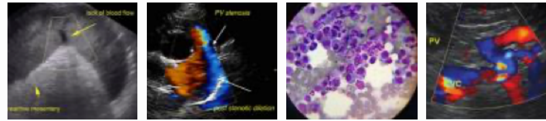




**PATIENT**

Patience Grossman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

9.34 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Cone

**INVOICE**

11314

**DATE**

8.2.22

## PRESENTING CLINICAL SIGNS

History - Chronic intermittent vomiting, once weekly up to several times per day ongoing. Vomit usually contains food. Occasional inappropriate urination for several months. No improvement on hydrolyzed diet trial. - Physical exam: mild weight loss Current Medications Fluoxetine Primary Question/Differential to Be Answered in This Exam Cause of chronic vomiting and weight loss.

Abnormal PE/Chem/CBC/UA Results: Normal CBC/chemistry. Urinalysis: 3+ occult blood, SPG 1.019.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with 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 (3.74 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. At least one mineralized focus is visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.82 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. A cortical infarct is observed at the caudolateral aspect. A few, small foci of mineralization are seen. There is no evidence of hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The **left adrenal gland** is normal size (1.08 cm length; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.99 cm length; 0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

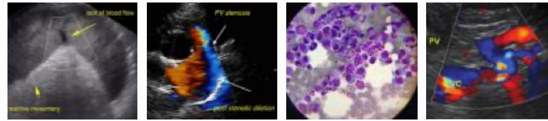
### *Spleen*

The **spleen** is normal in size (0.68 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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.





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### *Gastrointestinal*

The **gastric lumen** is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The pylorus is asymmetrically thickened (up to 0.95 cm) and irregular. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.32 cm) with disruption in the normal 1:3 muscularis: mucosal ratio in most segments. The colonic wall is normal. There is no evidence of an obstructive pattern.

### *Pancreas*

The **pancreas** is diffusely visible, with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.16 cm in diameter).

### *Free Abdomen*

There is no obvious evidence of free fluid. A focal area of reactive mesentery is observed in the cranial abdomen. A 0.63 cm epigastric **lymph node** is visualized.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma. The pyloric wall thickening could be consistent with inflammatory disease, hypertrophy or emerging neoplasia.
- The prominent cranial abdominal lymph node is likely reactive with a lower possibility of infiltrative neoplasia.

### Secondary Findings

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Bilateral chronic, age-related renal changes with nonobstructive nephrolithiasis and a right cortical infarct

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Malabsorption panel, including serum cobalamin and folate, TLI and PLI is recommended.

Fecal evaluation for ova and Giardia is also recommended.

Also consider heartworm testing (antibody and antigen) as chronic vomiting can be associated with heartworm disease in cats.

Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. If biopsies are pursued, the pylorus should also be biopsied, given its asymmetry. Thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.

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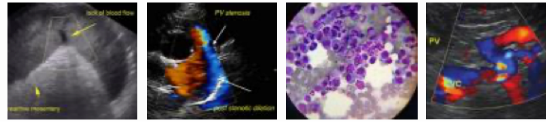
1-800-838-4268 info@sonopath.com SonoPath.com



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AnimalSoundsNW.com 541-357-9423

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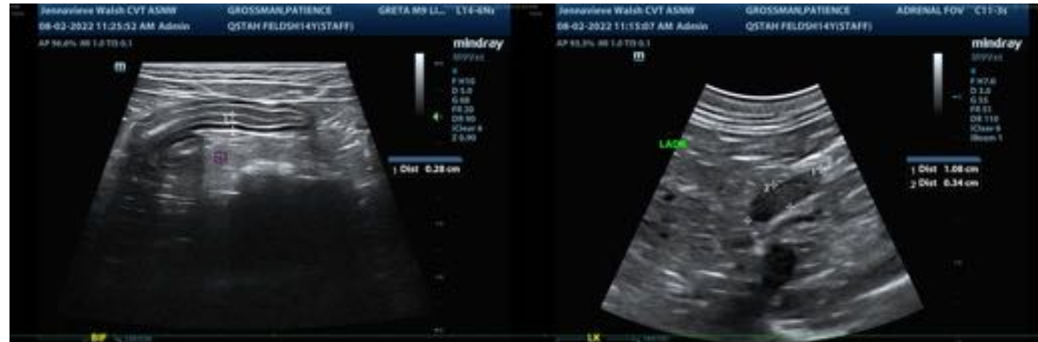
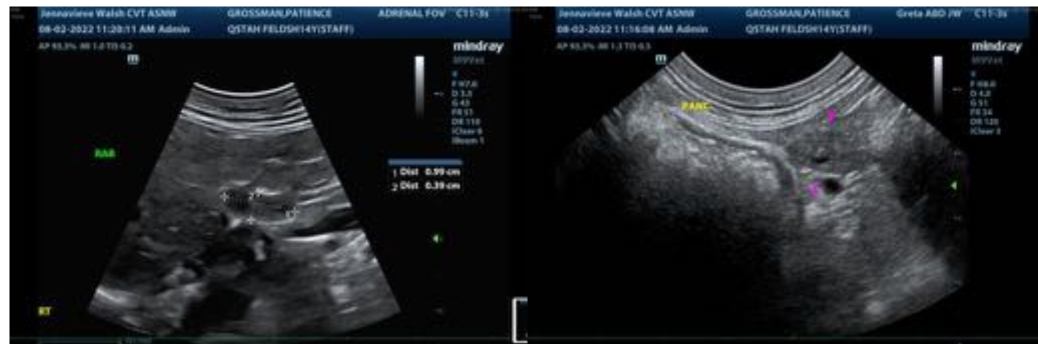
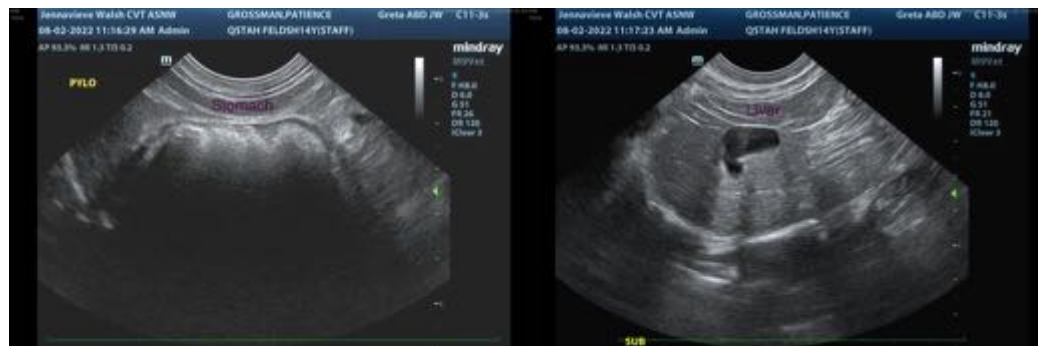
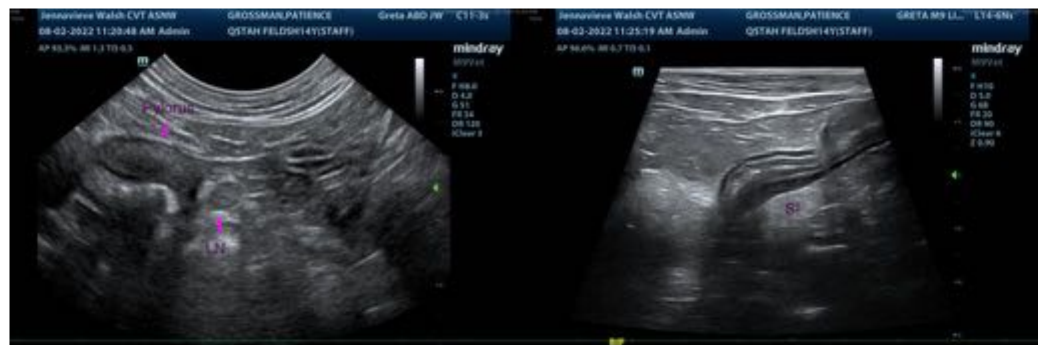
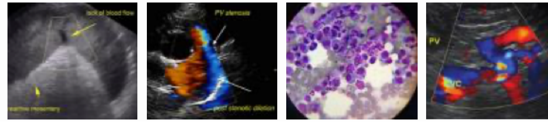








**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**





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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