



PATIENT PRESENTING CLINICAL SIGNS

Ella Ramai History: Vomiting every day for the last week. Eating and drinking normal. Temp 102.7 F
 Abnormal PE/Chem/CBC/UA Results: Total Protein 5.3 5.7 - 8.9 g/dL Albumin 2.6 2.2 - 4.0 g/dL Globulin 2.7 2.8 - 5.1 g/dL otherwise WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

SEX

Female Spayed

The left kidney is normal in size (3.81 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

AGE

4

The right kidney is normal in size (3.94 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

WEIGHT

12.5 lbs

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.

INTERPRETED BY

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

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

Spleen

The spleen is prominent-in-size (1.03 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Jeremiah Gabriel

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

CJAH

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Jeremiah Gabriel

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to 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. In one small intestinal segment, a small amount of soft, shadowing material is observed. The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis:mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.



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Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.26 x 0.55 cm). Surrounding mesentery is hyperechoic. In addition, a 0.81 x 0.34 cm gastric lymph node is seen.

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Free Abdomen

There is no obvious evidence of free fluid.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SEX

Female Spayed

- The small intestinal wall changes could be consistent with inflammatory bowel disease or less likely, emerging lymphoma.
- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying. The soft, shadowing material within the small intestinal lumen likely represents transient foreign material (i.e., hair). It appears nonobstructive at the time of this study.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

AGE

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WEIGHT

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Secondary Findings

- The mild splenomegaly may be a normal variant for this larger breed cat. Alternatively, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or emerging neoplasia) are considerations.

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Diplomate ACVIM
(Small Animal Internal
Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Feline leukemia, FIV and FIP testing are recommended (if not already performed).
- The following diagnostic/treatment recommendations can also be considered:
 1. Serum cobalamin, folate, PLI and TLI
 2. A fecal evaluation for ova/Giardia
 3. 3-4-week limited antigen or hydrolyzed protein diet trial to assess for food allergies
 4. Initiation with a probiotic may also prove beneficial.
 5. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
 6. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs are recommended prior to anesthesia.
 7. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider empirical treatment for Helicobacter gastritis, which includes a 14–21-day course of amoxicillin, metronidazole, clarithromycin and an acid blocker (i.e., omeprazole or famotidine).

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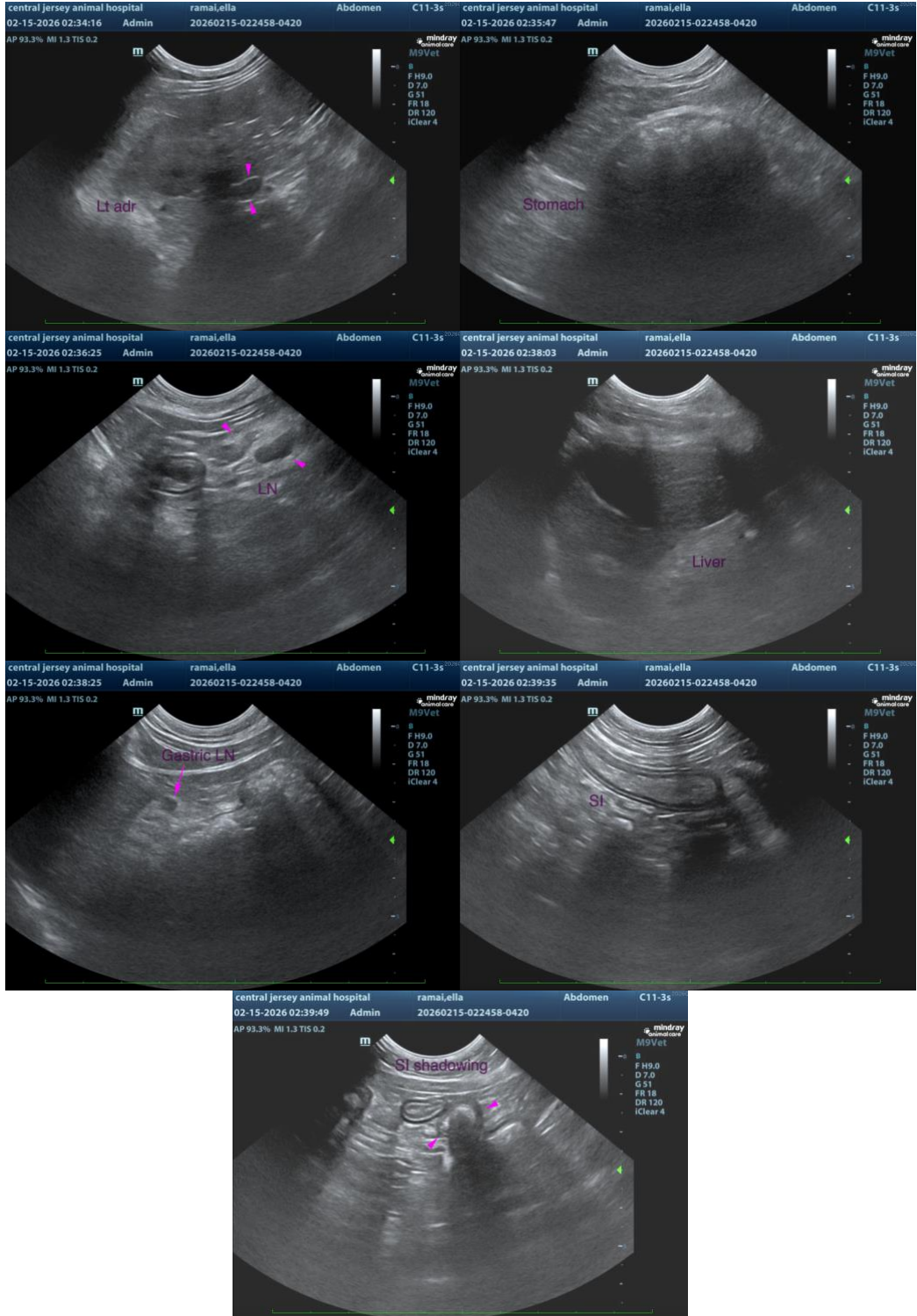
Jeremiah Gabriel

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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.

SPECIES

Feline

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.

BREED

DSH

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