**DATE**

8/8/21

PRESENTING CLINICAL SIGNS

Past two days has been having a hacking and vomiting. Patient has not eaten anything since last night. Sedated oral exam - unremarkable

PATIENT

Sammy McKenny

Current Medications: Buprenorphine, Pantoprazole, Convenia, Antisedan Solution, Maropitant, Butorphanol, Dexmedetomidine, Ketamine.

Lab Results: IDEXX In House Catalyst CHEM 17, Lytes, CBC, IDEXX In House Snap Feline FeLV/FIV/HW, PCV/TS; attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: not needed

Stat Report: not requested

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8/7/09

WEIGHT

8.7 lbs

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 anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra are normal.

The left kidney is normal in size (3.75 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.73 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.53 cm width). with a normal shape and smooth peripheral contours. The parenchyma is hypoechoic. No focal lesions are observed. The surrounding vasculature appears normal.

The right adrenal gland is prominent in size (0.56 cm width) with a normal shape and smooth peripheral contours. The parenchyma is hypoechoic. No focal lesions are observed. The surrounding vasculature appears normal.

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal. The spleen measured 0.73 cm at the hilus.

REFERRING VET

Dr. Roper

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 gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous, but not overtly dilated.

INVOICE

91044

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to moderately fluid distended and hypomotile. 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 thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosal ratio. Discreet masses are not identified. The ileocecolic and colonic wall are normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The pancreas is diffusely prominent in size with normal curvilinear, peripheral contours. The parenchyma is hypochoic relative to the surrounding omental fat. No focal lesions are observed. The pancreatic duct is dilated and measures 0.31 cm in diameter. There is no evidence of peri-pancreatic effusion.

Free Abdomen

There is no evidence of free fluid. A few, prominent, mesenteric lymph nodes are visualized.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

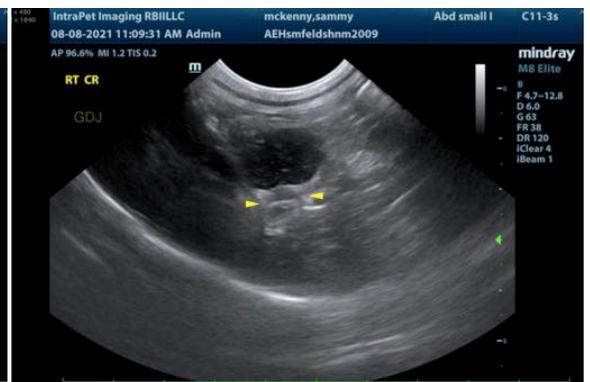
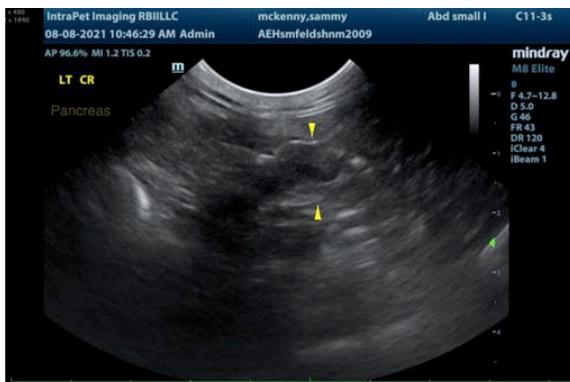
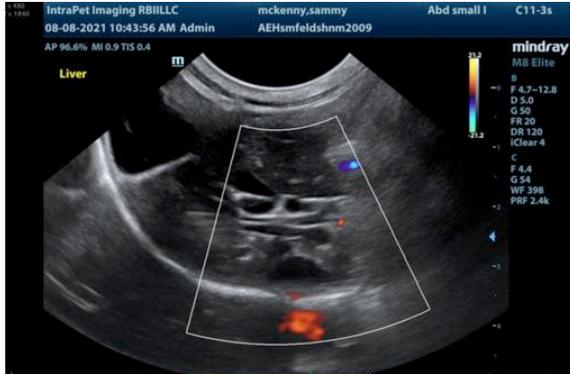
- Bowel pattern consistent with inflammatory bowel disease with a potential for emerging lymphoma. Gastrointestinal stasis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are suggestive of chronic low-grade pancreatitis.

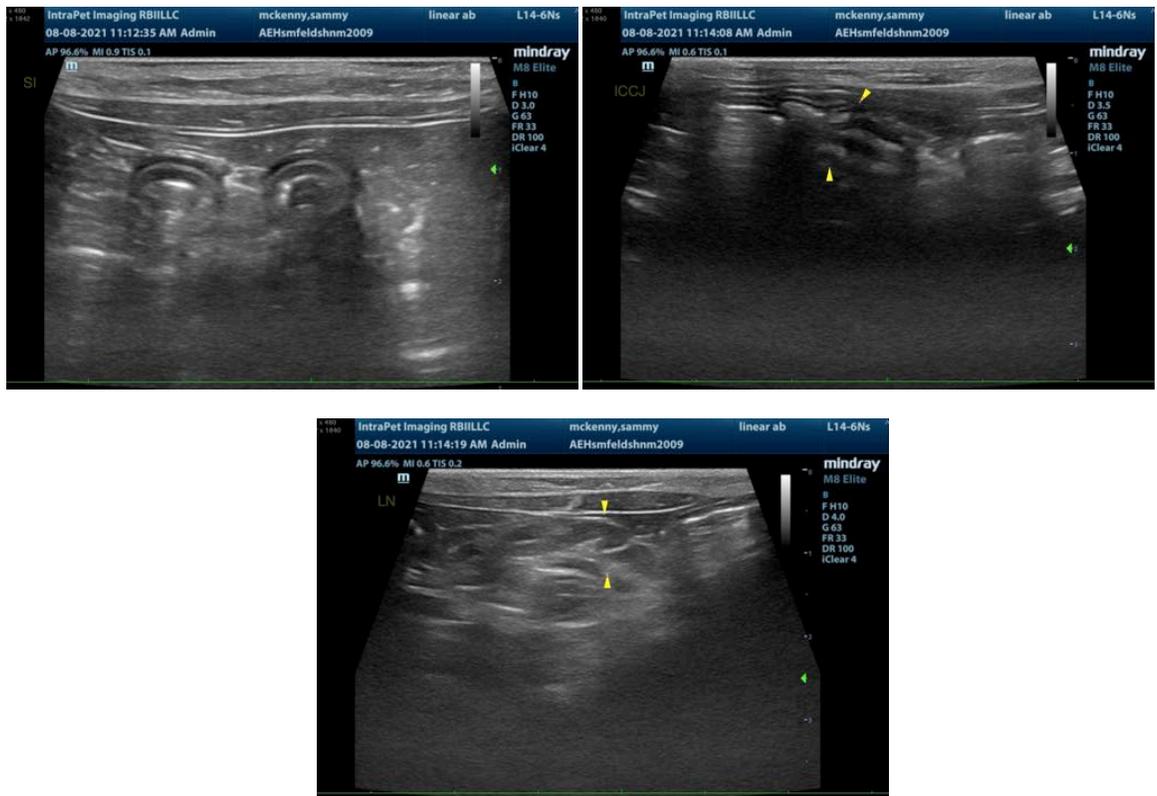
SECONDARY FINDINGS:

- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- Minor age-related renal pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for gastroenteritis is recommended. If the gastrointestinal signs become chronic, consider further work-up (i.e., malabsorption panel, fecal evaluation for ova and Giardia +/- endoscopic or surgical gastrointestinal biopsies).
- Three-view thoracic radiographs are recommended to assess for esophageal dysfunction and aspiration pneumonia.





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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