

**DATE PRESENTING CLINICAL SIGNS**

8/11/21

History: 08-10-2021 Notes: Vomiting several times this am then last episode had blood in it. No known FB's, plant ingestion or toxins. Assessment: Hematemesis. Recommend to Owner X-rays, BW, Hospitalization, IV catheter, fluid therapy, GI meds and further treatment as necessary.

PATIENT

Cookie Pilcz

Current Medications: Mirtazapine, Pantoprazole, Cerenia. Ampicillin, Buprenorphine, Gabapentin.

Lab Results: Attached separately.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

3/27/2013

WEIGHT

13.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Ruby

INVOICE

11867

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth.

The bladder lumen is moderately distended. A small to moderate 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 2 cm, are normal.

The left kidney is normal in size (4.60 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.32 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter.

The right kidney is normal size (4.22 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.39 cm in the longitudinal plane). Caliectasis is evident. There is no evidence of infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.99 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 aggregated echogenic suspended debris is suspended within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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 not dilated. The small intestinal wall is normal to mildly thickened (up to 0.36 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio

in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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

There is no evidence of free fluid. Several prominent mesenteric lymph nodes are visualized (up to 0.87 cm in length). Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

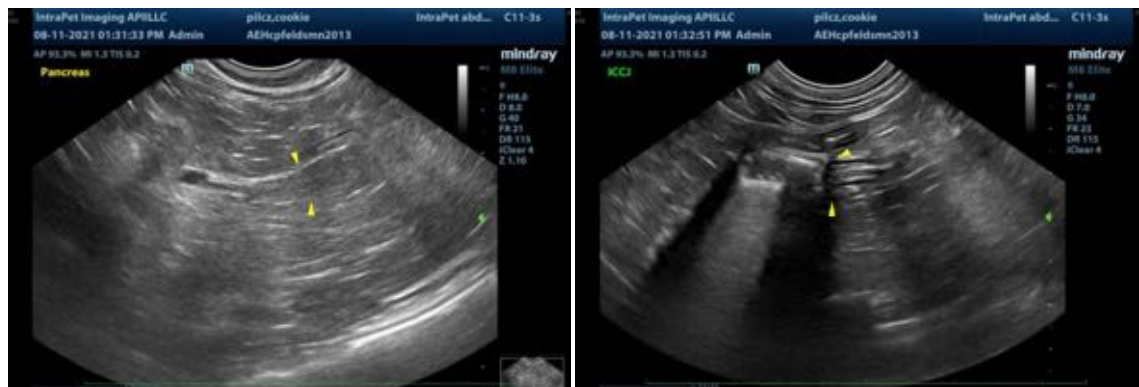
- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

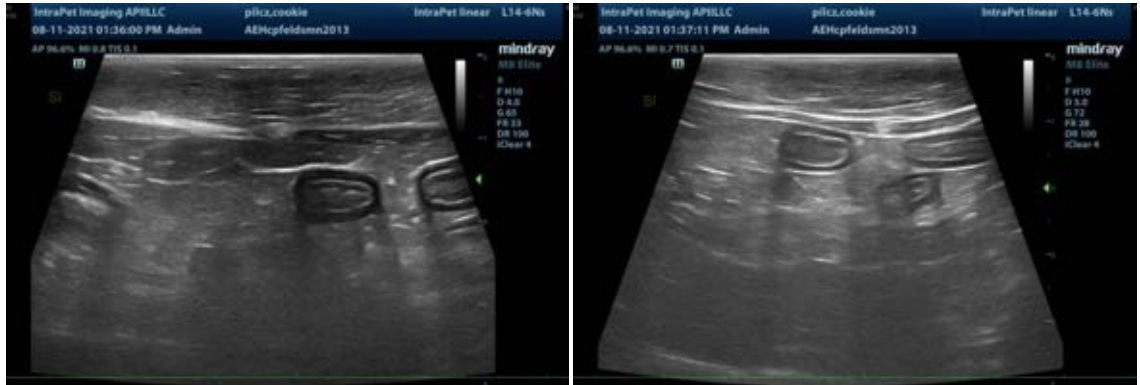
- Bilateral age-related renal pathology with pyelectasia. The pyelectasia may be secondary to pyelonephritis, age-related remodeling or fluid therapy if applicable.
- The urinary bladder debris may represent cells, crystals and/or exfoliated material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the renal changes, a urinalysis and urine culture and sensitivity are recommended.
- In light of the patient's gastrointestinal signs, a malabsorption panel, fecal evaluation for ova and Giardia +/- endoscopic or surgical gastrointestinal biopsies should be considered.
- Three-view thoracic radiographs should be performed prior to any anesthetic event.







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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