



PATIENT PRESENTING CLINICAL SIGNS

Kylee Andrei
History: presented for weight loss occas vomit of bile decreased appetite thin BCS with muscle wasting cardiac murmur dental disease
Abnormal PE/Chem/CBC/UA Results: CBC, Biochem, T4 = all WNL u/a : s.g. 1.018, otherwise unremarkable

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Domestic shorthair

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately 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.

BREED

SEX

Female, spayed

The left kidney is normal size (3.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

16 Yrs.

The right kidney is normal size (3.66 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

4 kg..

Adrenal Glands

INTERPRETED BY

The left adrenal gland is normal in size (0.56 cm length; 0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

The right adrenal gland is normal in size (0.42 cm length; 0.24 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Reshny, RVT

Spleen

The spleen is normal in size (0.58 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.

HOSPITAL NAME

AH of Stoney Creek

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.

REFERRING VET

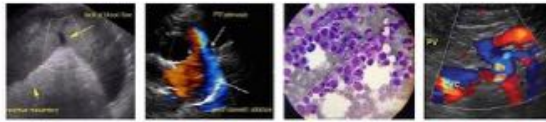
Dr. Martin

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

DATE

3/1/22



PATIENT

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thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

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Feline

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.

BREED

Domestic shorthair

Free Abdomen

There is no evidence of free fluid. One mesenteric lymph node is visible measuring 0.50 cm in length. Surrounding mesentery is slightly hyperechoic.

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

- Minor age-related, non-specific renal changes.
- The prominent mesenteric lymph node is likely reactive.

AGE

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*An obvious cause for the patient's clinical signs is not identified in this study. Differentials include microscopic gastrointestinal disease, low-grade pancreatitis, underlying metabolic issue, occult neoplasia, other.

WEIGHT

4 kg..

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Other diagnostic considerations include the following:
- 6-week hypoallergenic diet trial (if patient will eat it)
- Malabsorption panel (i.e., serum cobalamin, folate, TLI and PLI)
- Fecal evaluation for ova and Giardia
- Consider GI biopsies (i.e., endoscopic or surgical) if the above diagnostics are inconclusive.
- Given the history of a heart murmur, an echocardiogram, blood pressure measurement, ECG and chest X-rays are also recommended.

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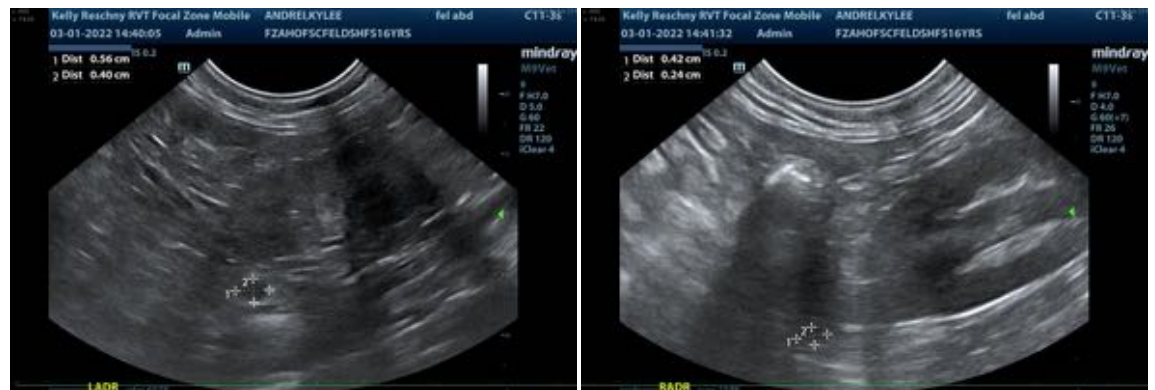
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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