

**DATE PRESENTING CLINICAL SIGNS**

5/9/23

Extensive history. Was treated for FIP by owner. Seen here both 3/27 & 4/15- extreme decline.

PATIENT

Katy Arevalo

Current Medications: Hydromorphone, Unasyn, Metronidazole, Protonix, Cerenia, Ondansetron, Metoclopramide.

Lab Results: See attached.

Radiographs: Extreme enlargement of stomach with fluid confirmed nasogastric tube placement.

Date of Previous IntraPet Ultrasound: 3/28/23. See attached.

SPECIES

Feline

Sedation: Declined. Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Domestic longhair

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 small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

SEX

Female, spayed

The left kidney is normal size (3.89 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and mildly thickened and there is poor corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

2/27/22

WEIGHT

4.8 lbs.

The right kidney is normal size (4.24 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and mildly thickened and there is poor corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
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 Medicine)

Adrenal Glands

The left adrenal gland is mildly enlarged (0.58 cm width) with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic. Surrounding vasculature appears normal.

The right adrenal gland is mildly enlarged (0.65 cm width) with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic. Surrounding vasculature appears normal.

HOSPITAL NAME

Animal Emergency
 Hospital

Spleen

The spleen is normal in size (0.58 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.

REFERRING VET

Dr. Martinoli

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. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1:1. 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.

INVOICE

14917

Gastrointestinal

The gastric lumen is severely fluid distended. A 2.4 cm hyperechoic shadowing structure is observed within the lumen. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal lumen is mildly fluid distended. The remaining small intestinal segments are empty or segmentally fluid distended (mild). The small intestinal walls are normal in thickness

with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion of the left limb, the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. NO distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.34 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Severe gastric ileus, the cause of which is unclear. Functional ileus is possible. However, an intermittent pyloric outflow tract obstruction cannot be completely excluded. The shadowing structure within the gastric lumen is most consistent with foreign material. It appears free floating at the time of the study. It is unclear whether the free floating foreign material within the gastric lumen is related to the patient's clinical signs and/or are causing intermittent pyloric outflow tract obstruction.

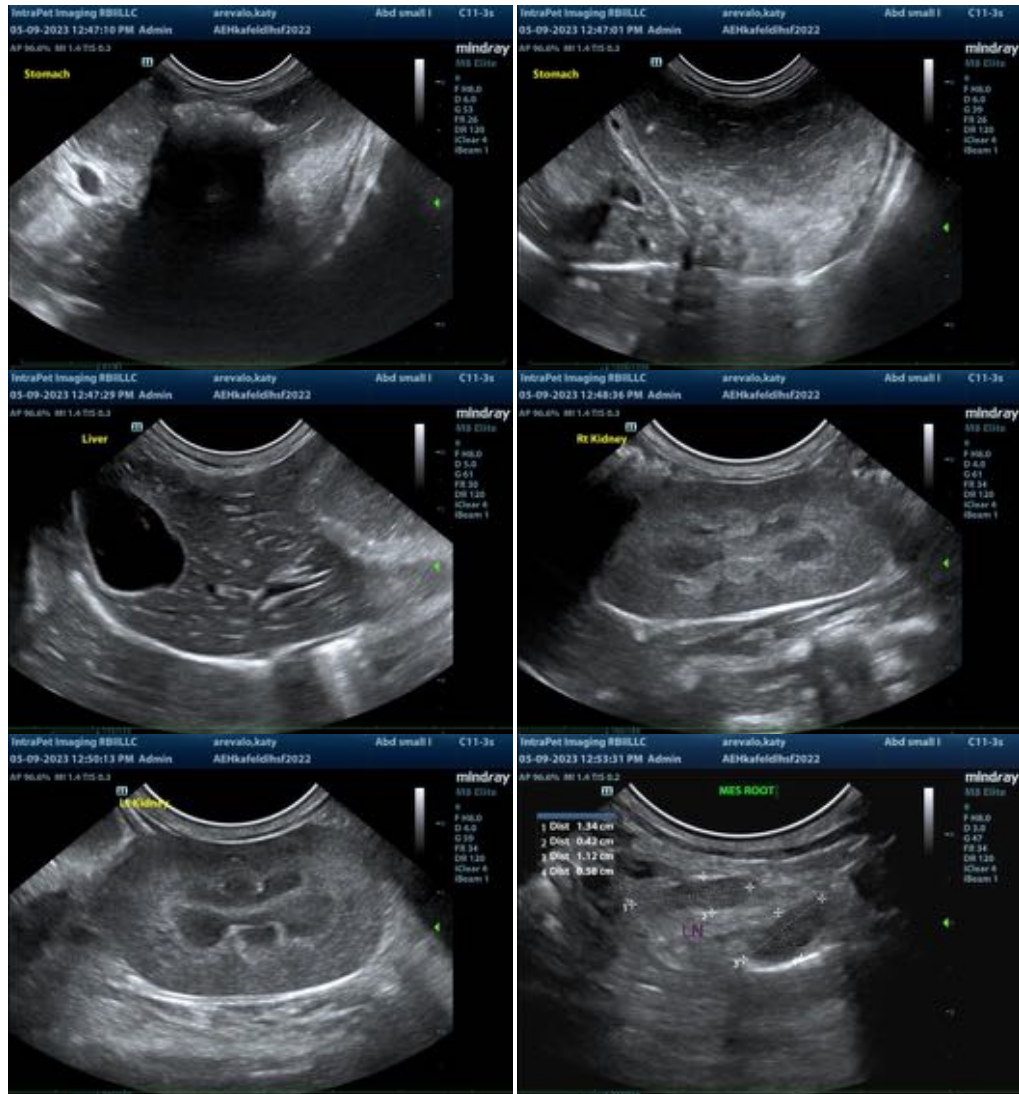
Secondary Findings:

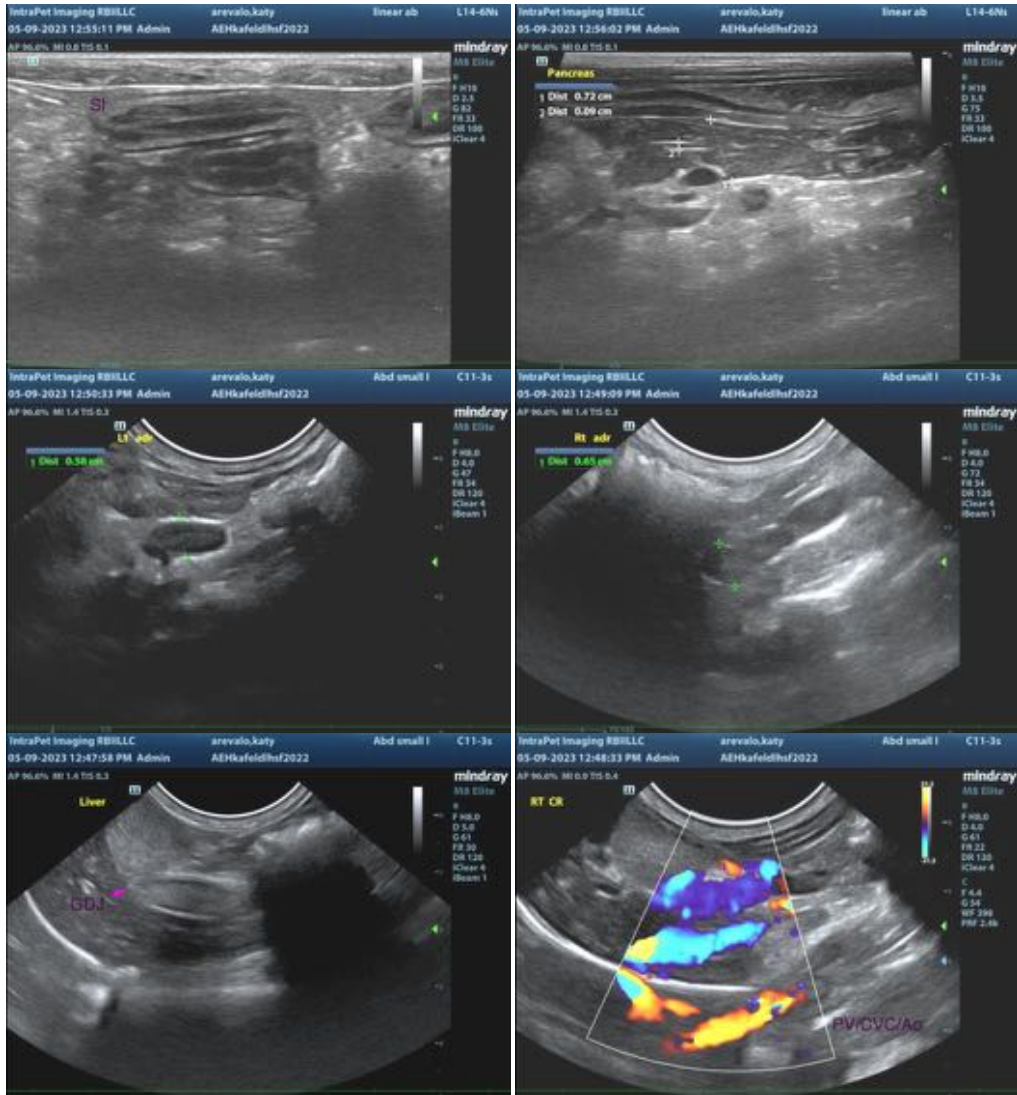
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. Changes are similar to the previous sonogram.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Repeat baseline labwork including a CBC chemistry panel and urinalysis is recommended to assess overall metabolic function.
- Also consider three-view thoracic radiographs to assess for occult aspiration pneumonia, if not performed recently.
- Consider an fPLI to further assess for pancreatitis. Alternatively, a full malabsorption panel including serum cobalamin, folate, TLI and PLI may be warranted.

- Depending on the results of the above diagnostics, endoscopic or surgical removal of the gastric foreign body may be warranted.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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