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Clinical Sonography & Telecytology
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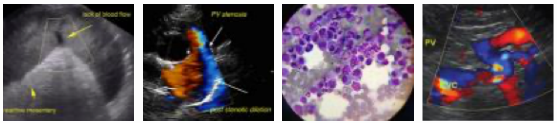

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Lily Moore

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

11 years

WEIGHT

8.98 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Remcho

INVOICE

13749

DATE

7.19.23

PRESENTING CLINICAL SIGNS

History: Anorexia and hyporexia for 2-3 weeks with intermittent bilious vomiting. PE showed mild thickening of areas of small intestine, but no mass effect noted. Lab-work revealed abnormal fPL and hypokalemia. Treatment consisted of: Cerenia, mirtazapine and buprenorphine, but pt has only very slowly improved and is still not eating normally and still having occasional episodes of vomiting.

Abnormal PE/Chem/CBC/UA Results/Findings: fPL and potassium: 2.3 Current Medications Mirtazapine, buprenorphine Radiographic Findings n/a

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 gravity-dependent, echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.04 cm in length) with a slightly irregular shape. The cortex is isoechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A cortical infarct is suspected at the caudal pole. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.60 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

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

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

Spleen

The spleen is normal in size (0.88 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 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 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/not seen.

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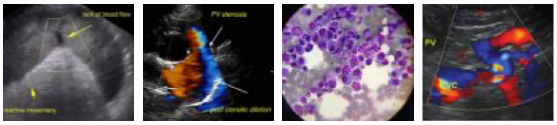

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Gastrointestinal

The gastric lumen is mildly fluid-distended. A few hyperechoic shadowing structures are also observed within the lumen. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.30 cm). There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal.

Pancreas

The left limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is 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. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized (the largest measuring 1.40 x 0.50 cm). The nodes are normal in shape and echogenicity. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hyperechoic shadowing structure within the gastric lumen may represent foreign material, medications, other. Correlation with the patient's medication history is recommended.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Emerging lymphoma is possible but considered less likely.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis.

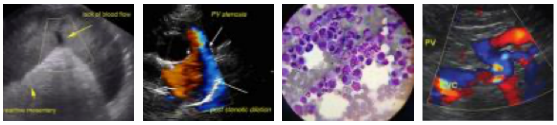
Secondary Findings

- Bilateral chronic renal changes with dystrophic mineralization and a suspected left cortical infarct
- Urinary bladder debris
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the gastric luminal contents, a repeat ultrasound is recommended in 12-24 hours to determine if these structures are passing into the small intestine. Also consider the following diagnostics/therapeutics:

  1. Three-view thoracic radiographs to assess for occult esophageal disease and aspiration pneumonia
  2. Texas GI panel including serum cobalamin and folate, TLI and PLI
  3. Fecal evaluation for ova and Giardia



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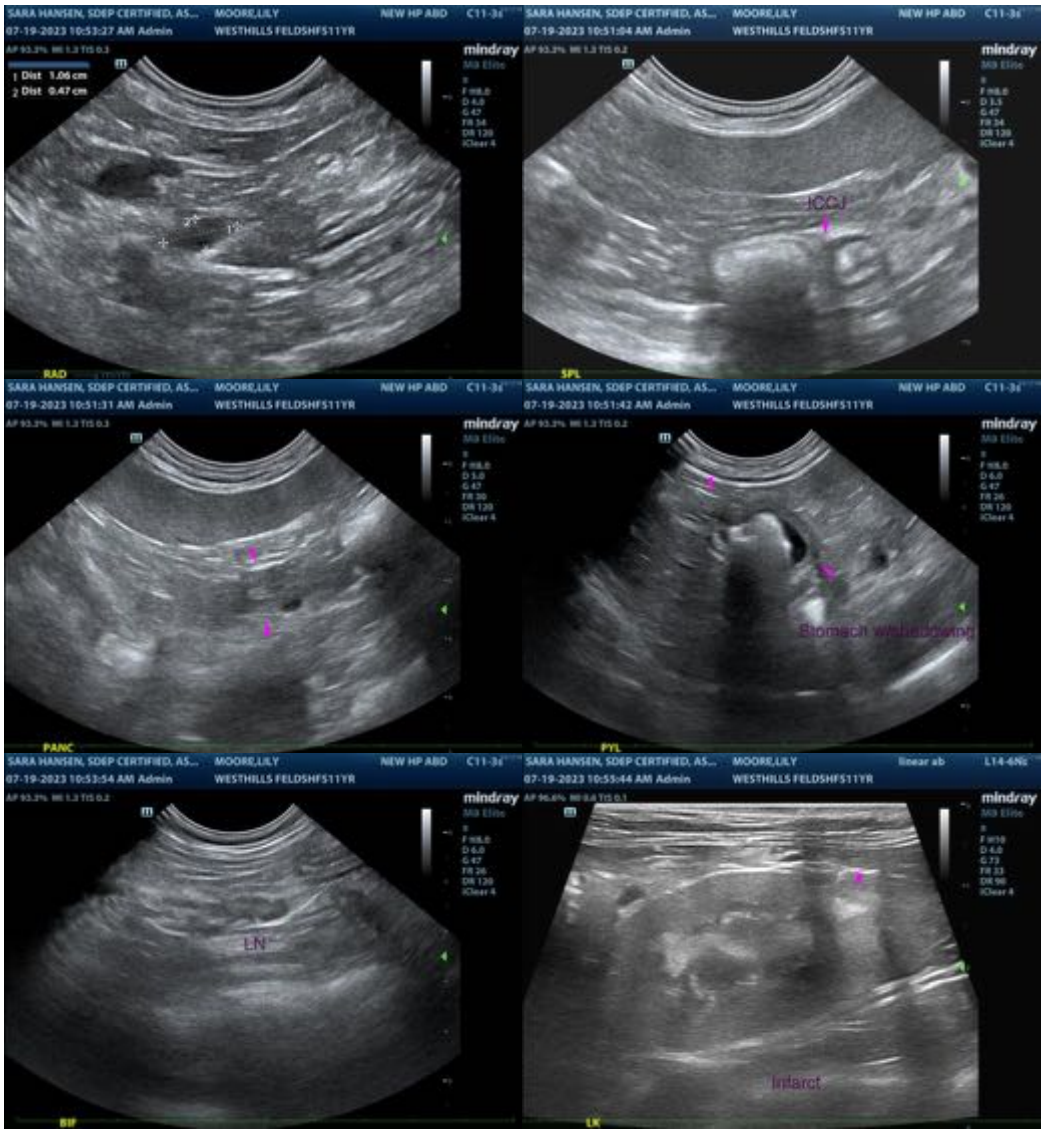
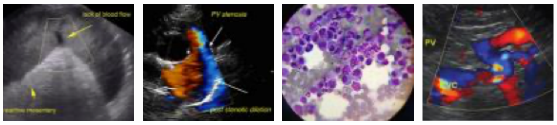
4. Heartworm antigen/antibody testing, as heartworm disease can cause chronic vomiting in cats.
5. Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis, particularly if the patient continues to vomit.





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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