



PATIENT

Shali Strickler

SPECIES

Feline

BREED

Somali

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

4 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Wellington AH

REFERRING VET

Dr. Dennis

PRESENTING CLINICAL SIGNS

History: chronic vomiting, initially improved with diet change but now vomiting 1-2 times daily within 10 min of eating Sedated with Dexdom/Torb

Abnormal PE/Chem/CBC/UA Results: no recent BW

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 mildly to moderately distended with mostly 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.

The left kidney is normal size (3.56 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and hyperechoic, and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.00 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and hyperechoic, and there is mild to moderate 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 (0.85 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 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 gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal to borderline thickened (up to 0.26 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. 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.

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Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.99 cm in length.

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Primary Findings:

- The small intestinal wall changes are most consistent with inflammatory bowel disease with some potential for emerging lymphoma.

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Secondary Findings:

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function.
- Other diagnostic considerations include the following:
 1. A fecal evaluation for ova/Giardia.
 2. Malabsorption panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M).
 3. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
 4. Hydrolyzed protein or limited antigen diet trial, if not already performed.
 5. Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

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HOSPITAL NAME

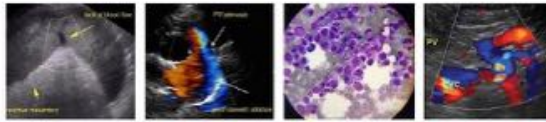
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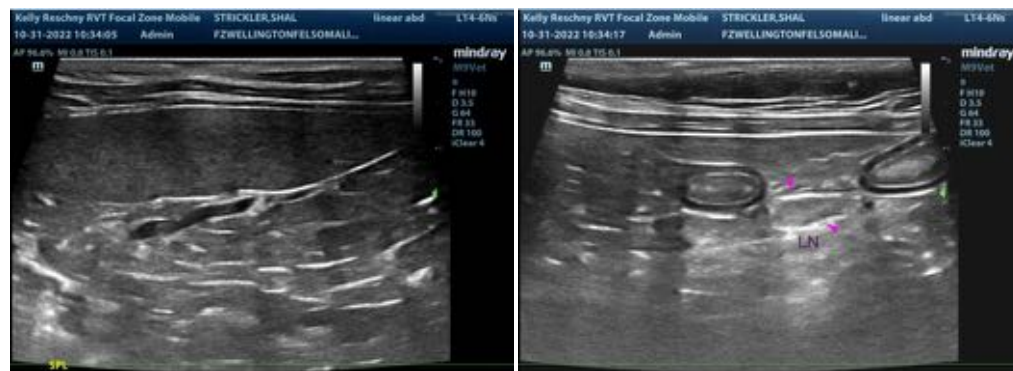
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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