



PATIENT PRESENTING CLINICAL SIGNS

Juno Wu
History: Presented this morning with acute profuse HGE, strawberry jam, tissue contents from intestines, dull, lethargic, profuse strawberry coloured smoothie like contents from vomiting overnight. Owner said she found him like this in the morning. Only thing in home of concern is Asiatic lily on top of fridge. Started IVF, Cerenia, Metronidazole, Vit K, Ampicillin.

SPECIES

Feline
Abnormal PE/Chem/CBC/UA Results: Nothing abnormal seen on rads. Blood High RBCs and PCV, everything else within normal limits.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Scottish Fold

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

SEX

Neutered Male

AGE

3 years

The **left kidney** is normal size (4.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

4.5 kg

The **right kidney** is normal size (4.10 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Adrenal Glands

The region of the **left adrenal gland** is evaluated. No obvious pathology is observed.

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

The **right adrenal gland** is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Spleen

The **spleen** is contracted (0.52 cm in width at the level of the hilus) with curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Crystal Hill

HOSPITAL NAME

Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. There is a subtle increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

Headon Forest AH

REFERRING VET

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. They cystic and common bile ducts are visible, but not overtly dilated.

Dr. Wallace

INVOICE

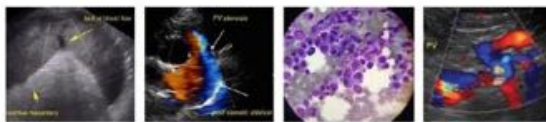
Gastrointestinal

The **gastric lumen** is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is diffusely fluid-distended (mild) and appears hypomotile. The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is evidence of mucosal fogging in some segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

11232

DATE

7.18.22



PATIENT

Juno Wu

SPECIES

Feline

BREED

Scottish Fold

SEX

Neutered Male

AGE

3 years

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. Wallace

INVOICE

11232

DATE

7.18.22

Pancreas

The left limb of the **pancreas** is visible and is normal in size with minimal deviation from the normal peripheral contours in size with normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected diffuse intestinal ileus, without obvious evidence of obstruction.

Secondary Findings

- The bilateral mild pyelectasia may be secondary to fluid therapy (if applicable), pyelonephritis, other.
- The splenic contraction is consistent with dehydration.
- The increase in hepatic portal markings is suggestive of inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis). However, this may be a normal variant for this patient.

*An obvious cause is not identified in this study. However, considerations include primary gastrointestinal disease (i.e., dietary indiscretion, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease), underlying metabolic issue, mild pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fecal evaluation for ova and Giardia.

Consider a fecal PCR panel for infectious diseases.

A malabsorption panel, including serum cobalamin and folate, TLI and PLI is also recommended to further evaluate for maldigestion/malabsorption and pancreatic disease.

Symptomatic care (i.e., gastric protectants, antiemetics, fluid therapy, probiotics (i.e., Provable Forte), +/- sucralfate, is recommended while awaiting test results. If clinical signs do not improve within 48-72 hours of medical management, a more advanced GI workup (i.e., biopsies) may be warranted.



PATIENT

Juno Wu

SPECIES

Feline

BREED

Scottish Fold

SEX

Neutered Male

AGE

3 years

WEIGHT

4.5 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. Wallace

INVOICE

11232

DATE

7.18.22



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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com