

**DATE PRESENTING CLINICAL SIGNS**

8/20/21

History: Patient seen 10/14/2020 for vomiting intermittent after eating. Bloodwork was unremarkable. Patient seen 8/11/2021 for abscess on face, vomiting, weight loss. Patient lost 3lb since 10/2020.

**PATIENT**

Romeo Madison

Current Medications: Convenia Injection 0.31ml sq 8/11/2021

Lab Results: BUN 42.1, Creat 1.9, Glob 5.2.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not needed.

**BREED**

Domestic Shorthair

Stat Report: Requested/Approved.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Male Neutered

**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.

**AGE**

2014

The left kidney is small in size (2.76 cm in length) with an irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. A few small nephroliths are visualized. Mild pyelectasia is present (0.37 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

**WEIGHT**

6.8 lbs.

The right kidney is mildly enlarged (4.63 cm in length) with an irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. A few nephroliths are visualized. The largest measures 0.67 cm in diameter. A small cortical cyst is observed at the cranial aspect. Mild pyelectasia is present (0.23 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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**Adrenal Glands**

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Northwind Animal  
Hospital

The right adrenal gland is normal size (0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**REFERRING VET**

Dr. Cross

**Spleen**

The spleen is normal in size (0.57 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.

**INVOICE**

11676kk

**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/not seen.

### ***Gastrointestinal***

The gastric lumen is 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern. There is evidence of mucosal fogging and fibrosis. There is disruption in the normal 1:3 muscularis to mucosal ratio and thickening of the submucosal layer in most segments. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. The lumen of the descending colon contains shadowing fecal material. There is no evidence of obstruction.

### ***Pancreas***

The pancreas is partially obscured by the gastric distension. In the visualized portions, the size appears normal with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

### ***Free Abdomen***

There is no obvious evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocolic junction. Surrounding mesentery is mildly hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- 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.

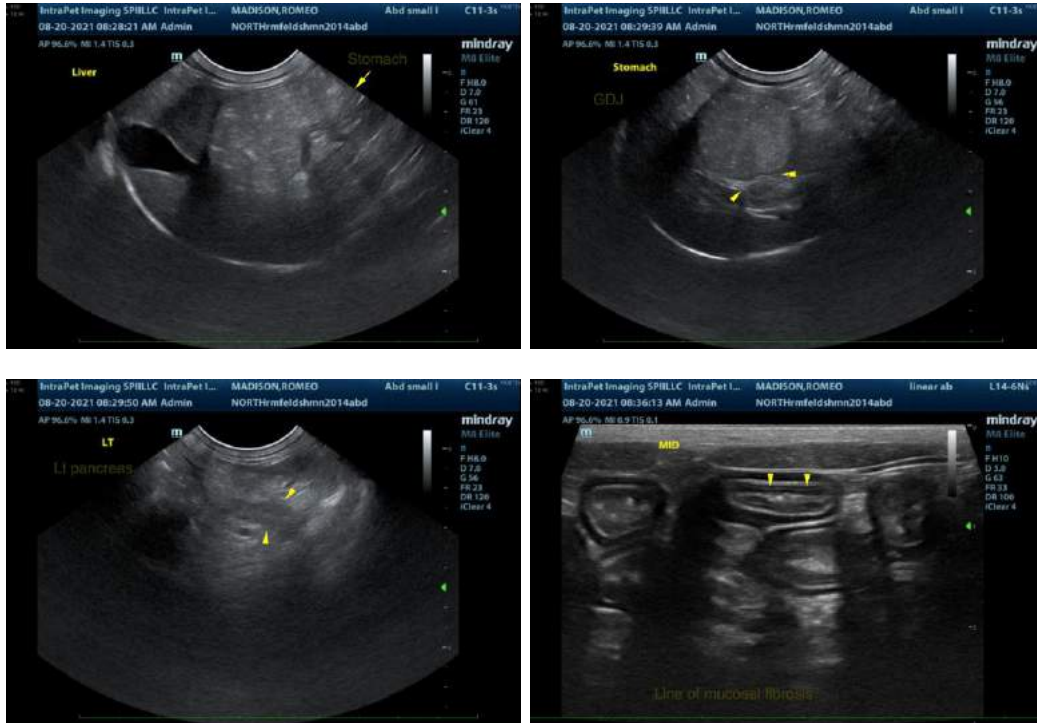
### **Secondary Findings:**

- Bilateral, age-related renal pathology with bilateral non-obstructive nephroliths and pyelectasia. The right renomegaly is likely secondary to compensatory hypertrophy given the small left kidney.

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

1. Three-view thoracic radiographs are recommended to assess for occult neoplasia and to evaluate the esophagus.
2. Further diagnostic considerations can include the following:
  - a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
  - b. A fecal evaluation for ova/Giardia
  - c. A 6-week limited antigen diet trial (if patient will tolerate it)
  - d. Ultimately, endoscopic, or surgical gastrointestinal biopsies would be necessary to get a definitive diagnosis.





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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