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Clinical Sonography & Telecytology
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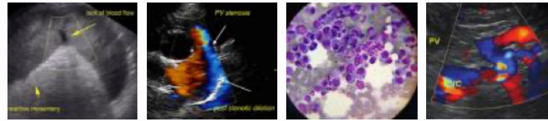


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Hunters Tomcat Durrel

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 years

WEIGHT

12.04 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark VC

REFERRING VET

Dr Hillberg

INVOICE

12228

DATE

2.15.23

PRESENTING CLINICAL SIGNS

History: ADR - open vomiting - inflammatory bowel vs other chomping/chewing at air - dental disease vs nausea vs neurological vs inflammatory bowel vs other - open anti-nausea medication TGH for now BW, UA o to get video of behavior may consider sedated oral exam + dental rads in future, abdominal ultrasound. Cerenia 16mg tab- None given this am, No AM food

CBC unremarkable. Chemistry SDMA 16. Globulin 2.4. USG >1.050 with proteinuria – inactive sediment.

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 mildly 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.

The left kidney is normal in size (3.86 cm in length) normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. The cortex is mildly thickened and there is mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.12 cm in length) normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. The cortex is mildly thickened and there is mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.70 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.

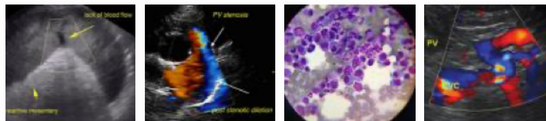
Liver

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.

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/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering



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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 ileocecal colic junction and colonic wall are 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
There is no obvious evidence free fluid. A 0.69 cm colic lymph node is visualized. In addition, a 0.50 cm gastric lymph node is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The prominent lymph node is likely reactive with a lower possibility of emerging neoplasia.

Secondary Findings

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.

  *The patient's clinical signs could be consistent with primary gastrointestinal disease. However, concurrent dental disease or other metabolic issues cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended, along with a fecal evaluation for ova and Giardia and a malabsorption panel, including serum cobalamin and folate, TLI and PLI.
- Also consider transitioning to a hydrolyzed protein or limited antigen diet.
- In addition, consider an oral examination with dental radiographs to assess for concurrent disease.
- Three-view thoracic radiographs are also recommended to assess for occult esophageal disease.
- Ultimately, GI biopsies (i.e., endoscopic, or surgical) may be necessary to get a definitive diagnosis.

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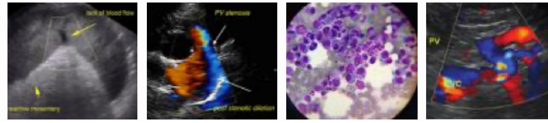

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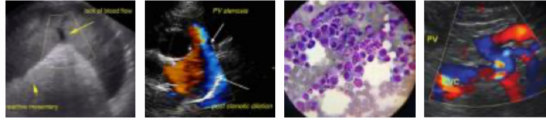
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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