularis layer at the ileocecal colic junction is prominent. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.06 cm in length

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with severe inflammatory bowel disease or emerging lymphoma.
- The prominent abdominal lymph nodes could be consistent with reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia.
- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.

Secondary Findings

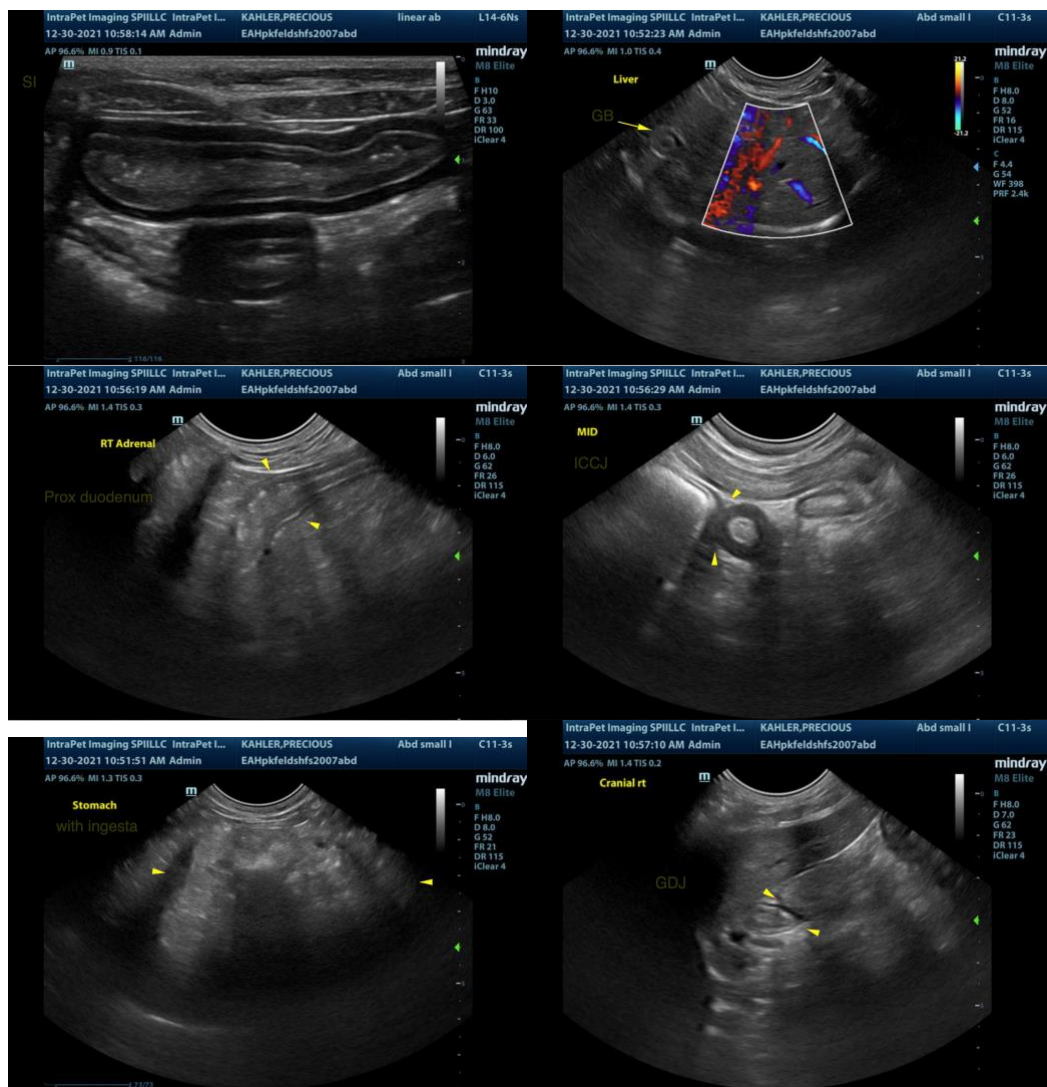
- Bilateral age-related renal changes with a questionable left cortical infarct.

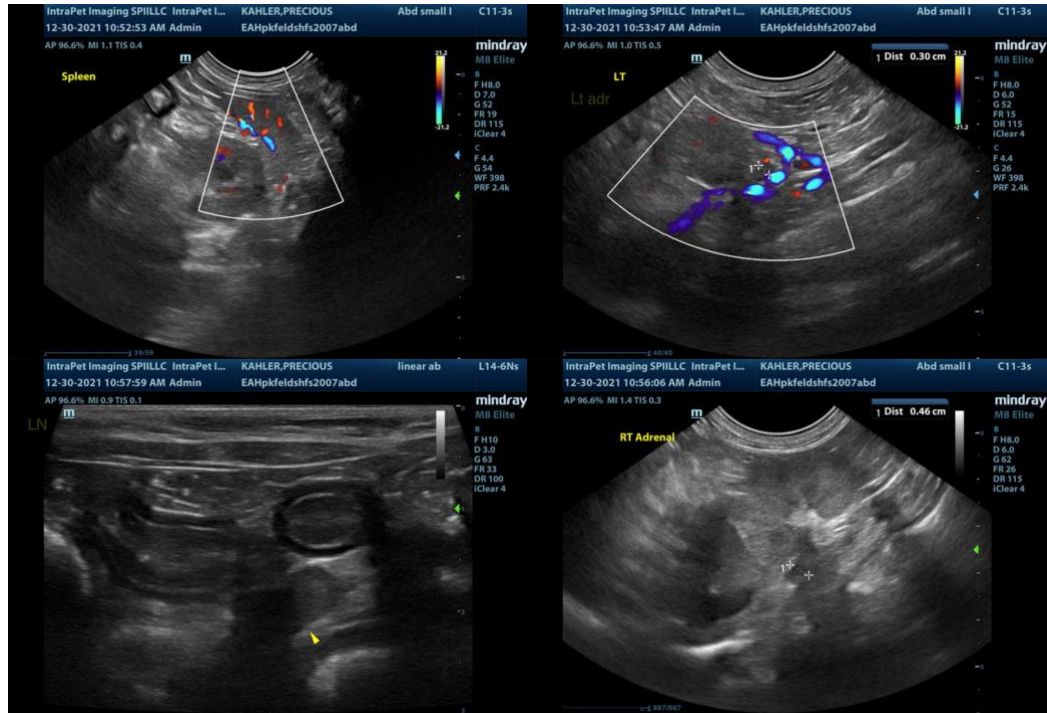
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 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.

- Three-view thoracic radiographs should be performed prior to any anesthetic event.
- If biopsies are not to be pursued, empirical treatment or inflammatory bowel disease (i.e., corticosteroids, hypoallergenic diet) can be considered as long as the client understands the risks of treatment without a definitive diagnosis.





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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