



PATIENT PRESENTING CLINICAL SIGNS

Slinky Fiore History: Acute onset of anorexia and vomiting
Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL, rads WNL PE- dehydrated

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small 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.

DSH

SEX

The **left kidney** is normal size (3.98 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. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Neutered Male

AGE

The **right kidney** is normal size (3.94 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. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

8 years

WEIGHT

Adrenal Glands

The **left adrenal gland** is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

11 lbs

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

INTERPRETED BY

Spleen

The **spleen** is normal in size (0.51 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.

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

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.

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

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.

Ho Ho Kus VH

Gastrointestinal

The **gastric lumen** is mildly fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid-distended (mild). The small intestinal wall is normal to borderline thickened (up to 0.27 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal.

REFERRING VET

Dr. Eisenberg

INVOICE

Pancreas

The left limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is mildly hyperechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

11732

DATE

9.28.22

Free Abdomen

There is no evidence of free fluid. One to two prominent mesenteric **lymph nodes** are visualized, the largest measuring 2.26 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease with some potential for emerging lymphoma. Concurrent acute gastroenteritis may also be present. There is no obvious evidence of a foreign body/obstruction. However, a partial obstruction cannot be completely excluded.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

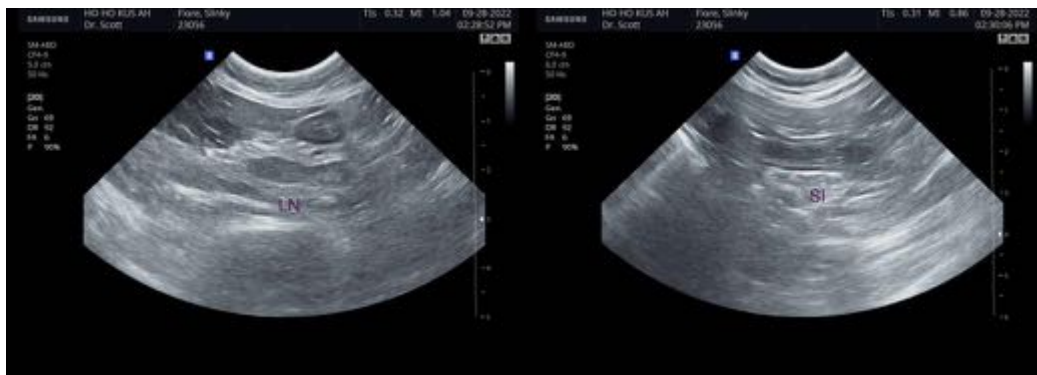
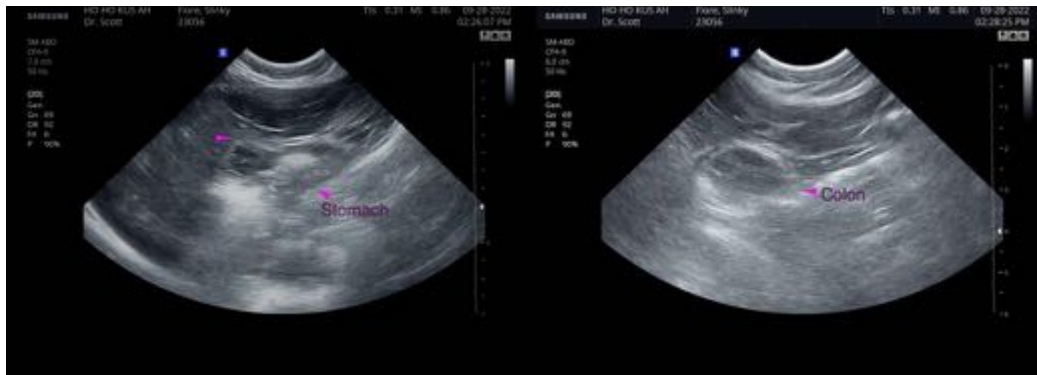
Secondary Findings

- The pancreatic changes are suggestive of age-related pancreatic remodeling with fibrosis. Mild chronic pancreatitis also cannot be completely excluded. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended.
- Supportive care for acute gastroenteritis is recommended.
- Also consider a malabsorption panel including serum cobalamin and folate, TLI and PLI (send to Texas A&M).
- If the patient's clinical signs do not improve within 24-72 hours of medical management, repeat abdominal imaging +/- a more advance GI work-up may be warranted.
- Three-view thoracic radiographs can also be considered to assess for occult aspiration pneumonia.





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com