

**DATE PRESENTING CLINICAL SIGNS**

8/31/2021

History: Chronic diarrhea with vomiting.

PATIENT

Alfie Prather

Current Medications: Metronidazole, Cerenia 1week, Fortiflora, change diet to hydrolyzed and novel proteins.

Lab Results: Slightly high K+, UA, CBC, Chem, T4, fecal - all WNL or negative.

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*A large amount of gas within the bowel lumen obscures visualization of portions 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. A scant amount of echogenic debris is suspended 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.

AGE

3/28/2012

The left kidney is normal size (4.30 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. Several cysts are present, the largest measuring 1.05 x 0.83 cm. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9 lbs.

The right kidney is normal size (4.57 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. Several cysts are present, the largest measuring 1.38 x 1.24 cm. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BYAndrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)**Adrenal Glands**

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

HOSPITAL NAME

Hickory VH

Spleen

The spleen is normal in size (0.77 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. Snyder

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 mostly anechoic. The cystic and common bile ducts are normal.

INVOICE

11986

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 is patent. The small intestinal lumen is segmentally fluid distended and hypomotile. The small intestinal wall thickness is normal with a normal layering pattern and appropriate

mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal.

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

Trace free fluid is present. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

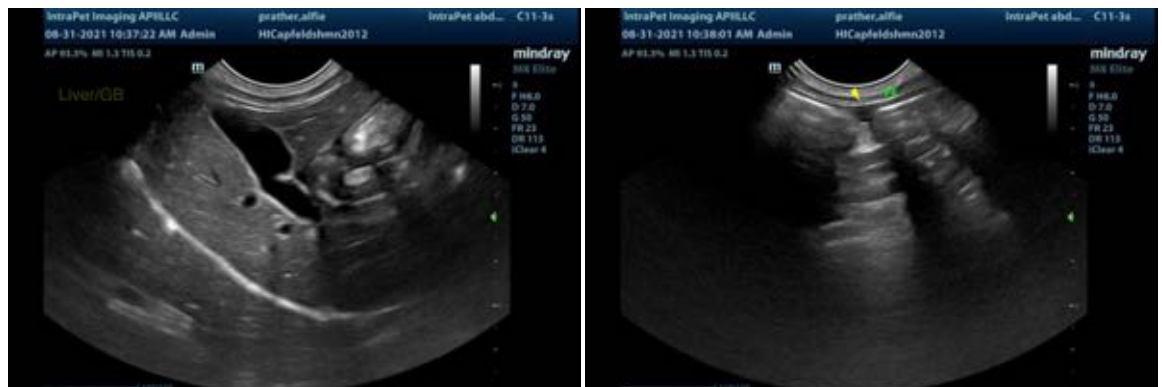
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. Functional ileus is suspected. A partial small intestinal obstruction, however, cannot be completely excluded as some of the regions of bowel are obscured by luminal gas.
- The trace ascites is likely secondary to bowel pathology.

Secondary Findings:

- Bilateral age-related renal changes with cortical cysts and dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serum cobalamin, folate, PLI and TLI
- A fecal evaluation for ova/Giardia
- Ultimately, endoscopic or surgical gastrointestinal biopsies will likely be necessary to get a definitive diagnosis.
- Given the patient's age, three-view thoracic radiographs should be performed prior to anesthesia.







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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