

**DATE PRESENTING CLINICAL SIGNS**

8/12/21

History: Inappropriate defecation, intermittent vomiting.
 Current Medications: Cerenia started 8/10. Ultamino.
 Lab Results: Creat elevation, glucose elevation, mild glucosuria-- awaiting Fructosamine.
 Radiographs: Subjectively thickened SI on radiographs.
 Date of Previous IntraPet Ultrasound: No previous
 Sedation: Dexdomitor/Torbugesic IM. Oral Gabapentin.
 Stat Report: Not requested.

PATIENT

Albert Juedes

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

2010

WEIGHT

16 lbs.

INTERPRETED BY

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 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

HOSPITAL NAMEEastern Animal
Hospital**REFERRING VET**

Dr. Sole

INVOICE

11875

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 with mostly anechoic urine. 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 size (4.36 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.18 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.80 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 thickened (up to 0.38 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 most 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

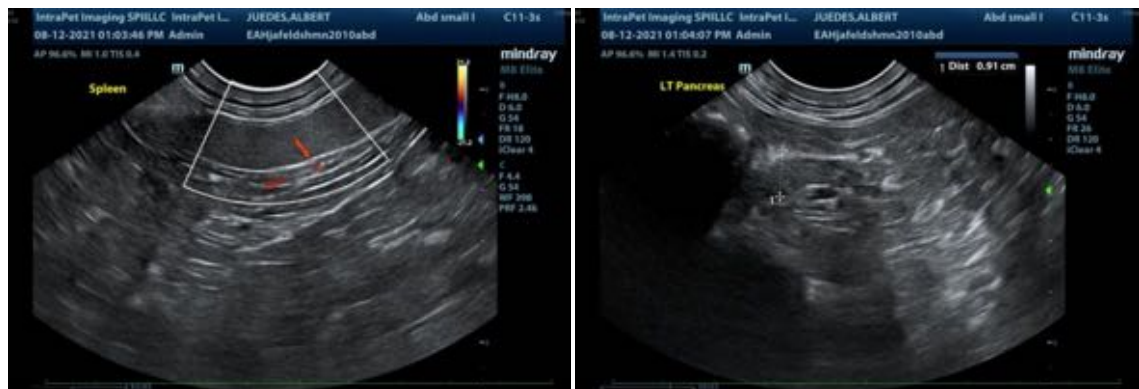
There is no evidence of free fluid. Several prominent hypoechoic slightly irregular lymph nodes are observed throughout the abdomen (i.e., mesenteric root, sublumbar), the largest measuring 1.69 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Bowel pattern consistent with emerging lymphoma or severe inflammatory bowel disease.
- The abdominal lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serum cobalamin, folate, PLI and TLI
- A fecal evaluation for ova/Giardia
- Ultimately, endoscopic or surgical gastrointestinal biopsies would be necessary to get a definitive diagnosis.
- Three-view thoracic radiographs should be performed prior to anesthesia and assess cardiopulmonary status.







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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