



**PATIENT PRESENTING CLINICAL SIGNS**

Spitty Wilson History: intermittent vomiting with occasional blood. Hairballs always involved with vomiting.

**SPECIES** Current Medications: gabapentin 2 hours before AUS

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DLH The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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.

**SEX**

Spayed Female The left kidney is normal size (3.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

11/16/08

**WEIGHT**

13.5 Lbs

The right kidney is normal size (4.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY Adrenal Glands**

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine) The left adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**IMAGING PERFORMED BY**

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**Spleen**

The spleen is normal in size (0.87 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 Liver**

Sun Dog Cat Moon 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.

**REFERRING VET**

Dr. Kim A. Wilson

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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. The common bile duct can be followed to the level of the duodenal papilla, which is normal in size (0.46 cm in width).

**DATE**

2/28/22

**Gastrointestinal**



**PATIENT**

Spitty Wilson

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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 not dilated. The small intestinal wall is normal to mildly thickened (up to 0.44 cm). 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 pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mottled in appearance. A few small hypoechoic nodules are observed in the left limb. The pancreatic duct is visible but not overtly dilated.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.
- The pancreatic changes are most consistent with chronic pancreatitis along with age-related remodeling and benign hyperplastic nodules.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline lab work, including a CBC chemistry panel, urinalysis and T4
- GI panel (send to Texas A & M)
- Consider a 6-week hypoallergenic diet trial to further assess for food allergies
- Also consider a fecal evaluation for ova and Giardia
- Ultimately endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. If biopsies are not to be pursued, empirical treatment for inflammatory bowel disease can be considered with a hypoallergenic diet and corticosteroids, although there is some risk of using corticosteroids without a definitive diagnosis.



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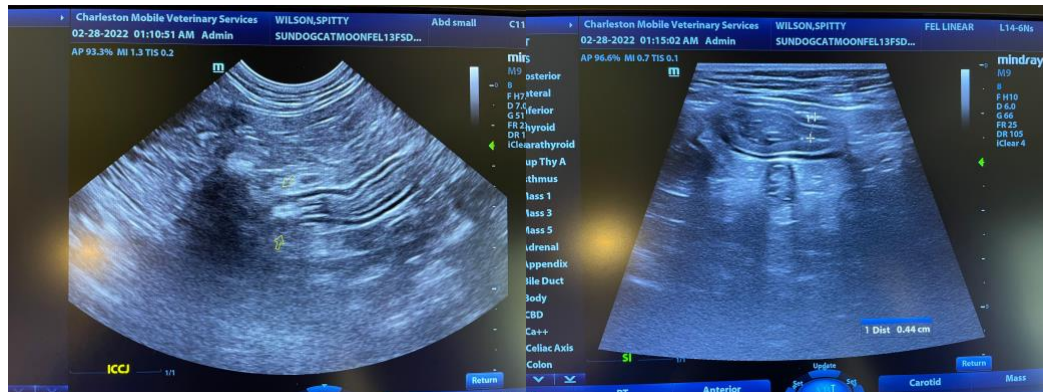
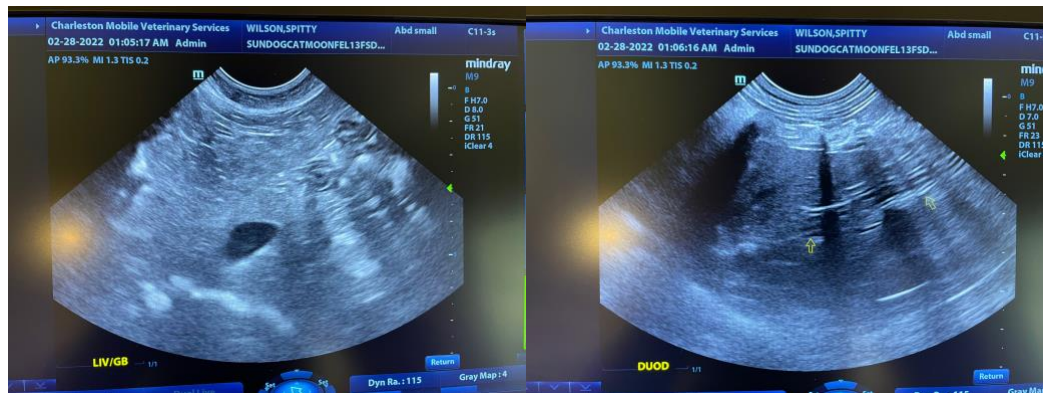
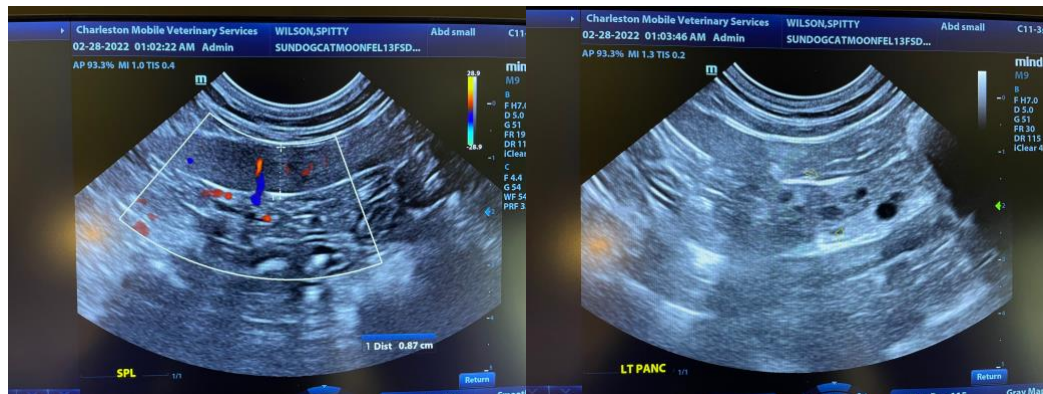
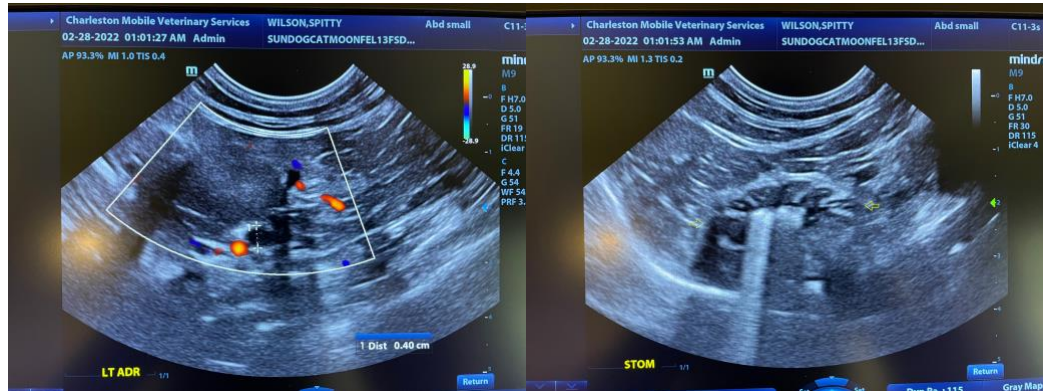
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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