



PATIENT	PRESENTING CLINICAL SIGNS
Aston Uslan	History: 10yo MN DSH presenting for hyperoxia, lethargy, and intermittent vomiting. Patient presented about 1 month ago for similar clinical signs - CBC/Chem/T4/UA was WNL, hospitalized on IVF therapy and supportive care and returned home the next day. O notes clinical signs started again after they were out of town for a few days.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: iCa 1.36 (1.2-1.32) otherwise NSF on lab-work
BREED	Complete imaging for abdominal organs is not provided. Therefore, some pathology may be missing.
DSH	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered Male	Urinary System 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.
AGE	The left kidney is normal size (4.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.
10 years, 2 mos	The right kidney is normal size (4.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.
WEIGHT	Adrenal Glands No images provided
12.75 lbs	Spleen The spleen is normal in size (0.70 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.
INTERPRETED BY	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.
Andrea Nicastro, DVM, Diplomate ACVIM (<i>Small Animal Internal Medicine</i>)	
IMAGING PERFORMED BY	
Dr. Cathleen Whitcraft	
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.
Craig Road AH	
REFERRING VET	Gastrointestinal The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The proximal duodenum is mildly fluid-distended and slightly corrugated in appearance. In the remainder of the small intestine, the lumen is not dilated. The wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified.
Sarah Jansen, DVM	
INVOICE	Pancreas The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are pancreas observed. There is no evidence of regional inflammation or effusion.
11583	
DATE	
9.3.22	

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

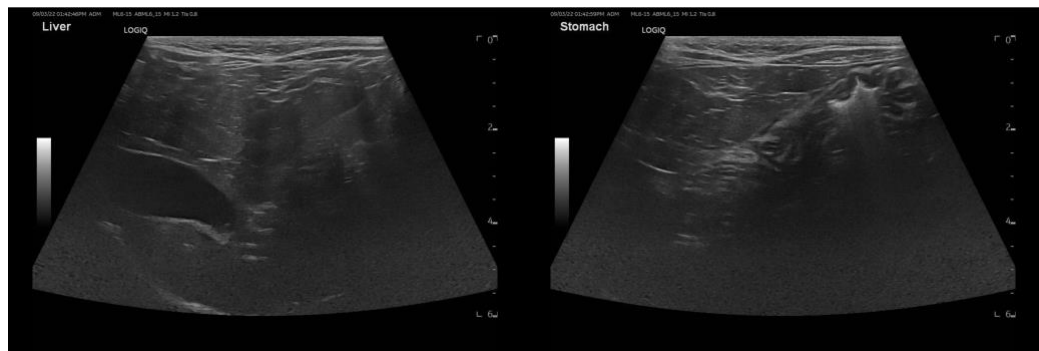
- Bilateral degenerative renal changes

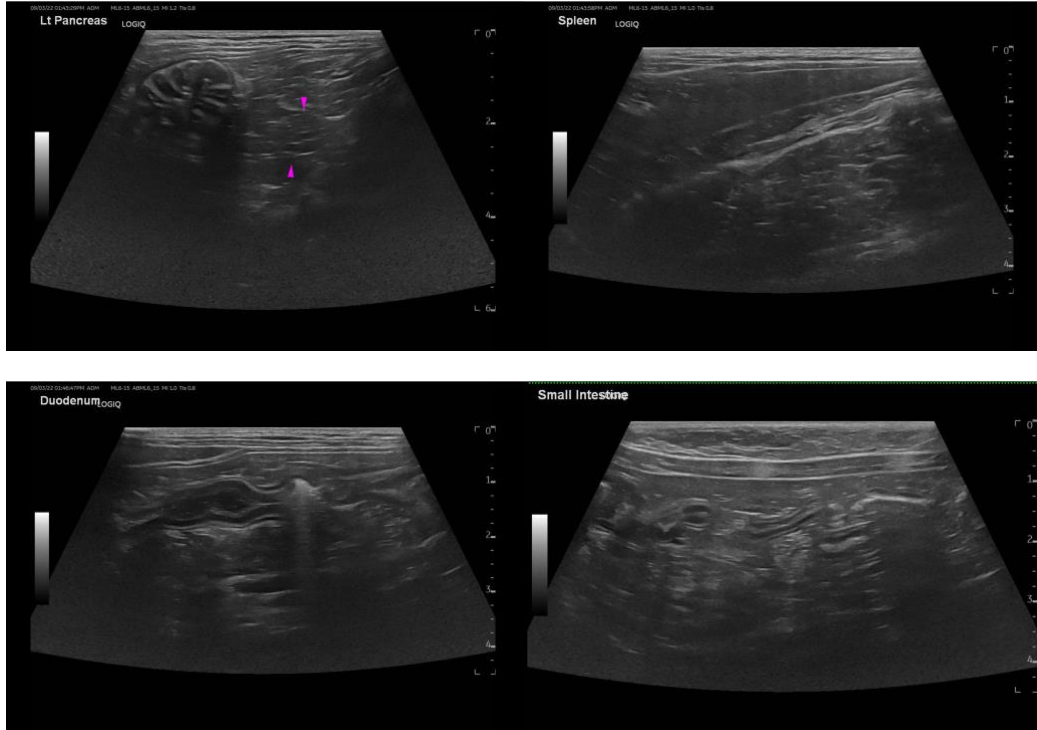
*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), mild pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. 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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