**DATE PRESENTING CLINICAL SIGNS**

8/8/23

Rescue pet that has had intermittent dyspnea.

PATIENT

Prim Animal Rescue

Current Medications: None listed.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Torbugesic/Midazolam IM.
 Stat Report: Not requested.
 Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*Ingesta throughout the GI tract obscures some portions of the abdomen. Some pathology may be missed.

BREED

Domestic shorthair

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

SEX

Female, spayed

The left kidney is normal size (3.87 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. A few small non-obstructive foci of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

1/1/2020

The right kidney is normal size (3.81 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.

WEIGHT

7 lbs.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

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

HOSPITAL NAME

Homeward Bound

Spleen

The spleen is normal in size (0.52 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. Sorum

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.

INVOICE

15190

Gastrointestinal

The gastric lumen is distended with ingesta/soft shadowing material. 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 diffusely distended with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obvious obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 1-2 prominent mesenteric lymph nodes are seen, the largest measuring 0.75 cm in its longest dimension. The nodes are normal in shape and echogenicity.

Other

Brief visualization of the heart reveals no obvious evidence of pericardial effusion. There is suspected trace pleural effusion in the visible windows.

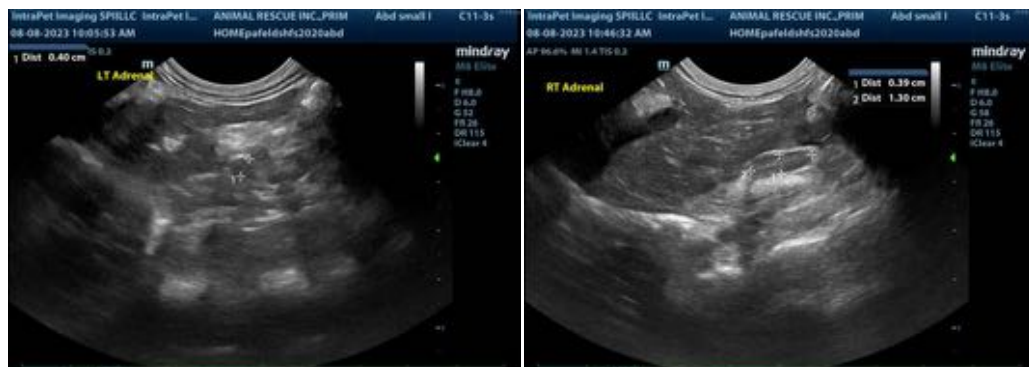
1-2 visible/prominent lymph nodes are suspected in the left cranial thorax, the largest measuring 1.50 x 0.59 cm.

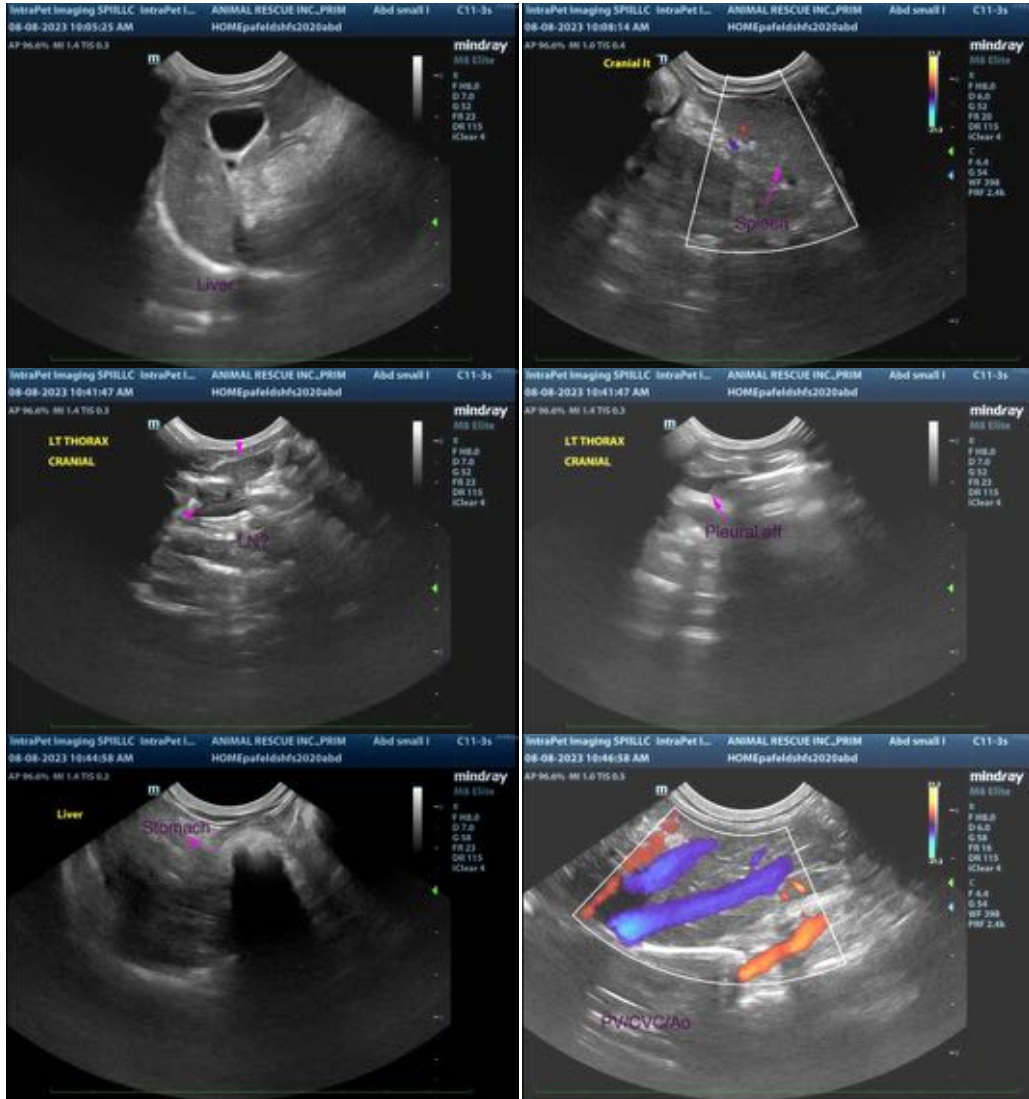
ULTRASONOGRAPHIC FINDINGS

- The soft shadowing material throughout the gastrointestinal tract may represent normal ingesta and/or foreign material (i.e., hair). It appears non-obstructive at the time of the study. If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Possible prominent lymph nodes in the left cranial thorax with suspected trace pleural effusion. Reactive lymphadenopathy is suspected with a lower possibility of emerging neoplasia. The trace pleural effusion may be secondary to the presence of pneumonia. There is no obvious area of diseased superficial lung to safely aspirate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If pneumonia is suspected, empirical treatment is recommended with serial radiographic monitoring to assess for progression. Once resolved, a tracheal wash may be indicated to assess for lower airway disease. Also consider a feline respiratory infectious disease panel.
- If the patient was not fasted for the current study, consider a repeat fasted ultrasound to evaluate for any missed pathology.





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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