

**DATE PRESENTING CLINICAL SIGNS**

9.29.2022 Blood in vomit and straining to urinate, weight loss, chronic vomiting, pollakiuria, hematemesis, renal mineralization, UTI.

PATIENT

Miley Candelori

Current Medications: Cerenia 0.5mL injection given SQ once 9/7/22, Prazosin 0.5mg BID for 4 days, Gabapentin 100mg BID-SID for pain.
 Lab Results: Low RBC, Low hemoglobin, rare cocci and blood in urine. Fecal negative. T4 normal. Borderline hypoproteinemia

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Patient sedated with Dexdomitor.
 Stat Report: Not requested.

BREED

DSH

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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

9/24/2009

The **left kidney** is normal size (3.31 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter.

WEIGHT

12.6 lbs

The **right kidney** is normal size (3.86 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

Andrea Nicastro,
 DMV, Diplomate
 DACVIM (Small
 Animal
 Internal Medicine)

Adrenal Glands

The **left adrenal gland** is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Cat Hospital at
 Towson

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. At the caudomedial aspect, a 1.24 cm ill-defined, mildly hyperechoic area is observed. Splenic vasculature is normal.

REFERRING VET

Dr. Brunt

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.

INVOICE

11743

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 not distended. 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. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains liquid-appearing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral degenerative renal changes with nonobstructive nephrocalcinosis
- The ill-defined hyperechoic area on the spleen trends toward the benign (i.e., myelolipoma, focus of lymphoid hyperplasia, or similar). However, an emerging tumor cannot be completely excluded.

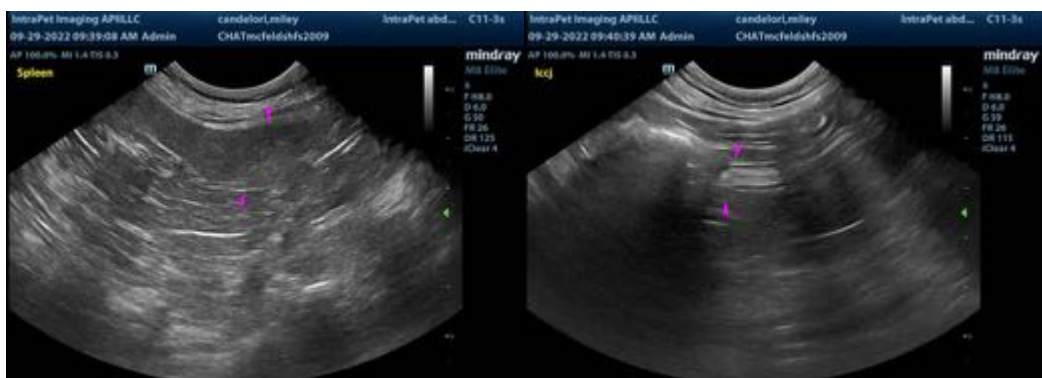
*An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the urinary tract signs, a urine culture and sensitivity is recommended, if not already performed.

Regarding the GI signs, consider the following:

1. A fecal evaluation for ova/Giardia
2. A 6-week limited antigen diet trial to assess for food allergies
3. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider triple therapy as empirical treatment for Helicobacter gastritis:
 - a. Amoxicillin: 10-22 mg/kg PO q 12 hours x 14-21 days
 - b. Metronidazole: 10-15 mg/kg PO q 12 hours for 14-21 days
 - c. Omeprazole: 0.7 mg/kg PO q 24 hours for 14-21 days
 - d. (+/- the addition of Bismuth subsalicylate: 3.85 mg/kg PO q 6-8 hours x 14-21 days)
4. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
5. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
6. 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/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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