



## PATIENT PRESENTING CLINICAL SIGNS

Smokey Wolochuck

**History:** Presented at our hospital for vomiting. Possible PU/PD. Hiding.  
**Previous Health Concerns:** gastritis 7/30  
**Current Medications:** none

## SPECIES

Feline

**Abnormal PE/Chem/CBC/UA Results:** Bloodwork: Ca<sup>++</sup> 1.20; GLU 173; Liver panel: Glu 183; Radiographs- foreign material in SI vs Colon (FB vs fecal material), bunched SI with pockets of gas and mild distention, No obvious masses, otherwise unremarkable

## BREED

DSH

8/1/22 diagnostics: Cbc: wbc 23.3

Chem : albumin 2.1

Epoc stress hyperglycemia

T4: 2.0

Rads: gas and abnormal ingesta in the stomach and portion of the proximal small bowel;

ua : nr sp grav 10 30 ph 6.5

## SEX

Neutered Male

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

## AGE

12 years

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is 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 2 cm, are normal.

## WEIGHT

4.2 kg

The **left kidney** is normal size (3.88 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 hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.79 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 hydroureter. Renal vasculature is normal.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Erin Wicks

### Adrenal Glands

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

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

### Spleen

## HOSPITAL NAME

Shores Vet Emerg Ctr.

The **spleen** is normal in size (0.78 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.

## REFERRING VET

Dr. Miller

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 portal vein to caudal vena cava ratio is approximately 1: 1.

## INVOICE

11416

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.

## DATE

8.15.22

### ***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. A focal segment of bowel in the midabdominal region, which is thought to represent colon, exhibits circumferential wall thickening (up to 0.85 cm) with suspected loss of the normal layering pattern and narrowing of the lumen. On one side of this narrowing, irregular shadowing material is observed within the lumen. On the opposite side, liquid, echogenic material is observed. The remainder of the bowel is normal in thickness with a normal layering pattern and appropriate mural detail.

### ***Pancreas***

The **pancreas** is diffusely prominent in size with slightly irregular peripheral contours in the region of the left limb. The parenchyma is hypoechoic relative to surrounding omental fat. A 0.45 cm irregular cyst is observed on the left side. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface of the left limb is mildly hyperechoic.

### ***Free Abdomen***

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

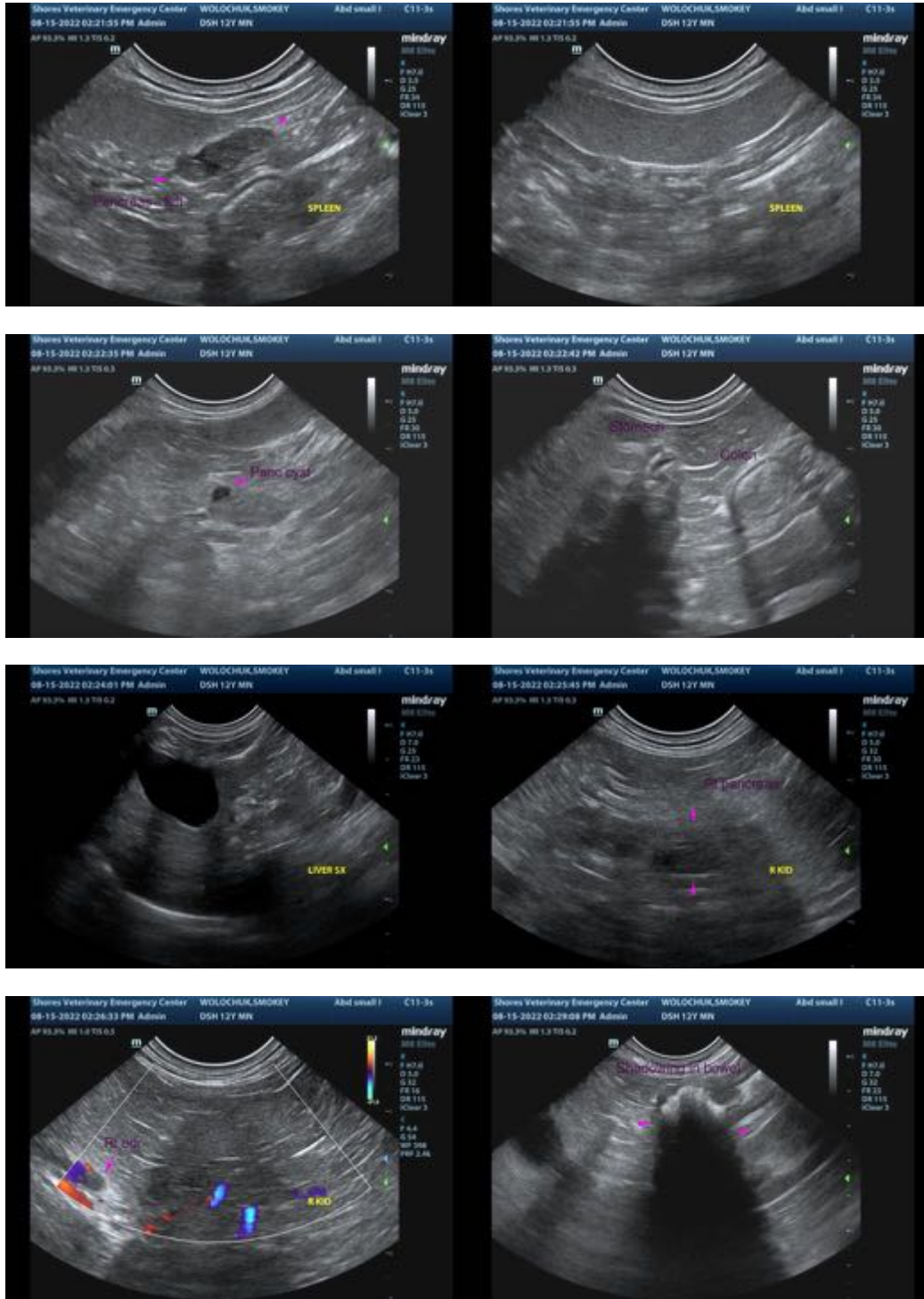
- Focal circumferential intestinal wall thickening with subsequent luminal narrowing. This abnormal segment is thought to represent colon, however, small intestine cannot be excluded. The shadowing structures are thought to represent fecal material. Focal obstruction is suspected. Differentials for this pathology include neoplasia (i.e., adenocarcinoma), stricture, severe inflammatory process, other. Neoplasia is favored.
- The pancreatic changes are consistent with mild to moderate acute or chronic active pancreatitis.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

An abdominal exploratory with assessment and biopsy of the area, +/- resection anastomosis (if indicated) should be considered. If surgery is pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications.





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](mailto:info@SonoPath.com)