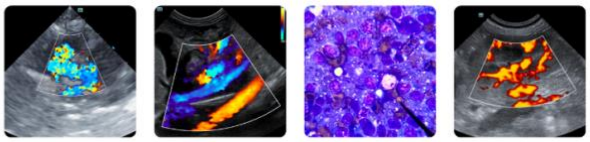


PATIENT

Aria Davis

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

9

WEIGHT

4.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Axenoff

HOSPITAL NAME

Wilvet South

REFERRING VET

Axenoff

INVOICE

22560

DATE

2-16-26

PRESENTING CLINICAL SIGNS

History: Patient presented for 3-day-history of vomiting; after 24 hours of vomiting, P was taken to rDVM and radiographs + blood work were unremarkable per O (records not available at this time). P did not respond to outpatient supportive care of Cerenia and subcutaneous fluids.

Intake diagnostics: CBC – unremarkable. EPOC - p02 170 (H), K+ 3.3 (L), Aa++ 1.13 (L), Glu 181 (H)

3-View Abdominal Radiograph Conclusions:
The GI changes are consistent with nonspecific functional ileus and diarrhea/colitis. A discrete, obstructive foreign body, or an obstructive small intestinal gas pattern are not appreciated.
Differentials include various forms of gastroenteritis (infectious, protozoal, parasitic disease, dietary indiscretion, dietary intolerance and allergic disease); acute-on-chronic enteropathy such as IBD or lymphoproliferative disease cannot be excluded. Feline pancreatitis, or other systemic disease (renal, hepatic) may also be considered. Suspect inguinal lymphadenopathy: This could be reactive, but lymphoproliferative disease is a concern. Correlate with clinical impression to consider fine-needle aspiration for cytology. No abdominal lymphadenopathy is noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A moderate-to-large amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.13 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (4.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 adrenal glands is evaluated. No obvious pathology is observed in this region.

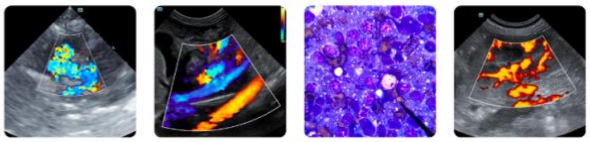
Spleen

The spleen is normal in size (0.84 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 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.

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



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen mildly-to-moderately fluid-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 segmentally fluid-distended (mild). 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.

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.

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.52 x 0.30 cm).

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's long-term clinical history is recommended. Mild gastrointestinal ileus is also present.

Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral nonspecific age-related renal changes
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucus, and/or lipid droplets.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A full chemistry panel, T4 and urinalysis are recommended to complete the minimum database (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. 6-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.

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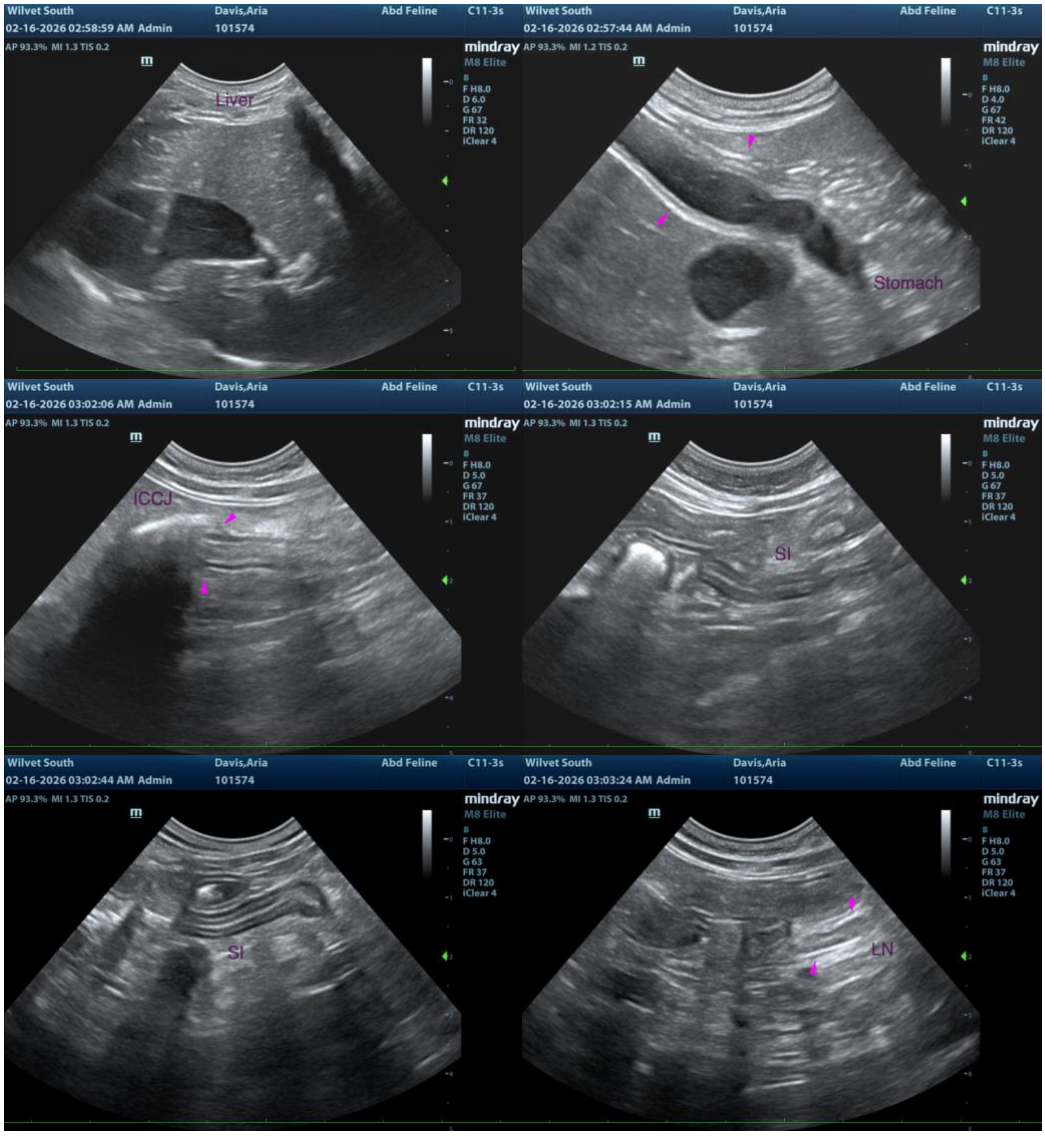
7. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider empirical treatment for Helicobacter gastritis, which includes a 14–21-day course of amoxicillin, metronidazole, clarithromycin and an acid blocker (i.e., omeprazole or famotidine).
8. While awaiting test results, continued symptomatic care is recommended.



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.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com