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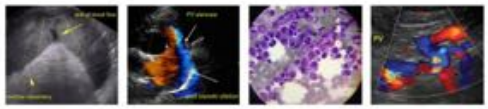

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PATIENT

Valentine Murphy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 years

WEIGHT

23.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

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REFERRING VET

Christina Poor BVet MH

INVOICE

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PRESENTING CLINICAL SIGNS

History: Former shelter kitty, over conditioned. 6-9 month history of vomiting and diarrhea and stools occasionally streaked with blood. Bloodwork including GI panel is all normal, fecal test pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.15 cm in length) with a normal shape, architecture and 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 in size (5.06 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. Mild pyelectasia is present (0.20 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.33 cm cranial; 0.35 cm caudal). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
The right adrenal gland is normal (0.26 cm cranial; 0.31 cm caudal). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.05 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic 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 echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid-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 with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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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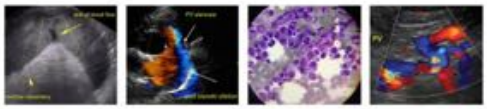

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Free Abdomen
There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other
An area of heterogenous subcutaneous tissue is observed in the region of the ventral abdomen.

ULTRASONOGRAPHIC FINDINGS

Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, normal variant, or other hepatopathy.
- The prominent spleen may be normal for this large-breed cat, or may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, splenitis or less likely, emerging neoplasia.
- The mild right pyelectasia may be secondary to pyelonephritis or parenchymal remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urinalysis +/- culture and sensitivity are recommended (if not already performed).
- Regarding the patient's gastrointestinal signs, consider the following:

1. Prophylactic deworming with Fenbendazole
2. 2-4-week limited antigen or hydrolyzed protein diet trial
3. Initiation of a probiotic with a high colony count (i.e., Proviable Forte or Visbiome), along with a fiber supplement (i.e., Metamucil or Konsyl).
4. Depending on the results of the above diagnostics or therapeutics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. If biopsies are not pursued, empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hypoallergenic diet) can be considered as long as the client understands the risks of treatment without a definitive diagnosis.
5. Thoracic radiographs are recommended prior to initiating corticosteroid therapy, particularly to evaluate for evidence of cardiomegaly.

- Regarding the heterogenous subcutaneous tissue, consider ultrasound-guided fine-needle aspirate to assess for neoplasia, cellulitis, etc.

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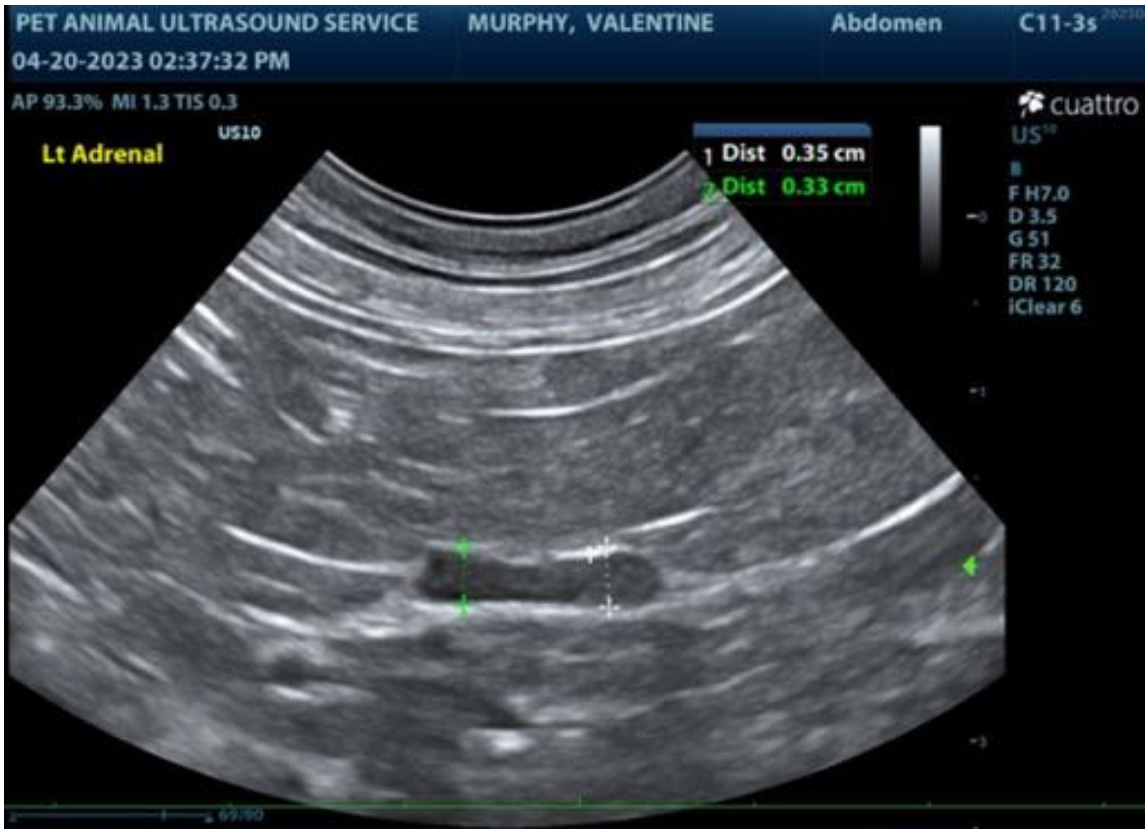

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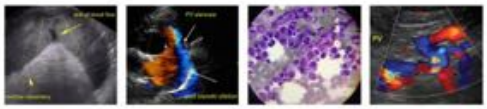

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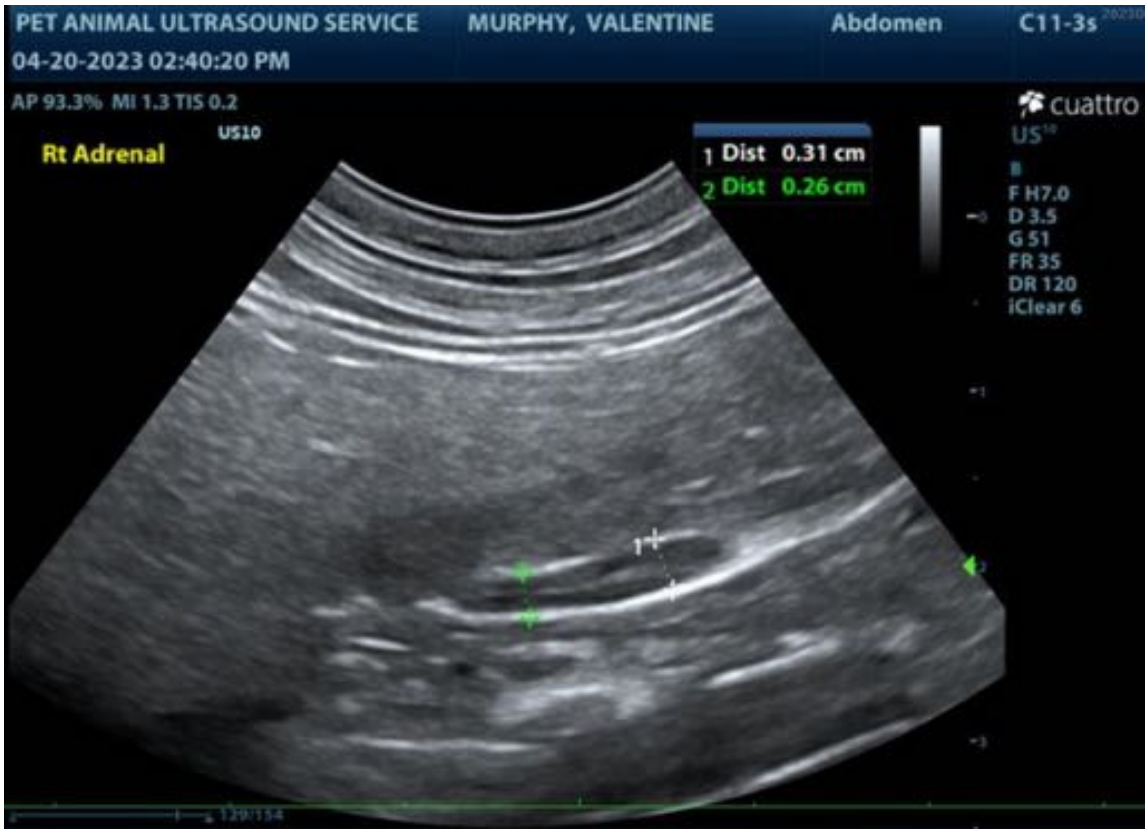

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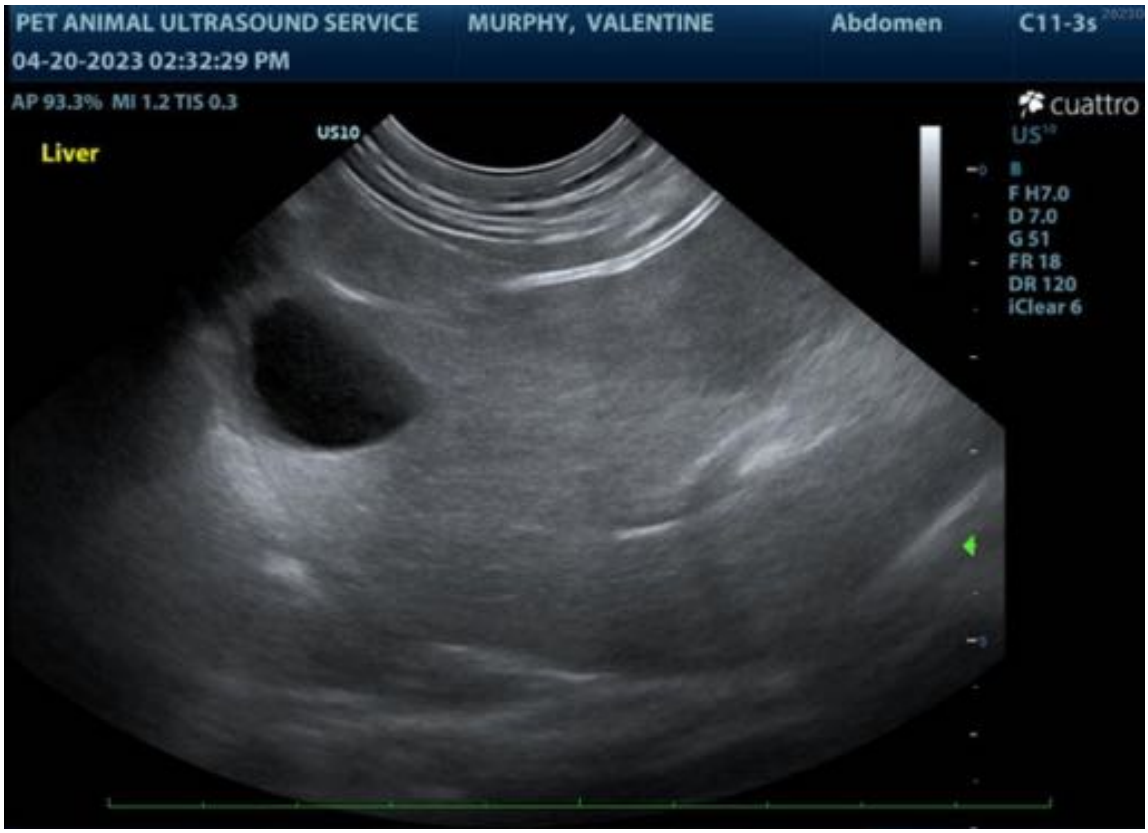

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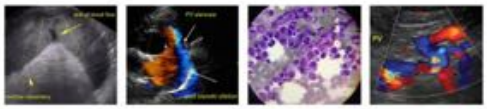

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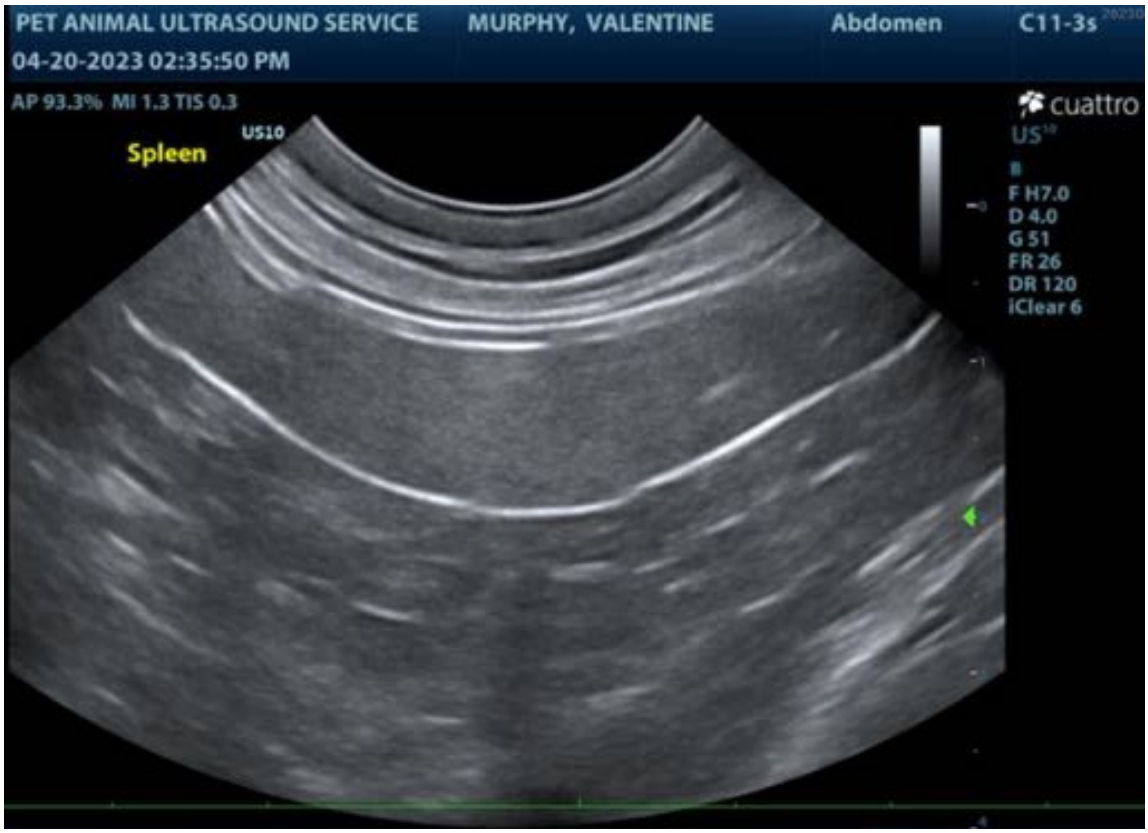

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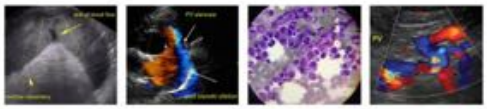

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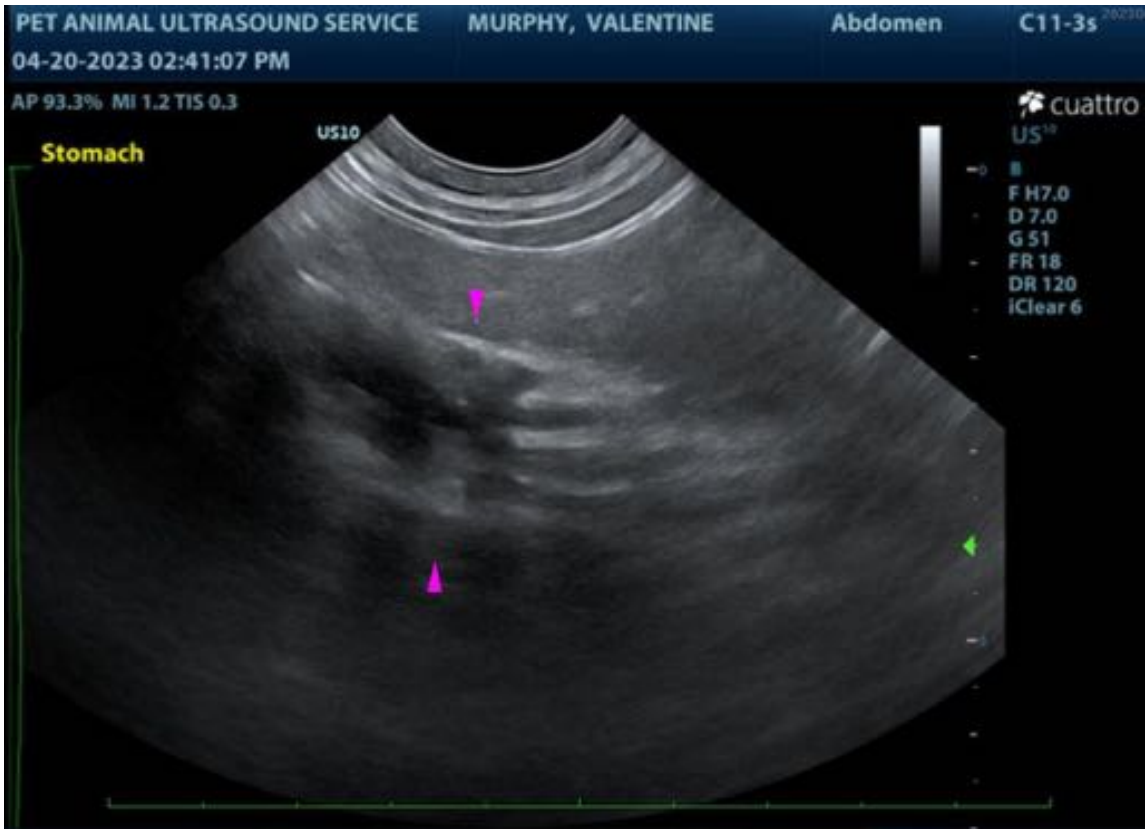

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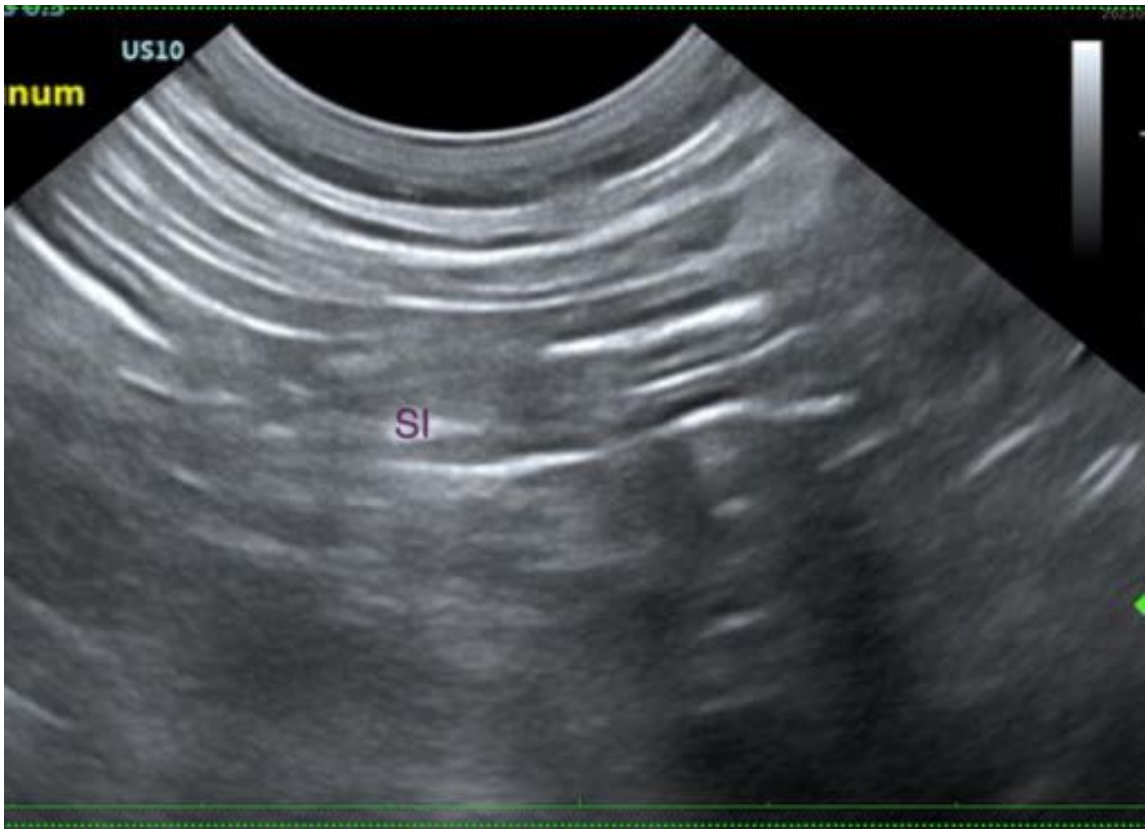

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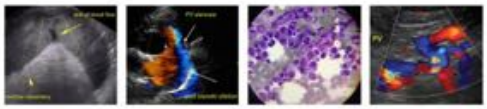

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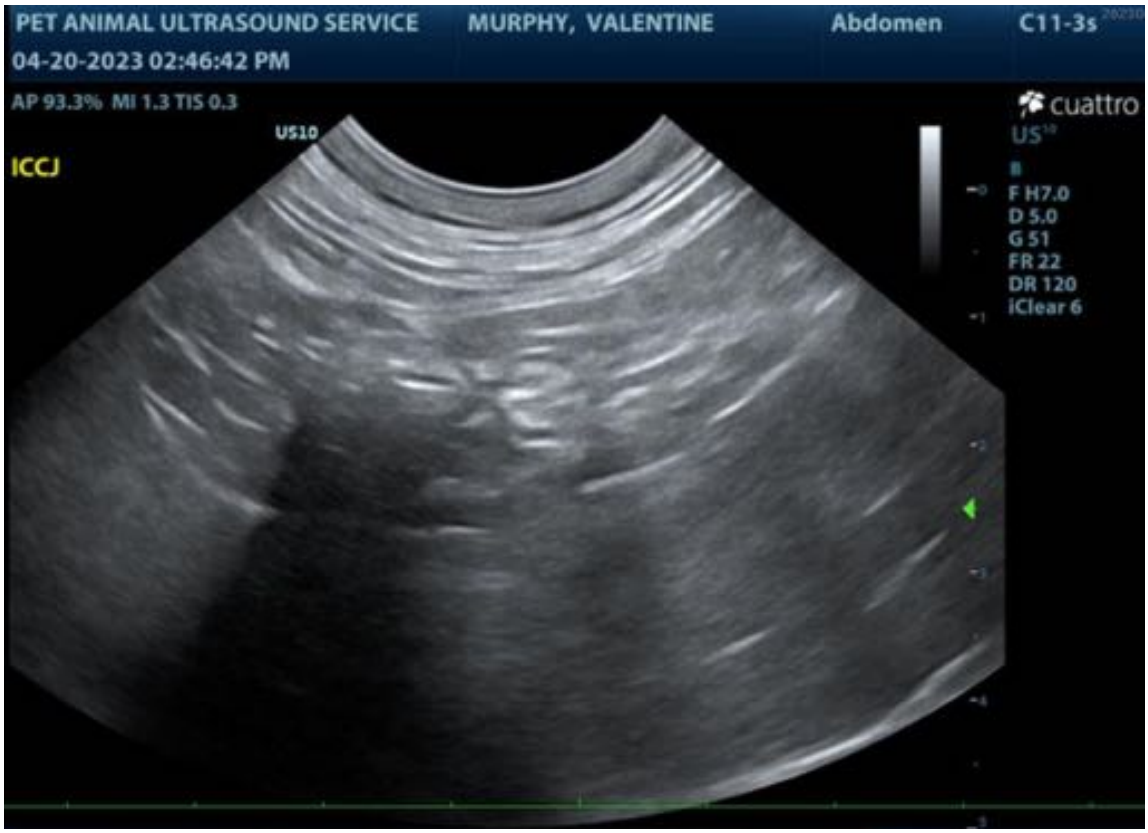

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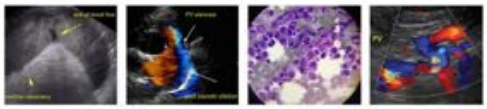

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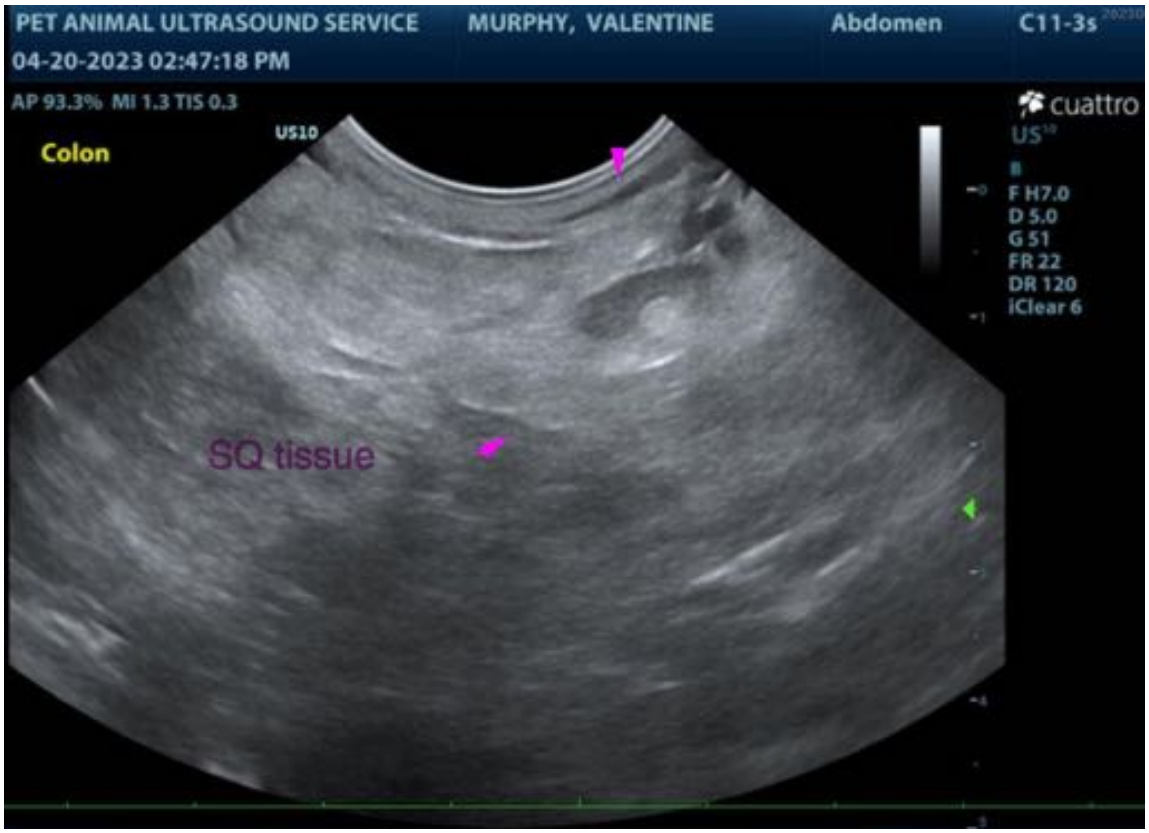

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.
Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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