



DATE PRESENTING CLINICAL SIGNS

5-18-26 **Patient History:** Lethargic, not eating.

PATIENT Current Medications: Ampicillin, Sucralfate, Protonix, Ondansetron, Buprenorphine.

Onyx Merritt **Labwork Results:** Labwork attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Hydro/Midaz.

SPECIES Stat Report: Requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

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 the proximal urethra, visible to a depth of 3.0 cm, are normal.

SEX

Neutered Male

The left kidney is normal in size (4.73 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

5/17/2016

The right kidney is normal in size (4.85 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

15lbs

Adrenal Glands

The left adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

The right adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is cranially located. It is unclear whether it is located within the thoracic or abdominal cavity. It is upper limits of normal size (1.90 cm in width) with a slightly undulating medial contour. The parenchyma is of appropriate echogenicity and echotexture. Splenic vasculature appears normal with no evidence of thrombosis.

REFERRING VET

Dr. Rodriguez

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.

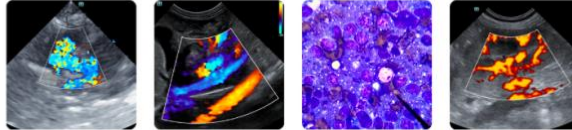
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The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are visible but not overtly dilated.

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



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outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

PATIENT

Onyx Merritt

Pancreas

The left limb and base are enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and homogenous in appearance. The pancreatic duct is not overtly dilated. Surrounding omentum is hyperechoic. A scant amount of peripancreatic effusion is observed.

SPECIES

Feline

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

BREED

DSH

Free Abdomen

A small amount of ascites is present.

SEX

Neutered Male

Other

A small amount of pleural effusion is present. There is questionable intraabdominal fat located within the thoracic cavity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are suggestive of moderate pancreatitis with adjacent peritonitis.
- Given the questionable intrathoracic location of the spleen, along with possible abdominal fat located within the thoracic cavity, and the presence of pleural effusion, a diaphragmatic hernia (i.e., a pericardial-peritoneal diaphragmatic hernia) is possible. If present, this may represent an incidental finding.

WEIGHT

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Secondary Findings

- Minor bilateral age-related renal changes
- The small intestinal wall changes could be consistent with inflammatory bowel disease, normal variation for an older feline patient, or emerging lymphoma. Correlation with the patient's clinical history is recommended.
- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

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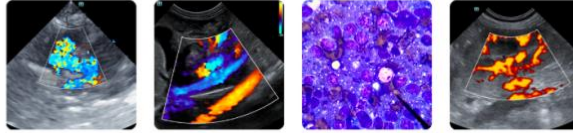
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Whole-body radiographs are recommended to further evaluate for a diaphragmatic hernia.
- Given the pancreatic and bowel changes, consider a GI panel including serum cobalamin and folate, TLI and PLI.
- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.

Imaging performed by



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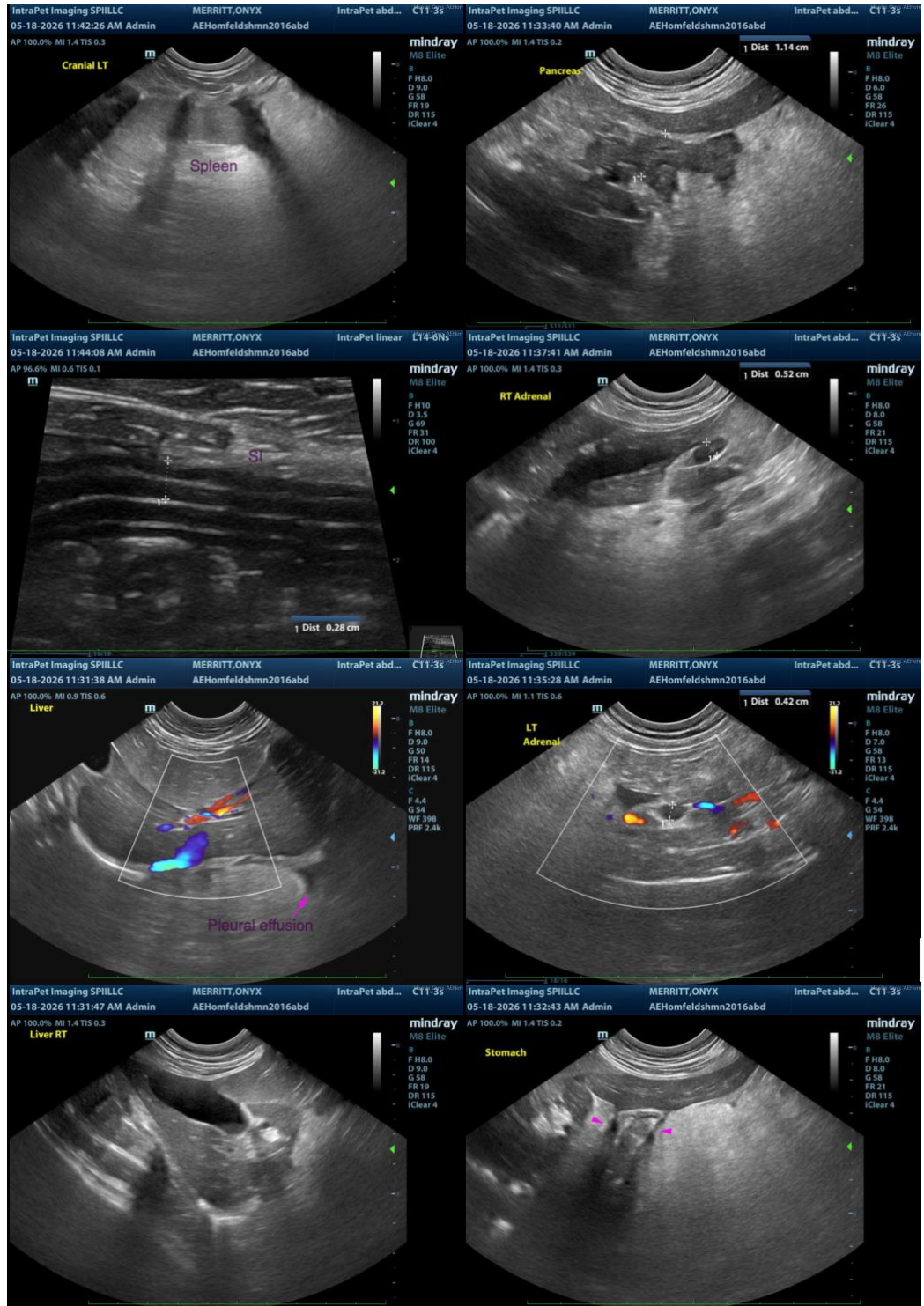
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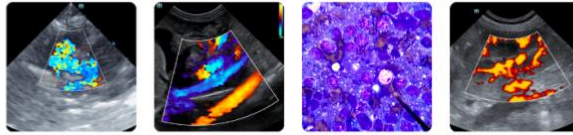
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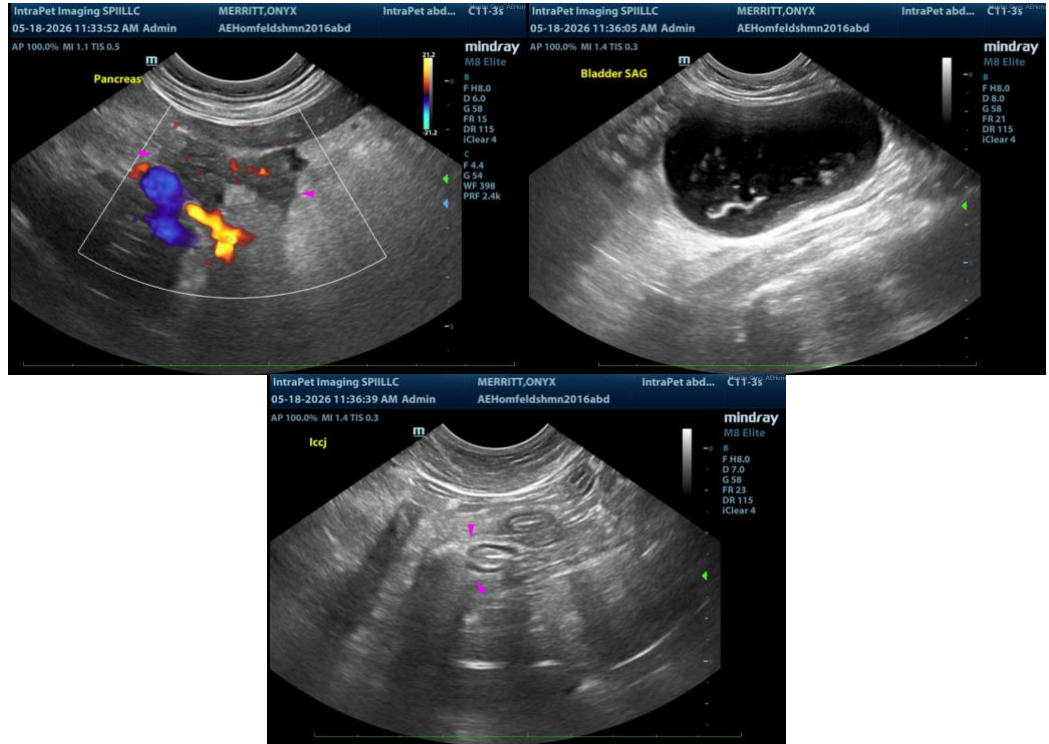
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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