

**DATE PRESENTING CLINICAL SIGNS**

9/10/21

History: Presenting Complaint: Defecation (Abnormal)- Decreased Frequency; vomiting; lethargy. Date: 09-09-2021 Notes: Sat did not eat dry food, ate canned - odd for him as his appetite is always great. Gradually decreased appetite until this AM - did not eat at all. Vomited 2x today - does usually have hairballs but not in a while. rDVM yesterday: abdominal fluid, could not discern much on rads - pending fluid analysis. BW- NSF. Rx Mirtaz, coconut oil.

PATIENT

Mickey Lanzetta

SPECIES

Feline

Current Medications: Gabapentin, pantoprazole, Furosemide, Cerenia.

Lab Results: Low albumin. Hemoconcentrated (these results were from a mini panel)

BREED

Domestic Longhair

Radiographs: Abdominal fluid, could not discern much on rads - pending fluid analysis.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SEX

Male Neutered

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

AGE

9/9/11

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 is moderately distended. A large amount of suspended echogenic debris is observed 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.

WEIGHT

17.6 lbs.

The left kidney is normal size (4.74 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 hyperechoic, medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal size (4.85 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 hyperechoic, medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Animal Emergency
Hospital

Adrenal Glands

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

REFERRING VET

Dr. Jones

Spleen

The spleen is normal in size (0.91 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

11800kk

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. A small amount of aggregated, echogenic debris is adhered to the luminal wall. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen and pyloric antrum are distended with ingesta and echogenic fluid. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is prominent to enlarged with slightly irregular peripheral contours. A 1.35 x 1.23 cm hypoechoic nodule is observed at the tip of the right limb. The remaining parenchyma is mottled in appearance. The pancreatic duct is borderline dilated (0.24 cm in diameter).

Free Abdomen

A large amount of slightly echogenic free fluid is present within the abdomen. The mesentery is diffusely hyperechoic, nodular, and clumped in appearance. The abdominal lymph nodes are normal/not visible.

Chest

Trace pericardial effusion is suspected. There was no other evidence of underlying cardiac disease.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

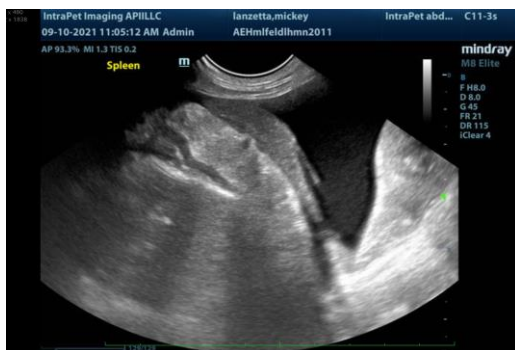
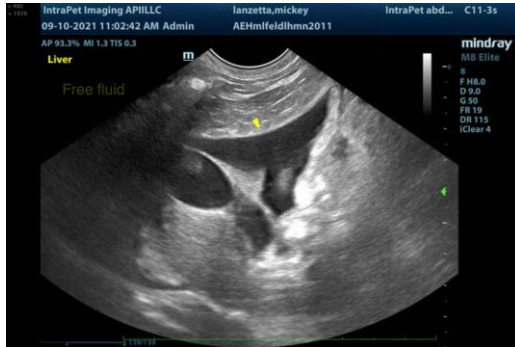
- The diffuse mesenteric changes are concerning for carcinomatosis. FIP is another top differential.
- The pancreatic changes could be consistent with neoplasia (i.e., carcinoma). Alternatively, pancreatitis with nodular hyperplasia is possible.
- The trace pericardial effusion is likely non-cardiogenic in origin.

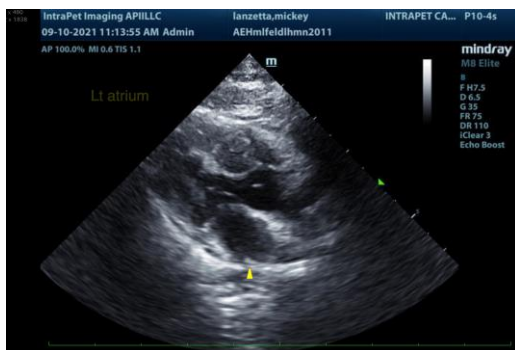
Secondary Findings:

- Bilateral, age-related renal changes.
- Urinary bladder debris.
- If patient was fasted for this study, delayed gastric emptying would be a consideration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. If the abdominal fluid cytology is inconclusive, an abdominal exploratory with biopsies of the pancreas and mesentery may be necessary to get a definitive diagnosis.
2. Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease, if not already performed.
3. Given the diffuse abdominal pathology, the prognosis for this patient is considered guarded.





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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com