

PATIENT PRESENTING CLINICAL SIGNS

Betty Pawlyk Presented to BP SV 8/21/23 for anorexia and vomiting starting 8/17/23. No known dietary indiscretion. Note known to eat things she shouldn't. Bloodwork was performed (fairly unremarkable - see labwork section). Gave LRS 200ml SQ and Cerenia 1mg/kg SQ. Instructed to recheck if no improvement in 24 hours. Owner reports patient still has not eaten and vomited once around midnight (~27 hours after Cerenia was administered).

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

10/20/2015

WEIGHT

4.52 kg.

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

Blue Pearl Mt. Pleasant

REFERRING VET

Dr. Graham

INVOICE

15220

DATE

8/23/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.60 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 (4.07 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.79 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 to 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



PATIENT

Betty Pawlyk

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

10/20/2015

WEIGHT

4.52 kg.

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

Blue Pearl Mt. Pleasant

REFERRING VET

Dr. Graham

INVOICE

15220

DATE

8/23/23

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected functional gastric ileus. The small intestinal wall changes are suggestive of inflammatory bowel disease with some potential for emerging lymphoma. A normal variation is also possible.

Secondary Findings:

- Minor bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Symptomatic care for acute gastroenteritis is recommended along with a fecal evaluation for ova and Giardia. If clinical signs persist, consider a more comprehensive GI workup (i.e., Texas GI panel including serum cobalamin, folate, TLI and PLI, hydrolyzed protein or hypoallergenic diet trial +/- endoscopic or surgical GI biopsies).



PATIENT

Betty Pawlyk

SPECIES

Feline

BREED

Domestic shorthair

SEX

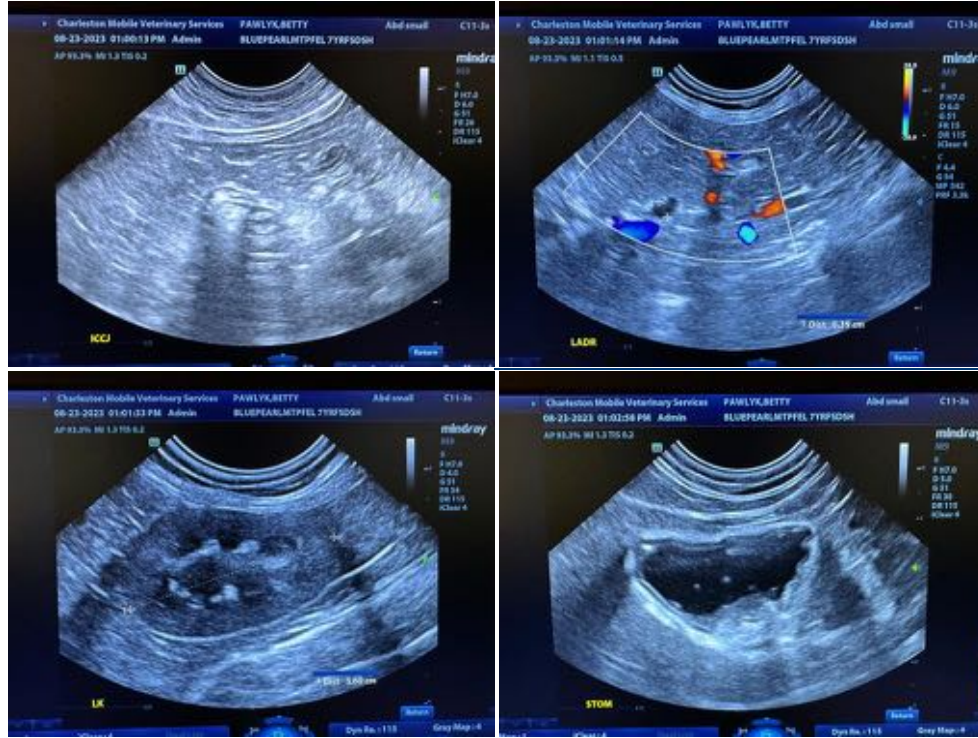
Female, spayed

AGE

10/20/2015

WEIGHT

4.52 kg.



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

Blue Pearl Mt. Pleasant

REFERRING VET

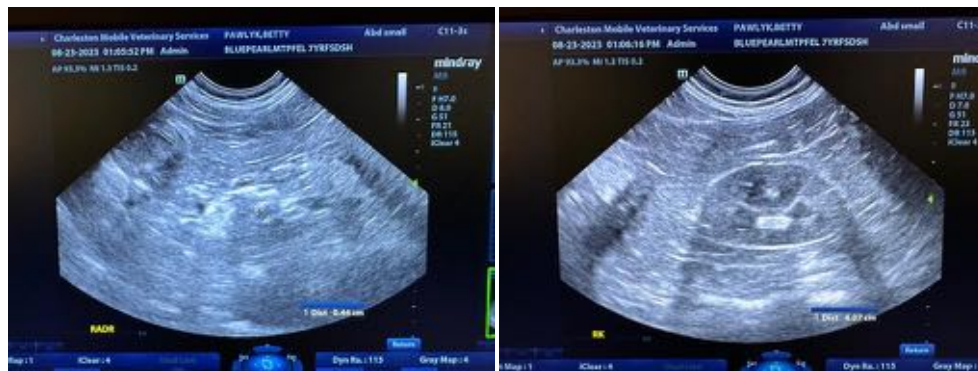
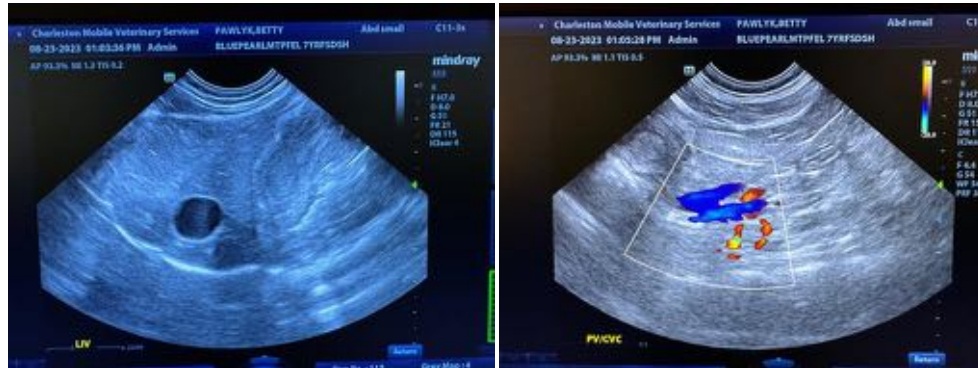
Dr. Graham

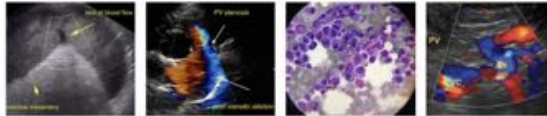
INVOICE

15220

DATE

8/23/23





PATIENT

Betty Pawlyk

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

10/20/2015

WEIGHT

4.52 kg.

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

Blue Pearl Mt. Pleasant

REFERRING VET

Dr. Graham

INVOICE

15220

DATE

8/23/23



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