

**DATE PRESENTING CLINICAL SIGNS**

9/14/21

Chronic vomiting. Had ultrasound done at Hope in Malvern, PA. on 4/7/21. Report indicates mild low grade pancreatitis. Owner brought pet here 7/21/21 for vomiting & diarrhea.

**PATIENT**

Spooky Meola

Current Medications: Cerenia 4mg 1x/day

Lab Results: Report indicates mild low grade pancreatitis.

CBC/Chem/T4- Creatine, T4 upper end of normal. Pancreatic enzymes normal. Liver values normal.

Radiographs: showed left kidney small in size & shape. There was impression of small intestinal wall thickening. Recommend rechecking US to reassess GIT

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

**BREED**

Domestic shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****SEX**

Female, spayed

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, visible to a depth of 2 cm, are normal.

**AGE**

2008

The left kidney is borderline small (3.21 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

15.03 lbs.

The right kidney is normal in size (3.85 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. Renal vasculature is normal.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

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

**HOSPITAL NAME**

All Creatures

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

**REFERRING VET**

Dr. Meadows

**Spleen**

The spleen is normal in size (0.86 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**

12088

**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 anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 not dilated. 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 most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### ***Pancreas***

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

### ***Free Abdomen***

There is no evidence of free fluid. 1-2 prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 0.72 cm in length. Surrounding mesentery is mildly hyperechoic.

### ***Other***

A few ring down lesions are visualized within the thorax.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

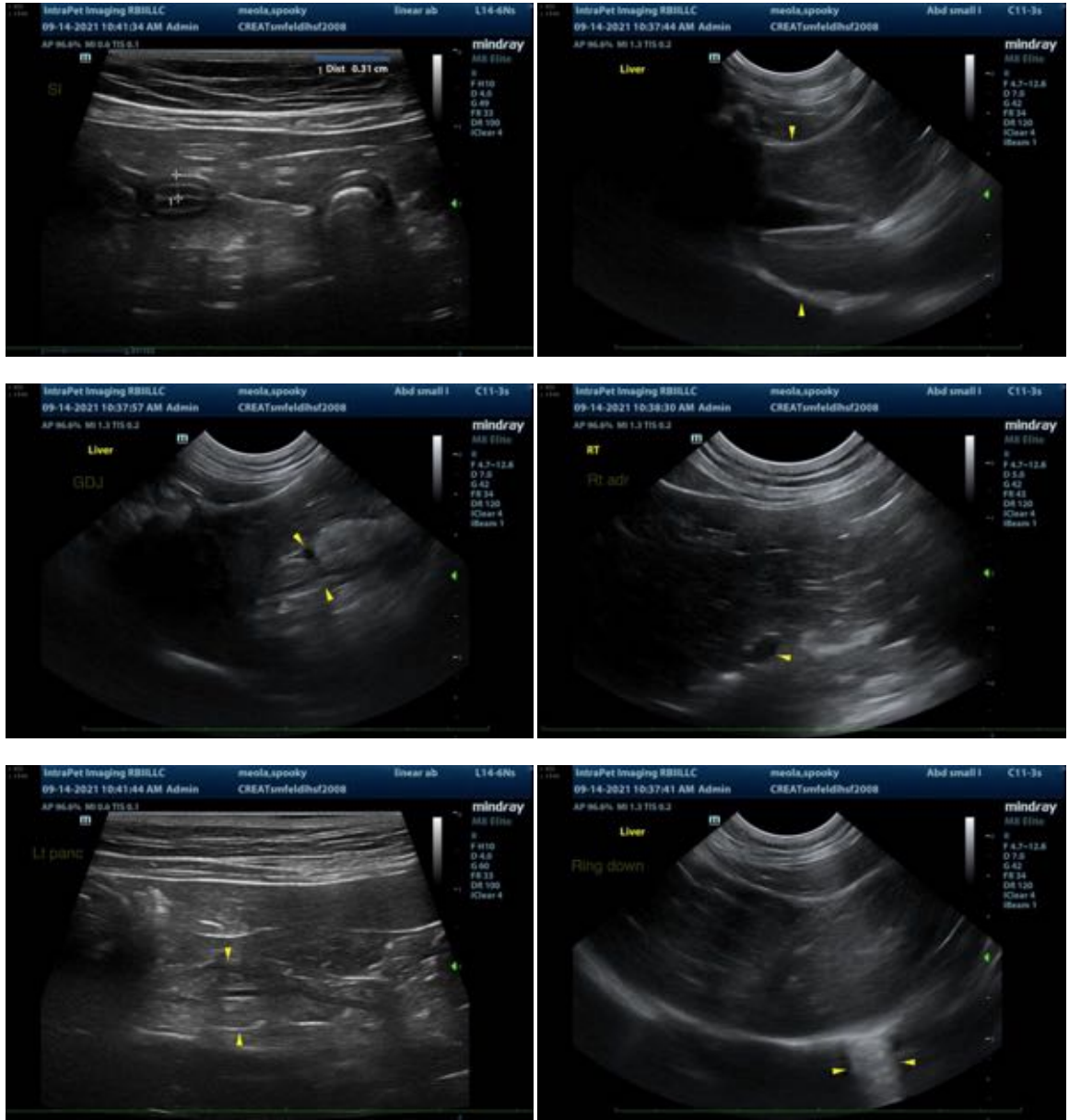
### **Secondary Findings:**

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral age-related renal pathology, more pronounced on the left side. Dystrophic mineralization is present.
- The ring down lesions are suggestive of pulmonary parenchymal disease.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three view thoracic radiographs are recommended to assess cardiopulmonary status.
- The following diagnostic/treatment recommendations can be considered:
  1. Serum cobalamin, folate, PLI and TLI
  2. A fecal evaluation for ova/Giardia
  3. A 6-week limited antigen diet trial to assess for food allergies
  4. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
  5. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.





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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