



PATIENT

Jack Nunn

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 years, 3 mos

WEIGHT

10.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Lucas Budden

INVOICE

11242

DATE

7.20.22

PRESENTING CLINICAL SIGNS

History: P seemed normal on Sunday, playful e/d normally. Since then more lethargic, does vomit hairballs intermittently, receives lactulose intermittently. Not interested in food, has hx crystalluria. P has had some diarrhea, usually a voracious eater. Has vomited a few times in the past couple days.

Abnormal PE/Chem/CBC/UA Results: CBC/chem/T4 7/20/2022 Amylase high 1357 platelet low, adequate on estimate Neutrophils high 14601 Lymphocytes low 314 Monocytes high 6-8 Thyroid normal 1.1 remainder cbc/chem wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A small to moderate amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The cystourethral junction and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (4.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The **right kidney** is normal size (4.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The **left adrenal gland** is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The **spleen** is normal in size (0.95 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** lumen is moderately distended. The wall is thin and smooth. A small amount of suspended, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is moderately fluid-distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated 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 ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas



PATIENT

Jack Nunn

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 years, 3 mos

WEIGHT

10.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Lucas Budden

INVOICE

11242

DATE

7.20.22

A portion of the pancreas is obscured by the gastric distention. In the visualized portion (left limb) the pancreas is normal in size, with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.14 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. Several, prominent mesenteric **lymph nodes** are visualized, the largest measuring 3.30 cm in length. The surrounding mesentery is mildly hyperechoic. In addition, a 0.43 cm gastric lymph node is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric ileus
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is possible but considered less likely given the shape and echogenicity of the nodes.

*An obvious cause for the patient's clinical signs is not identified in this study. Acute gastroenteritis is suspected. However, low-grade pancreatitis or an underlying metabolic issue cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Consider prophylactic deworming with fenbendazole.
- Supportive care for acute gastroenteritis is recommended, including fluid therapy, gastric protectants, antiemetics, +/- a probiotic with a high colony count (i.e., Provable Forte). Also consider initiation of a promotility agent (i.e., metoclopramide) to help address the gastric ileus.
- Thoracic radiographs should also be considered to assess for occult aspiration pneumonia.
- If the patient's clinical signs do not improve within 48-72 hours of supportive care, a more advance GI work-up (i.e., malabsorption panel (Send to Texas A&M) +/- GI biopsies) may be warranted.





PATIENT

Jack Nunn

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 years, 3 mos

WEIGHT

10.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

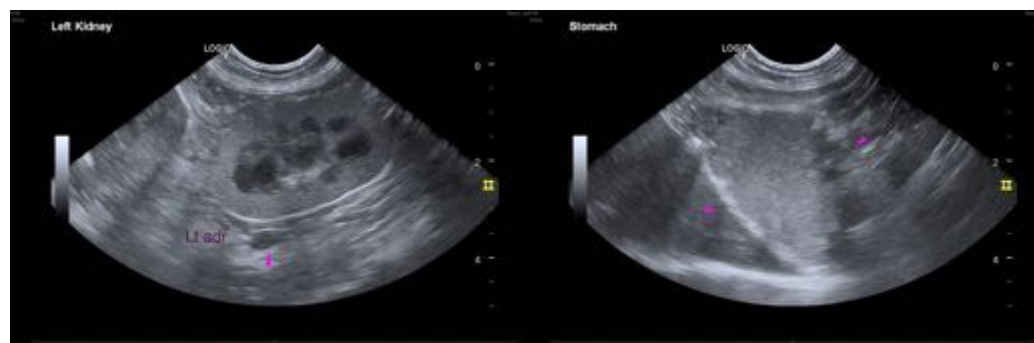
Lucas Budden

INVOICE

11242

DATE

7.20.22



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