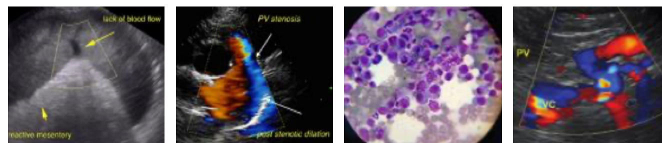

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1-800-838-4268 info@sonopath.com

PATIENT

Stewie Sgaramella

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, castrated

AGE

16 Yrs.

WEIGHT

11.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Christensen

INVOICE

14901

DATE

5/9/23

PRESENTING CLINICAL SIGNS

History: Vomiting/lethargic and decrease appetite.
Abnormal PE/Chem/CBC/UA Results: Mild elevation in creatinine(2.5) and SDMA(16.4).

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 and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.57 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (3.84 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal in size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

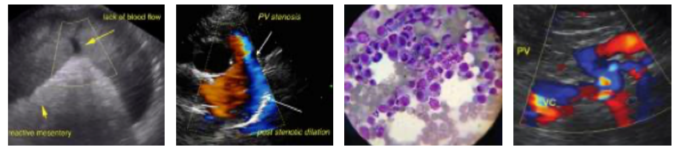
The spleen is normal in size (0.63 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is 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 lumen is mildly to moderately distended. The wall is normal in thickness. A small amount of echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. Within the proximal duodenal lumen, soft shadowing material is visualized. The mesentery effacing the serosal surface in this region is mildly hyperechoic. In the remaining small intestinal segments, there is segmental dilation with chyme (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal.



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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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 1-2 prominent colic lymph nodes are visualized, the largest measuring 0.61 cm in length.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

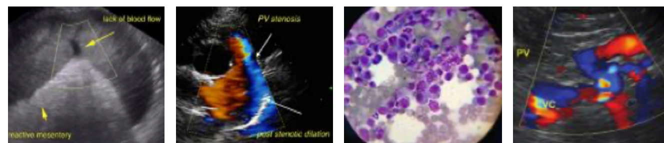
- The shadowing material within the proximal duodenal lumen likely represents foreign material (i.e., hair, other). It may be transient or may be causing a partial obstruction. Mild adjacent peritonitis is present.

Secondary Findings:

- Bilateral chronic nephropathy with dystrophic mineralization.
- Urinary bladder debris.
- The prominent colic lymph nodes are likely reactive with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for acute gastroenteritis is recommended with serial sonographic monitoring (i.e., daily) of the bowel to assess for movement of the shadowing material. If the material does not move and/or the proximal bowel becomes progressively more dilated, an abdominal exploratory may be warranted.
- Other diagnostic considerations include the following:
  1. A fecal evaluation for ova/Giardia
  2. Three-view thoracic radiographs to assess for occult aspiration pneumonia
  3. GI panel including serum cobalamin, folate, TLI and PLI (to assess for maldigestion/malabsorption and pancreatic disease)
- Regarding the azotemia, consider the following:
  1. Urinalysis, if not already performed
  2. Urine culture and sensitivity to assess for occult pyelonephritis



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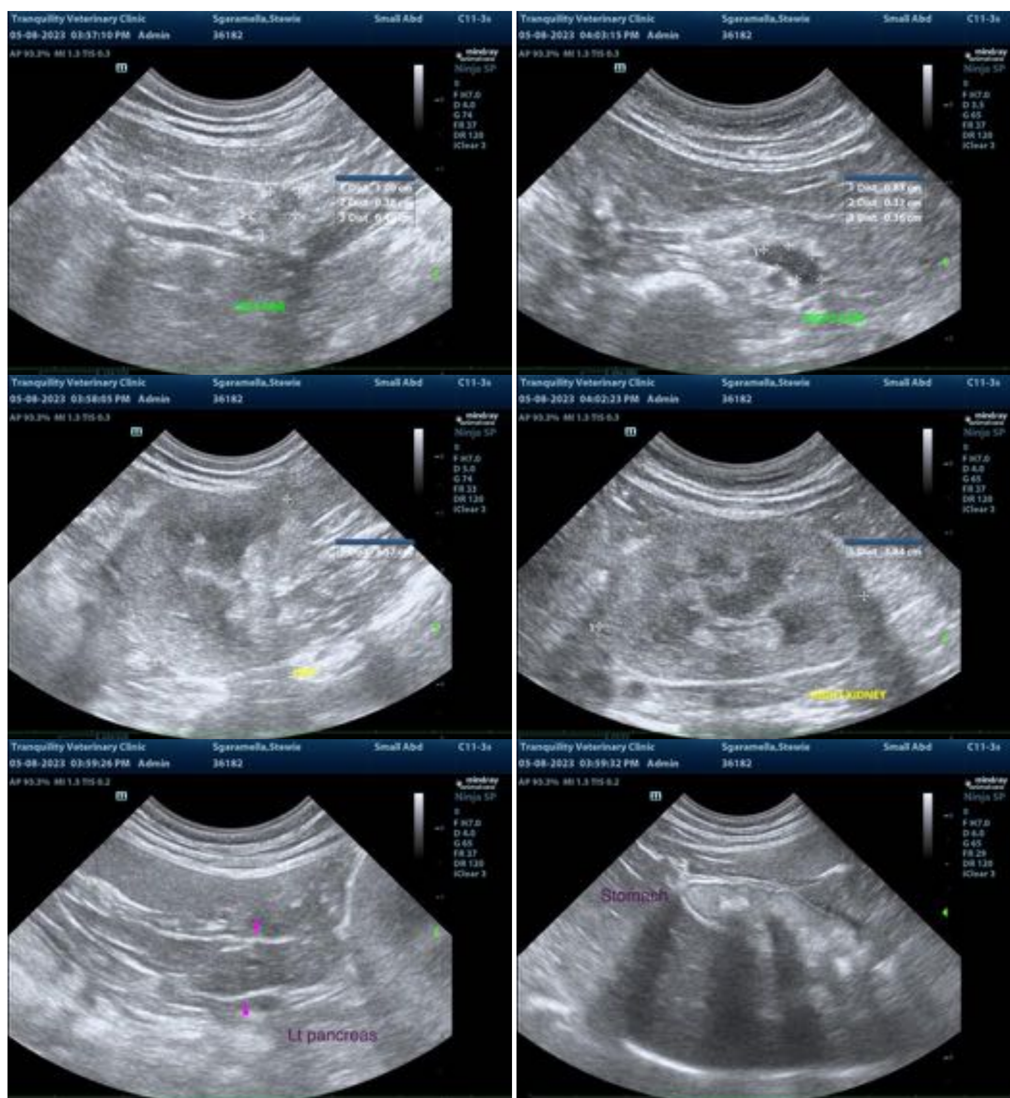
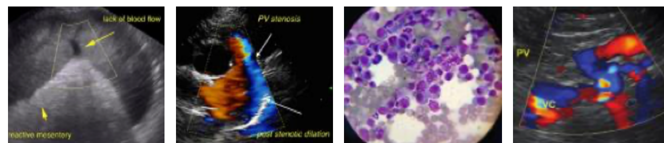
3. UPC, if proteinuria is present in the absence of infection

4. Consider transitioning to a prescription renal diet once the patient's current clinical signs have resolved.

5. Serial monitoring (i.e., every 3-4 months) of the patient's renal values to assess for progressive azotemia.





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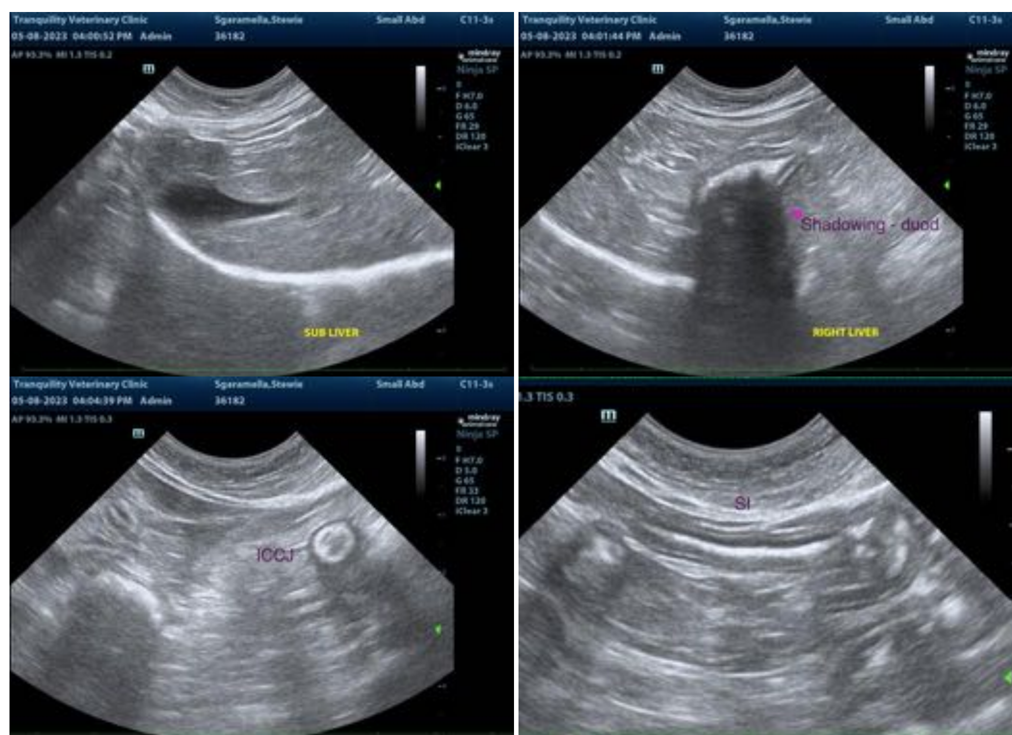

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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