



PATIENT PRESENTING CLINICAL SIGNS

Evie Belinski
SPECIES History: Pt presented on 9/14 to another DVM in the practice for weight loss, decreased appetite and head tilt. Pt was treated for vestibular dz and ear infection and started on pred, mirtazipine and tresaderm. Pt re-presented on 9/21 for not having BM in 1 week. O did say they had to change food because of availability issues but not specifically when. No further tx was started and rec'd abdominal U/s

Feline
BREED Abnormal PE/Chem/CBC/UA Results: Pts previous weight was 6.9 on 9/14, despite appetite improving on mirtazipine and pred. Previous BW showed mild anemia, normal WBCs, Chem showed increased ALT, low Creat and low k+. t4- 1.6. ear cytology showed 1+ yeast AU. ON re-presentation rads showed hard formed stool through entire colon, with small pieces of what appeared to be bone in it (O did confirm had found small bits of bone in food they had changed to). Stomach was 3-4x normal size and gas filled with sponge like appearance in the cranial abdomen where dorsal aspect of stomach would be.
DSH

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Spayed Female
AGE **Urinary System**
 The **urinary bladder** wall is 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. The region of the trigone is normal.

5 years, 2 mos
 The **left kidney** is normal size (4.05 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 hydroureter.

WEIGHT The **right kidney** is normal size (4.22 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 hydroureter.
 6.54 lbs

INTERPRETED BY **Adrenal Glands**
 The **left adrenal gland** is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Andrea Nicastro,
 DVM, Diplomate
 ACVIM (Small Animal
 Internal Medicine)
 The **right adrenal gland** is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY **Spleen**
 The **spleen** is normal in size (0.59 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.
 Dr. Jonathan Moss

HOSPITAL NAME **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.
 Harvest Hills VH

REFERRING VET
 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.
 Dr. Jonathan Moss

INVOICE **Gastrointestinal**
 The **gastric lumen** is distended with wispy, echogenic, minimally-shadowing echogenic material and a small amount of fluid. The gastric wall and pylorus are 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 is
 11676

DATE
 9.22.22

normal in thickness with retention of the normal layering pattern. 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.

Pancreas

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

Free Abdomen

There is no obvious evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

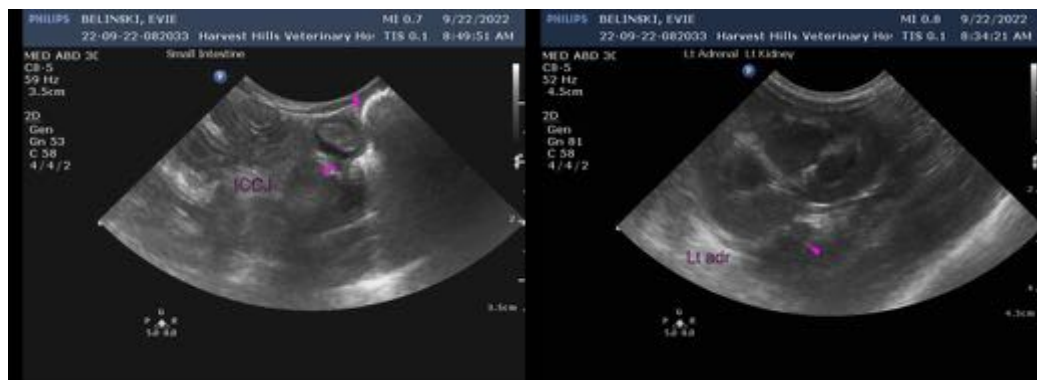
- The gastric luminal contents may represent foreign material and/or ingesta.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

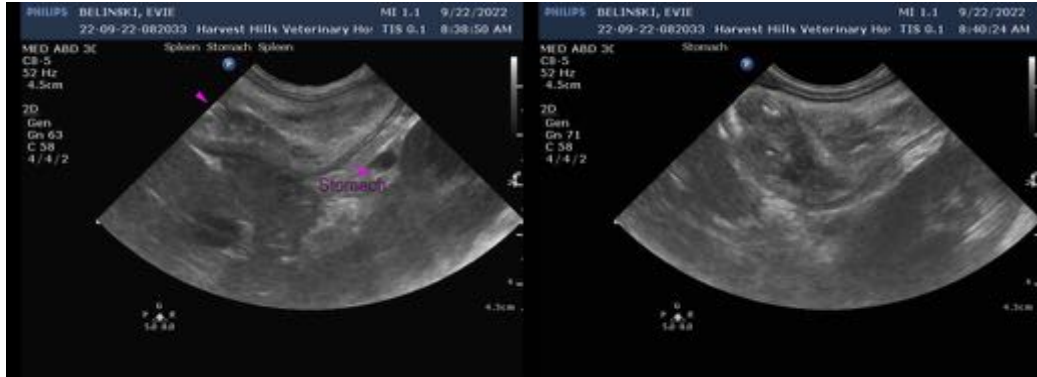
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further evaluate for gastric foreign material, consider either a 12-hour fast with repeat abdominal imaging (i.e., x-rays or ultrasound) or administration of barium with abdominal radiographs performed immediately after.

Regarding the small intestinal wall changes, consider the following:

1. Malabsorption panel including serum cobalamin and folate, TLI and PLI
2. A fecal evaluation for ova and Giardia
3. +/- GI biopsies (i.e., endoscopic, or surgical). Surgical biopsies are preferred in that the gastric luminal contents can be assessed for foreign material and different areas of bowel can be sampled.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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