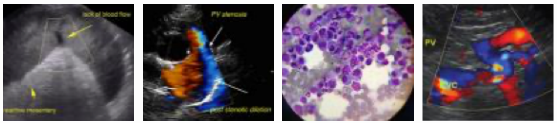

PATIENT

Pippin Fogarty

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 years

WEIGHT

11.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Fogarty

INVOICE

12680

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PRESENTING CLINICAL SIGNS

History: Previous history of occasional vomiting of hair and food with mild weight loss. Normal GI panel. Improved on prescription limited ingredient diet and Cerenia 4 mg q24h. 3 day history of hyporexia/anorexia, no vomiting. No diarrhea Current Medications Cerenia 4 mg q24h, Chinese herbs (si mao san) q24h, d/d diet

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. A scant amount of suspended echogenic debris is observed within the lumen. 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 (3.77 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 (4.35 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.

Adrenal Glands

The left adrenal gland is normal size (0.48width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.94 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, a subtle light micronodular pattern is observed throughout the organ. No focal lesions are observed. Splenic vasculature is normal.

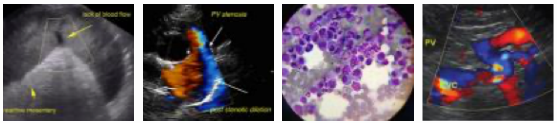
Liver

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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 distended with ingesta. 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 0.28 cm). with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in several



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segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb and base of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesentery and colic lymph node are visualized (the largest measuring 2.45 cm in length). Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- The bowel pattern is suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

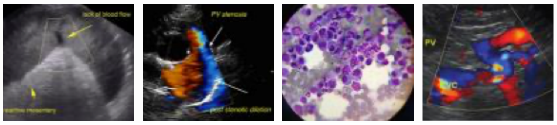
Secondary Findings

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC, chemistry panel, urinalysis, T4, as well as a fecal evaluation for ova and Giardia is recommended (if not already performed).
- Given the patient's clinical history and sonographic changes, consider the following:

1. Three-view thoracic radiographs to assess for occult esophageal disease (i.e., gastroesophageal hernia, chronic foreign body).
2. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
3. 2-4-week elimination or hydrolyzed protein diet trial
4. Initiation of a probiotic with a high colony count
5. Heartworm testing (antibody and antigen) as heartworm disease can be a cause of chronic vomiting in cats.



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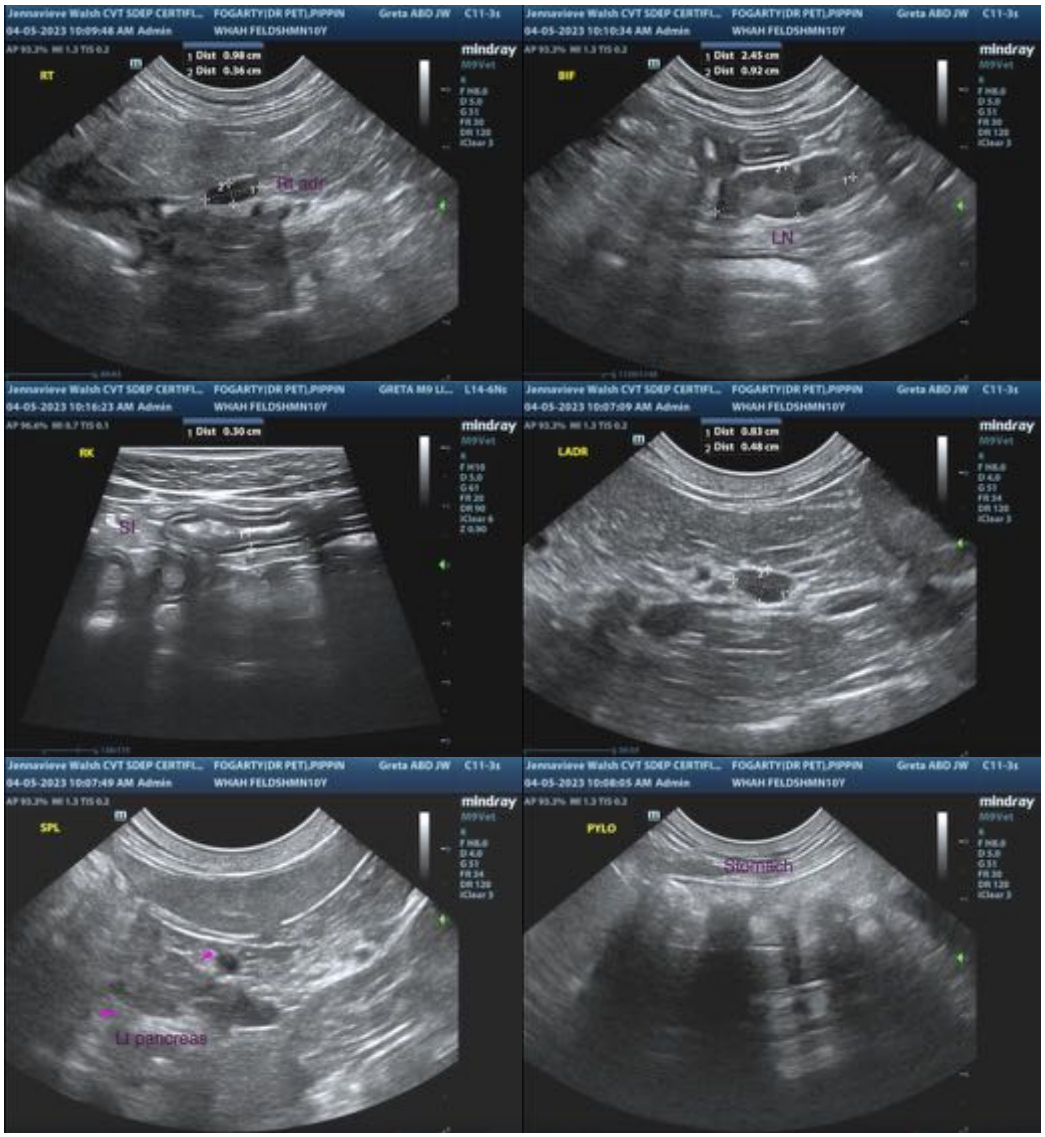
6. Consider initiation of a promotility agent (i.e., metoclopramide) as empirical treatment for delayed gastric emptying. If no improvement is seen within 5-7 days of initiating the drug, discontinue therapy.
7. Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.



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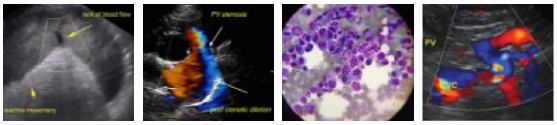

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IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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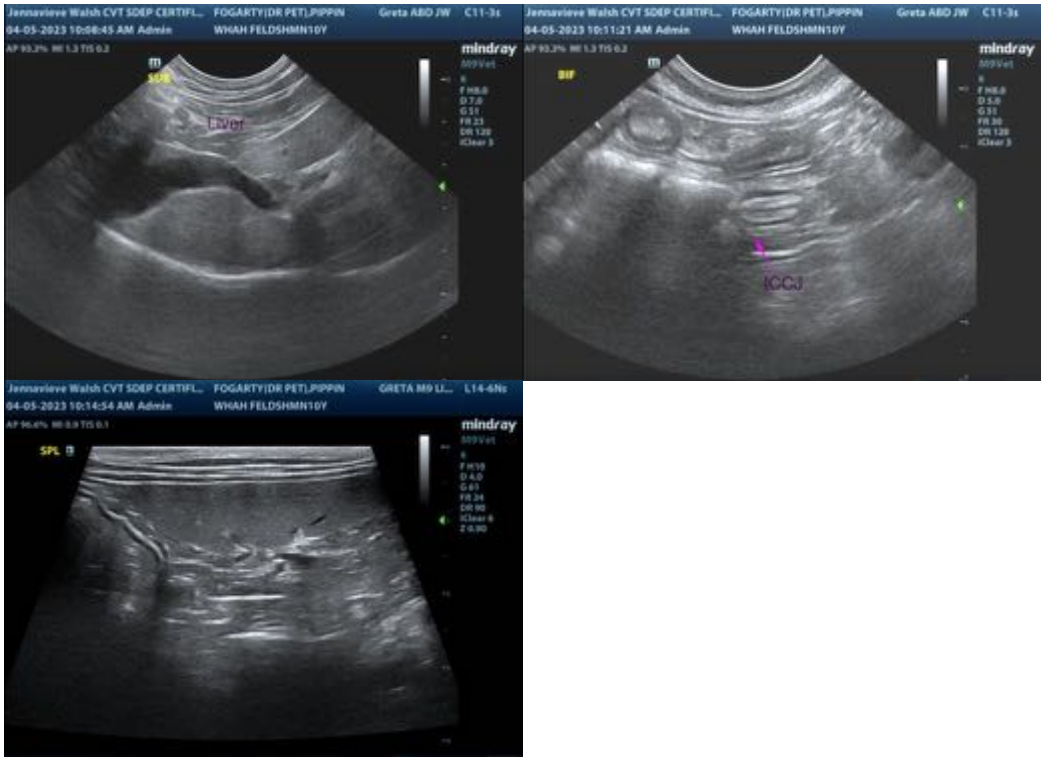

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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