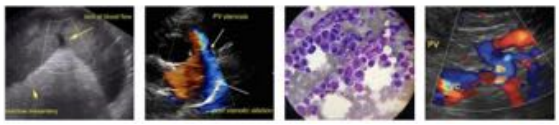


PATIENT

Callie Kline

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

6/22/15

WEIGHT

9.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowerton AH

REFERRING VET

Dr. Kline

INVOICE

13774

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History of chronic, intermittent vomiting- No improvement on HP/Renal diet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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.

The left kidney is normal size (3.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.76 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.

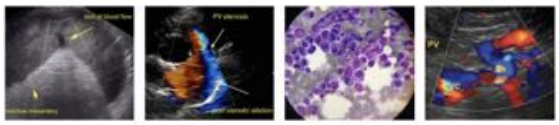
Liver

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 portal vein: caudal vena cava ratio is approximately 1:1. 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.

Gastrointestinal

The gastric lumen contains an approximately 3.5-4 cm trichobezoar. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent with hair extending into the proximal duodenal lumen. The remaining small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption of the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

Pancreas



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The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional 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:

- Trichobezoar within the gastric lumen with extension into the proximal duodenum.
- The small intestinal wall changes are most consistent with inflammatory bowel disease. Emerging lymphoma is possible but is considered less likely at this time.

Secondary Findings:

- Minor, age-related bilateral renal changes.

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. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs are recommended prior to any anesthetic event. If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., limited antigen diet, corticosteroids) as long as the client understands the risks of treatment without a definitive diagnosis.

- Regarding the trichobezoar, consider initiation of Laxatone with recheck imaging (ultrasound or radiographs) in 3-4 weeks to assess for improvement/progression.

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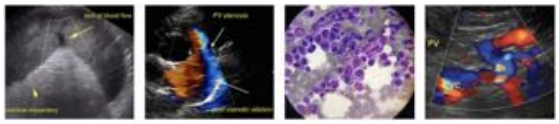

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

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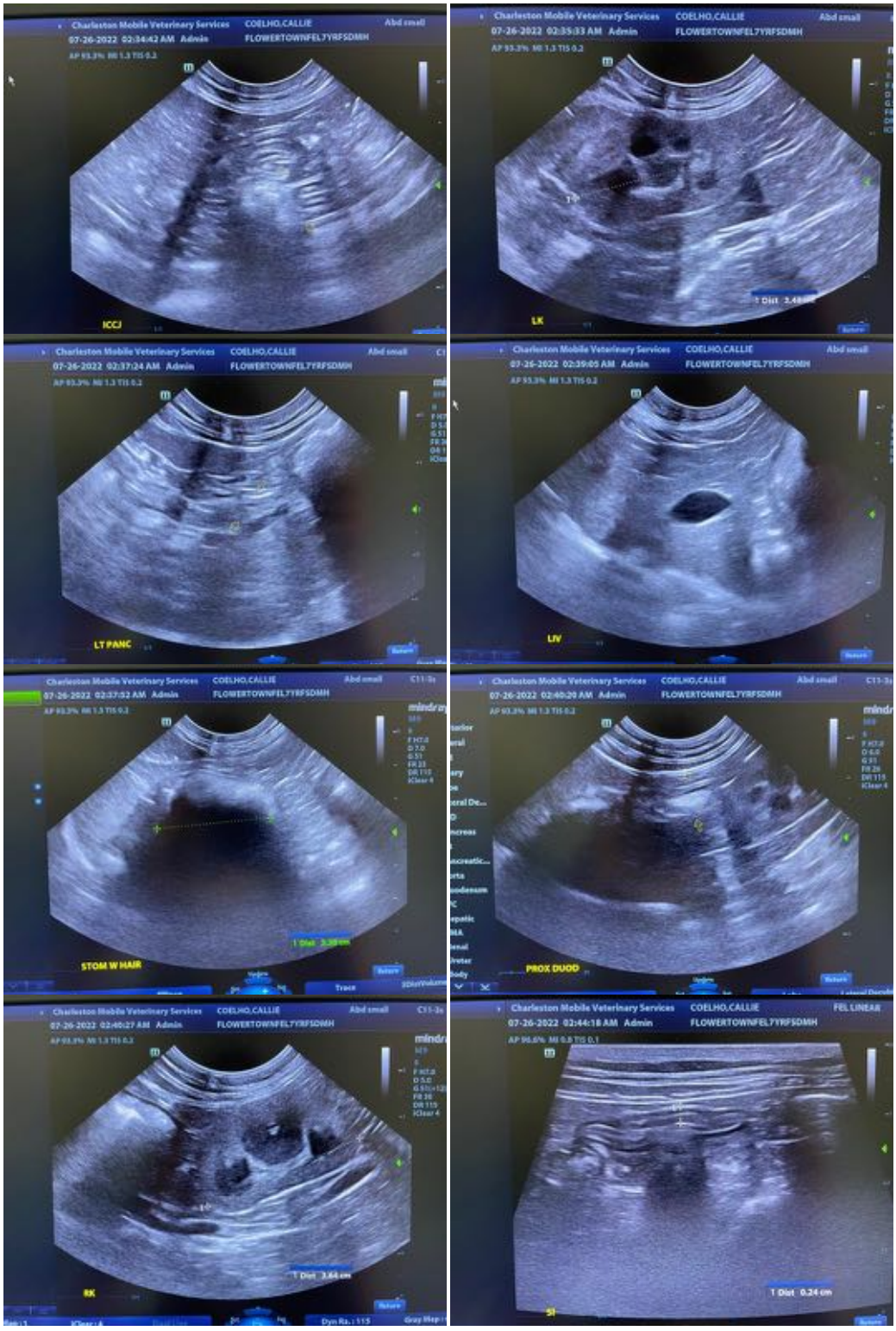

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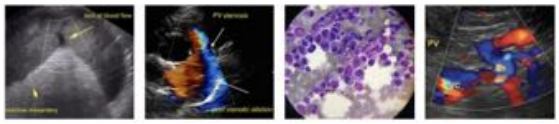

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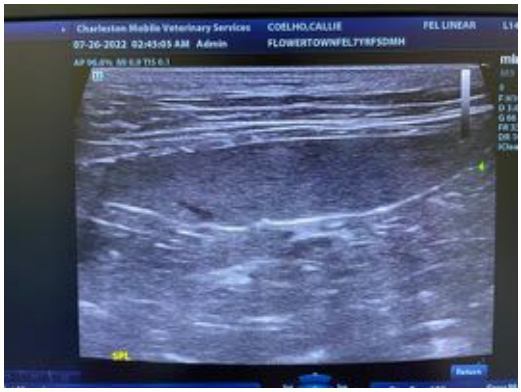

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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