

PATIENT PRESENTING CLINICAL SIGNS

Sven Scott History: Anorexia. Lethargy- acute onset. Today bladder small, yesterday large bladder - easily expressed. Unknown cause. Cerenia inj. yesterday

SPECIES Abnormal PE/Chem/CBC/UA Results: UA =3 blood, USG - 1.038 no lab abnormalities

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 moderately distended. A moderate 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.

SEX The tip of the cranial pole left kidney is vids. No obvious pathology is observed.

Neutered Male The right kidney is normal in size (4.30 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

AGE

7 years 10 mos

Adrenal Glands

No images provided.

WEIGHT

11.5

Spleen

The spleen is normal in size (0.89 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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Heather

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.

HOSPITAL NAME *Gastrointestinal*

ACC of Flanders

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 in thickness. There is disruption in the normal 1:3 muscularis: mucosal ratio, with a 1:1 ratio in several segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

REFERRING VET

Hallihan

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.

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Lymph Nodes

DATE

The abdominal lymph nodes are normal/not visible.

3-12-26

Free Abdomen

There is no obvious evidence of free fluid.



PATIENT ULTRASONOGRAPHIC FINDINGS

Sven Scott **Primary Findings**

- SPECIES**
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

Feline

Secondary Findings

BREED

- Mild age-related renal changes in the right kidney (the left kidney is not fully visualized).

DSH

- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

Given the patient's clinical history, consider the following:

AGE

- Urine culture and sensitivity to assess for occult infection
- GI panel including serum cobalamin and folate, TLI and PLI
- Three-view thoracic radiographs to assess for occult pathology in the chest
- Depending on the results of the above diagnostics further GI work-up (i.e., endoscopic or surgical biopsies) may be indicated.
- In the meantime, symptomatic care is recommended.

7 years 10 mos

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HOSPITAL NAME

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REFERRING VET

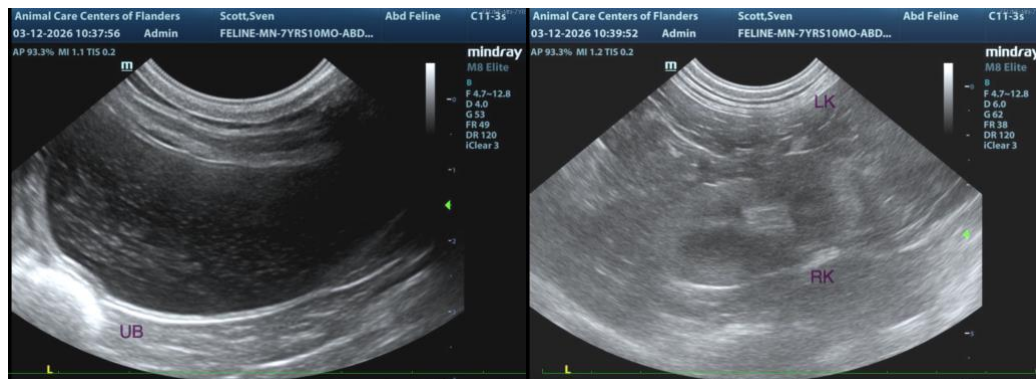
Hallihan

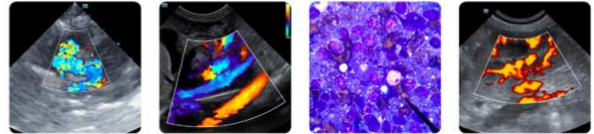
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PATIENT

Sven Scott

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

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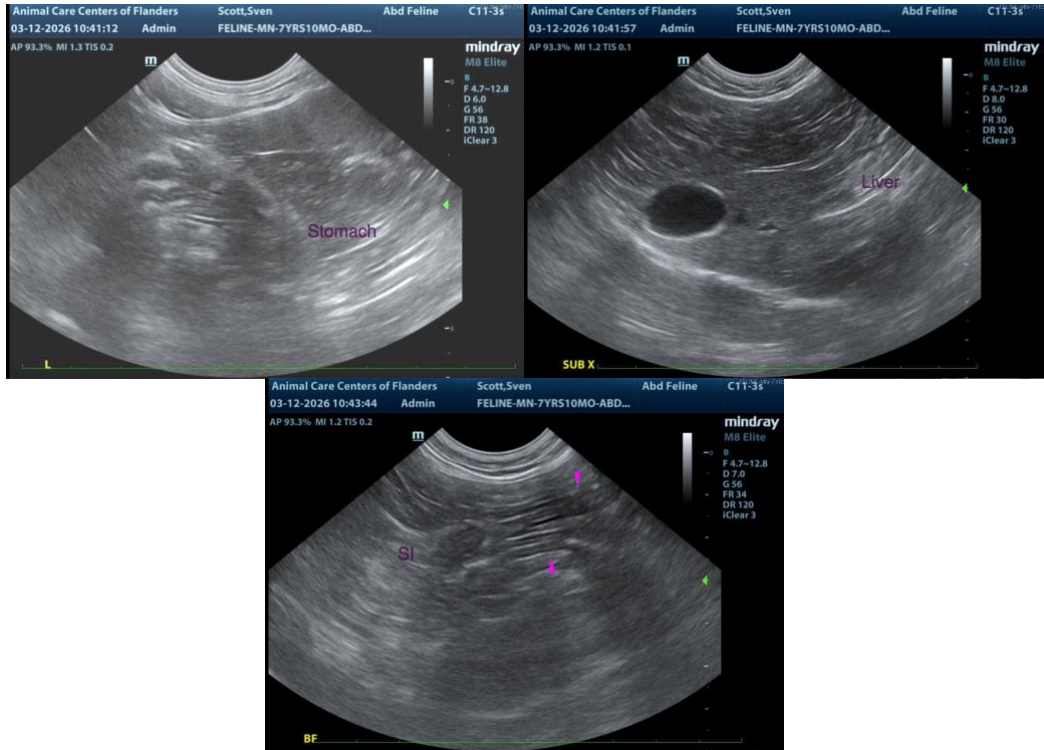
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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