

**DATE**

2/7/2022

PRESENTING CLINICAL SIGNS

History: New concerns with Vomiting that is persistent but very abnormal for the patient. Had an episode where he collapsed (10 seconds) when doing radiographs but was back to normal presentation very quickly. HX: Grade II- III/VI heart murmur- HOCM- improved while on Atenolol.

PATIENT

Miles Cosette

Current Medications: Atenolol- 12.5 mg - 0.5 mls BID.

Lab Results: NSF. recheck cardioprobnp - elevated but decreased from previous values.

Radiographs: fecal material, but NSF.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: Echocardiogram- 1-25-20,1-4-21.

Sedation: Gabapentin PO.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male, neutered

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A moderate 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.

AGE

5/30/2011

The left kidney is normal size (4.20 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

14.6 lbs.

The right kidney is normal size (4.64 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Noah's Ark Veterinary
 & Boarding Resort

Spleen

The spleen is subjectively prominent in size (1.17 cm in width at the level of the hilus) with irregular, undulating peripheral contours. The parenchyma is homogeneous. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Martinez-
 Hernandez

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. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

INVOICE

12961

Gastrointestinal

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 0.34 cm) with a normal layering pattern and appropriate mural detail. 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 normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

No free fluid is observed. A few prominent colic lymph nodes are visualized, the largest measuring 0.40 cm. in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

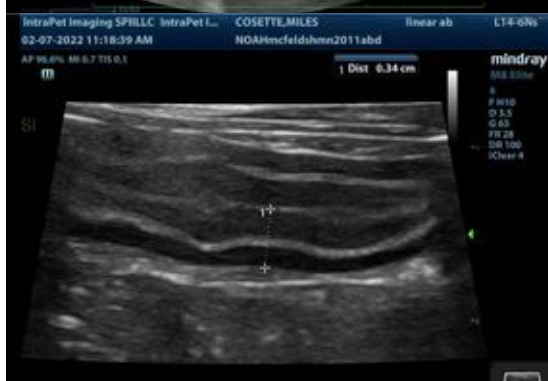
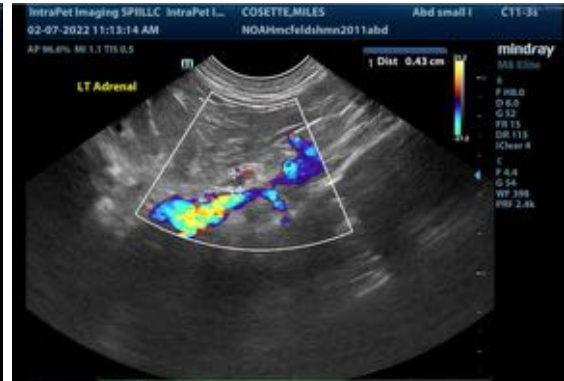
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The splenic changes could be consistent with a benign process such as lymphoid hyperplasia or extramedullary hematopoiesis. Alternatively, emerging neoplasia was possible.

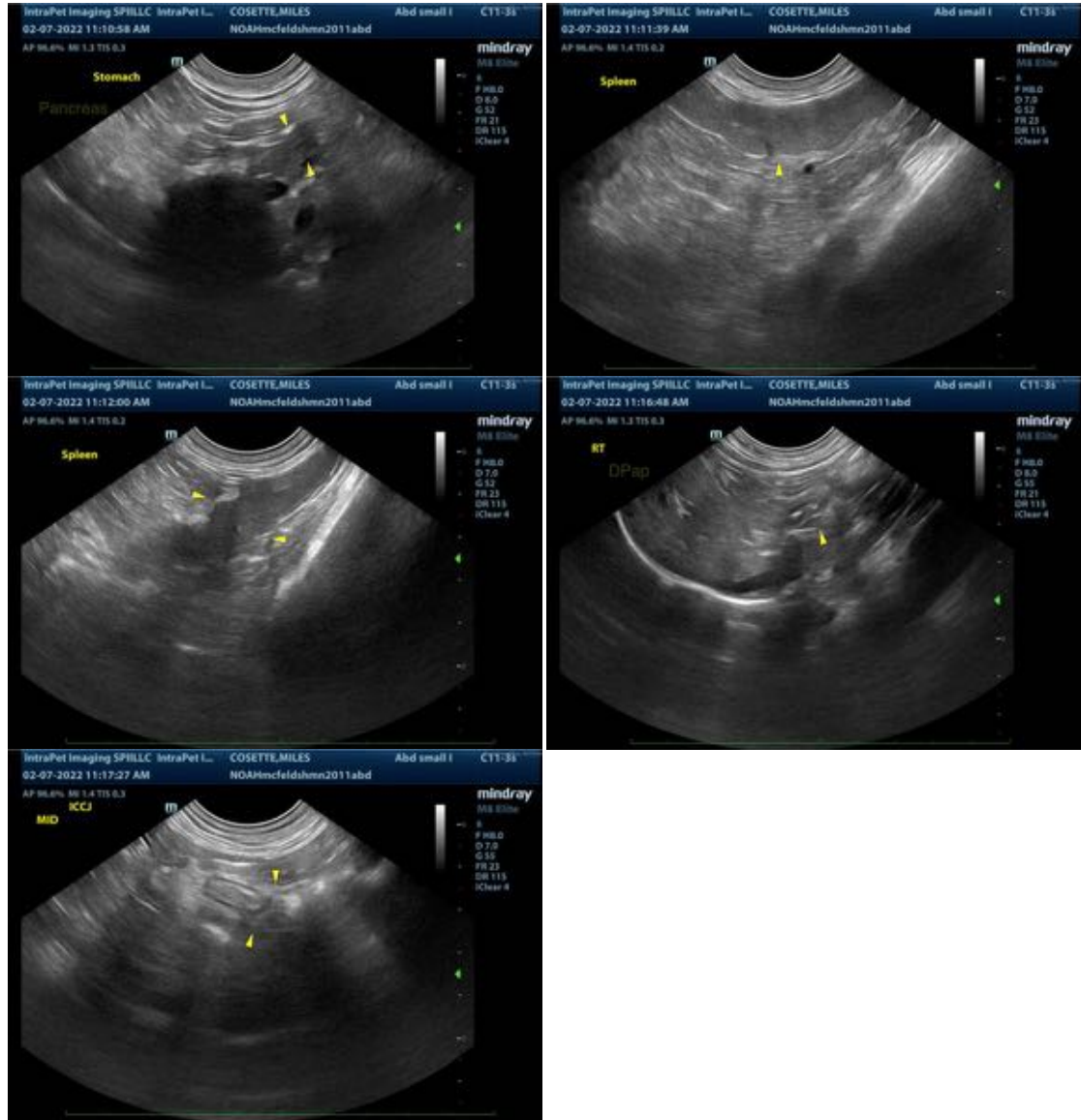
Secondary Findings:

- Urinary bladder debris.
- Minor degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Consider a fine needle aspirate of the spleen, if clotting status is appropriate.
- If the above diagnostics are inconclusive, gastrointestinal biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.
- A GI panel including serum cobalamin, folate, TLI and PLI 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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