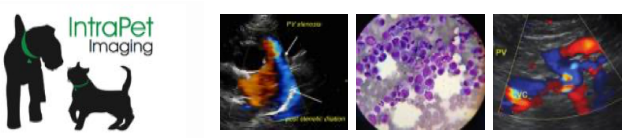
IMAGING PERFORMED BY

IntraPet.com



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DATE

9/13/22

PATIENT

Princess Amidala Fox

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

11-9-2005

WEIGHT

6.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Stephens

INVOICE

13961

PRESENTING CLINICAL SIGNS

Vomits 1-2 times a week, ongoing for months to years (uncertain).

Current Medications: None listed.
Lab Results: Mild hypercalcemia 11.4.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A mild to moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.88 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (3.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

The right adrenal gland is normal in size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.74 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.

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 to moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen contains soft shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 0.30 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb is visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.23 cm in diameter).

Free Abdomen

There is no evidence of free fluid. A few prominent colic lymph nodes are visualized, the largest measuring 0.55 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The soft shadowing material within the gastric lumen is most consistent with foreign material (i.e., hair).
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

Secondary Findings:

- 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.
- Bilateral, age-related renal changes.
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the suspicion for a gastric hairball, consider supportive care (i.e., Laxatone).
- Other diagnostic considerations include the following:
    - Hydrolyzed protein or limited antigen diet trial.
    - GI panel (send to Texas A&M) including serum cobalamin, folate, TLI and PLI.
    - Also consider heartworm testing (i.e., antibiotic, antigen) as heartworm disease can be a cause of chronic vomiting in cats.
    - +/- GI biopsies (i.e., endoscopic or surgical). If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, limited antigen diet) as long as the client understands the risks of treatment without a definitive diagnosis. Thoracic radiographs are recommended to assess cardiopulmonary status, particularly if the patient is to undergo anesthesia or if steroids are to be initiated.


IntraPet Imaging APIILLC
fox.princess amidala
IntraPet abd... C11-3s
09-13-2022 12:41:33 PM Admin
TAHpffeldshfs2005
Liver
mindray


IntraPet Imaging APIILLC
fox.princess amidala
IntraPet abd... C11-3s
09-13-2022 12:42:44 PM Admin
TAHpffeldshfs2005
Pancreas
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IntraPet Imaging APIILLC
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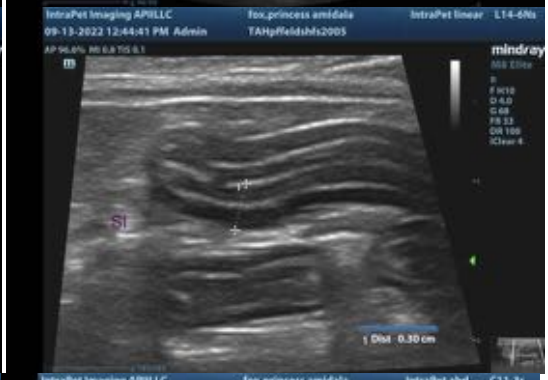
IntraPet Imaging APIILLC
fox.princess amidala
IntraPet linear L14-6Ns
09-13-2022 12:44:41 PM Admin
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SI
Dist 0.30 cm
mindray


IntraPet Imaging APIILLC
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IntraPet linear L14-6Ns
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STO
Stomach w/shadowing
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IntraPet Imaging APIILLC
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IntraPet abd... C11-3s
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TAHpffeldshfs2005
Cranial RT
GDJ
mindray


IntraPet Imaging APIILLC
fox.princess amidala
IntraPet abd... C11-3s
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TAHpffeldshfs2005
RT
RL adr
mindray

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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