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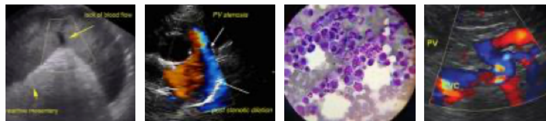


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Spice Trahan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 years

WEIGHT

10.54 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Remcho

INVOICE

12480

DATE

3.22.23

PRESENTING CLINICAL SIGNS

History: October 2022, P presented to regular vet for vomiting and weight loss (P used to weigh >15 lbs) along with a change in breathing. P was diagnosed with atrial fibrillation and hypertrophic cardiomyopathy. We took over care in 2023, and also diagnosed feline lower airway disease as breathing had not improved appreciably with tx of heart condition. At recent recheck, P continues to lose weight and has intermittent vomiting. P is interested in food in general. O has not perceived any medication side effects as these symptoms proceeded medical intervention.

Abnormal PE/Chem/CBC/UA/T4. Results: overall wnl (low WBC, low neutrophil count, AST 70, T4 2.7) proBNP 686

Heart Rate and Respiratory Rates 200 and 60 Blood Pressure Measurments: None taken

Current Medications Flovent 110 mcg via inhaler with spacer BID, Diltiazem 30 mg (1/4) PO BID and Clopidogrel 75 mg (1/4) PO SID

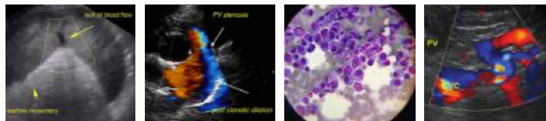
Radiographic Findings: Five views (one right lateral, one left lateral, and one ventrodorsal view of the thorax as well as one right lateral and one ventrodorsal view of the abdomen) dated January 27, 2023, are available for interpretation. No significant bony abnormalities are seen.
Thorax: The cardiac silhouette, which spans over to intercostal spaces on the lateral views, is enlarged (the VHS is 8.4). The pulmonary vessels are within normal limits. A bronchial pattern is seen in the lung. The trachea has a normal size and position on the lateral views. No mediastinal or pleural abnormalities are seen. An incidental finding is a microchip in the dorsum of the thorax. The extrathoracic structures are otherwise unremarkable.
Abdomen: The serosal detail in the abdomen is normal. The gastric axis is within normal limits. The stomach contains granular ingesta, but the stomach is not overly distended. No abnormalities are seen in the intestinal tract, with no foreign bodies or intestinal dilatation seen. The liver as well as the head and tail of the spleen have a normal appearance. The kidneys are superimposed with the GI tract but no obvious abnormalities are seen in their location. The urinary bladder is within normal limits for size and shape and has normal opacity on the lateral view. Assessment: Large cardiac silhouette. Bronchial pattern lung dear unremarkable post-prandial abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal in size (4.51 cm in length) with a normal shape, architecture and smooth peripheral margins. 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.

The right kidney is normal in size (4.36 cm in length) with a normal shape, architecture and smooth peripheral margins. 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.



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Adrenal Glands
The left adrenal gland is normal size (0.35 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.

Spleen
The spleen is normal in size (0.62 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 prominent 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstruction pattern.

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.

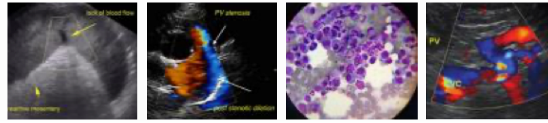
Free Abdomen
A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

Other:
The caudal vena cava is subjectively dilated.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease, or less likely, emerging lymphoma.
- The ascites may be secondary increased hydrostatic pressure (i.e., due to congestive heart failure), increased vascular permeability (i.e., vasculitis), or low oncotic pressure. Correlation with the patient's echocardiogram results and bloodwork findings is recommended.



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- Suspected caudal vena caval dilation. Differentials include congestive heart failure, obstruction of the thoracic caudal vena cava, dilation secondary to sedation (if applicable), other.

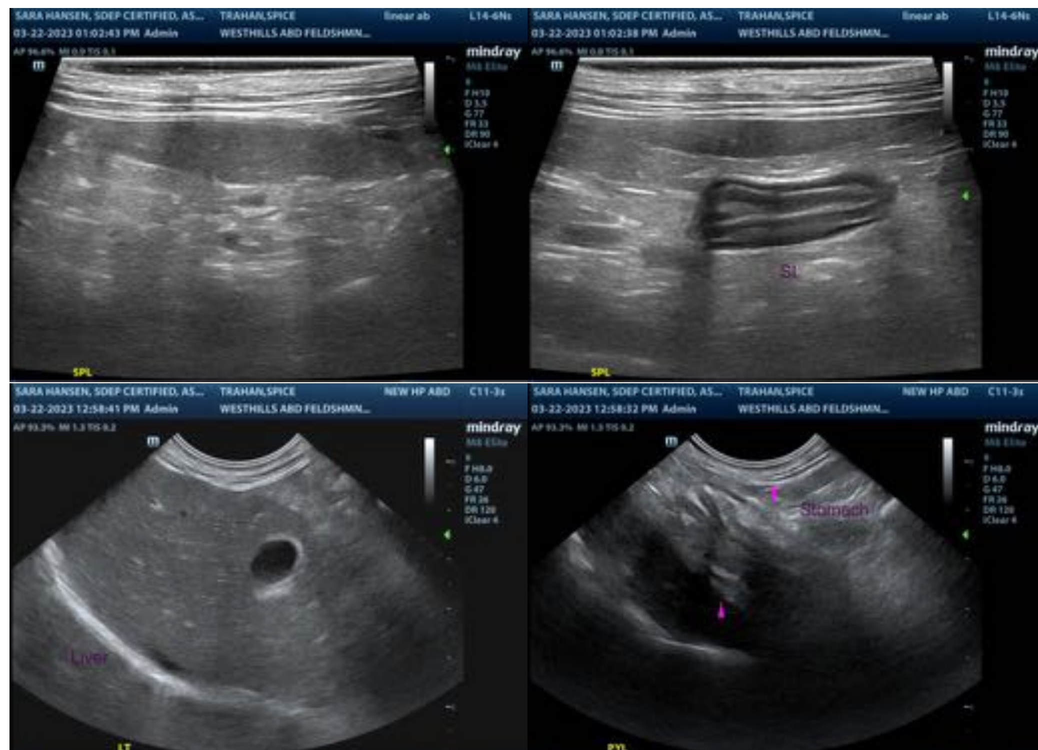
Secondary Findings

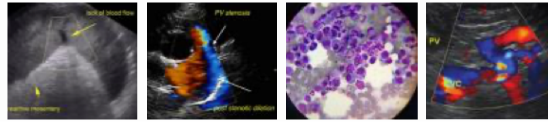
- The hepatic changes may be a normal variant for this patient or may be secondary to passive congestion, emerging hepatic lipidosis, inflammatory disease, or less likely, infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further investigate for causes of vomiting and weight loss, consider the following:

1. GI panel including serum cobalamin and folate, TLI and PLI
2. Fecal evaluation for ova and Giardia
3. GI biopsies may be necessary to get a definitive diagnosis. However, the cardiac status should be taken into account if the patient is to undergo any anesthetic procedures.
4. Further recommendations should be based on the echocardiogram report.





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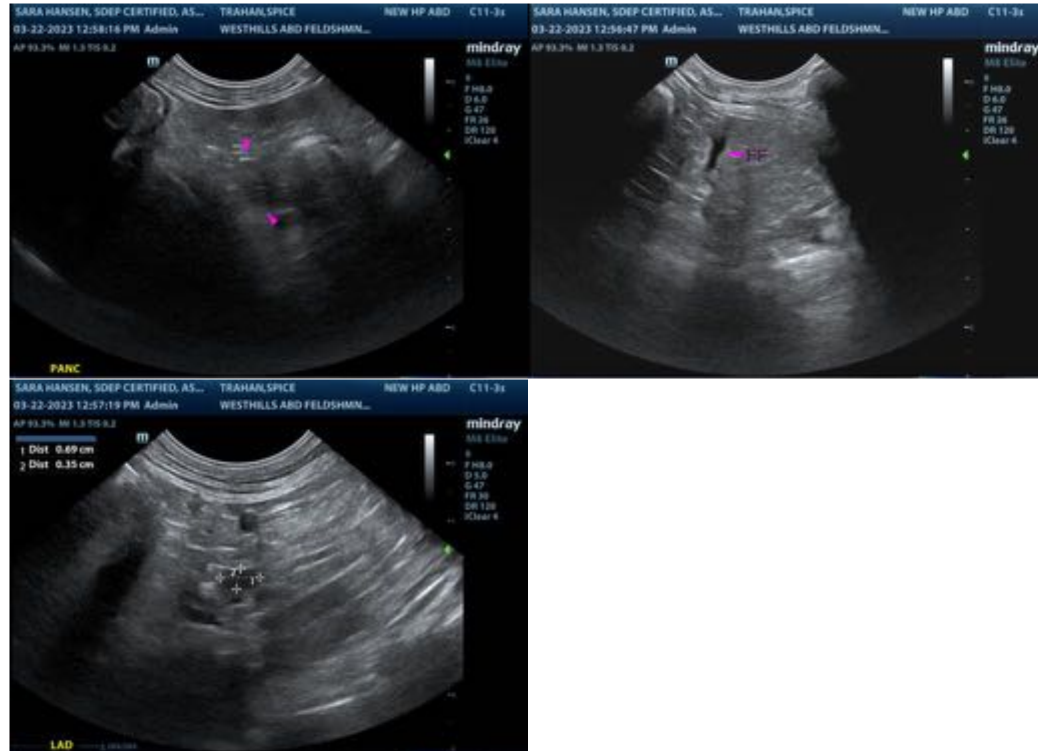

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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