

**DATE**

2/21/22

PRESENTING CLINICAL SIGNS

Acute onset of vomiting, loose stool, not eating and lethargy.

PATIENTCassidy Martin-
Mosberger

Current Medications: Starting bolus of fluids 40mL first hour then 25mL/hr rest. Ampicillin 87mg IV 12:30PM, Metronidazole 43mg IV, Cerenia 4.3mg IV

Lab Results: ALT 1565, Bili 1.6, Glucose elevated mildly, Mild neutrophilia.

Radiographs: Radio-dense material in bowel. Can't tell if duodenum or colon. AUS to see where foreign material is located.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

SPECIES

Feline

BREED

Domesitc shorthair

SEX

Male, neutered

AGE

5/7/2012

WEIGHT

9 lbs. 10 oz.

INTERPRETED BYAndrea Nicastro, DVM,
Diplomate ACVIM
(*Small Animal Internal
Medicine*)**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 lumen 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 size (4.20 cm in length); normal shape and architecture with 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.

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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.83 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.

HOSPITAL NAME

Timonium AH

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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Gernhart

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The cecum appears to be dilated with liquid appearing fecal material. The proximal colon is severely distended with shadowing fecal material up until the level of the mid-descending colon. At this level there was a focal annular thickening (up to 0.65 cm)/stricture. Within this region there is a complete loss of the normal layering pattern. Distal to this pathology, the remaining descending colonic wall is normal and the lumen is empty.

INVOICE

12996

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly

hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. There is questionable mild lymphadenopathy adjacent to the colonic pathology.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The focal lesion (with subsequent stricture) in the descending colon is most concerning for a neoplastic process (i.e., adenocarcinoma, lymphoma). However, a severe inflammatory process with a stricture cannot be completely excluded.

Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, fine needle aspiration of the focal colonic wall thickening is recommended with care to avoid penetrating the colonic lumen. If cytology results are inconclusive, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis. Consultation with a board-certified surgeon is also recommended.





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.

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