

PATIENT PRESENTING CLINICAL SIGNS

Buddy Heck
History: O mentioned when they got P in Oct had really bad diarrhea. Put on RC digestive and was having period of struggling to defecate. Will lay in litterbox and be vocal when urinating and defecating. O said was doing ok, no V/D, eating and drinking great. But then over the last couple days noticed some blood in BM. Started Prazosin and Metronidazole
Abnormal PE/Chem/CBC/UA Results: Fecal O+P negative

SPECIES

Feline

BREED

Ragdoll

SEX

Male, intact

AGE

10 months

WEIGHT

4.4 kg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The left kidney is normal size (3.88 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.18 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 hydronephrosis. 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 (0.88 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.

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 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

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

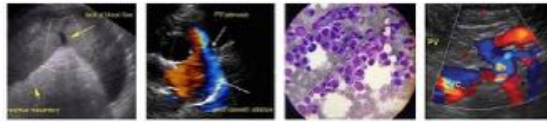
Beatties East Hamilton
PH

REFERRING VET

Dr. Puja

DATE

4/18/22



PATIENT

Buddy Heck

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.

SPECIES

Feline

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent cranial to mid-abdominal lymph nodes are visualized, the largest measuring 1.13 cm in length. The nodes are of normal shape and echogenicity.

BREED

Ragdoll

ULTRASONOGRAPHIC FINDINGS

SEX

Male, intact

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

AGE

10 months

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

4.4 kg.

- Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole.
- A 6-week limited antigen diet trial to assess for food allergies.
- Consider a GI panel (i.e., serum cobalamin, folate, TLI and PLI) to further assess for small intestinal and pancreatic disease.
- Consider supplementation with a probiotic (i.e., Provable Forte or Visbiome).
- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

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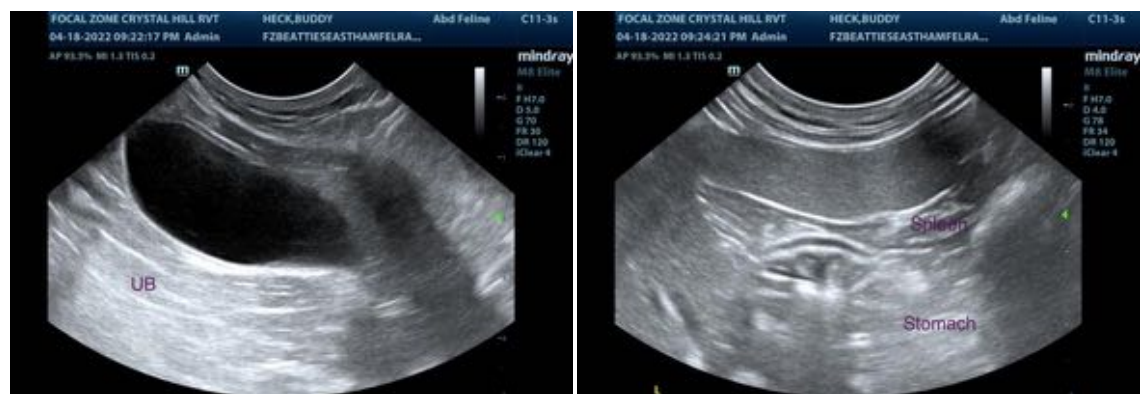
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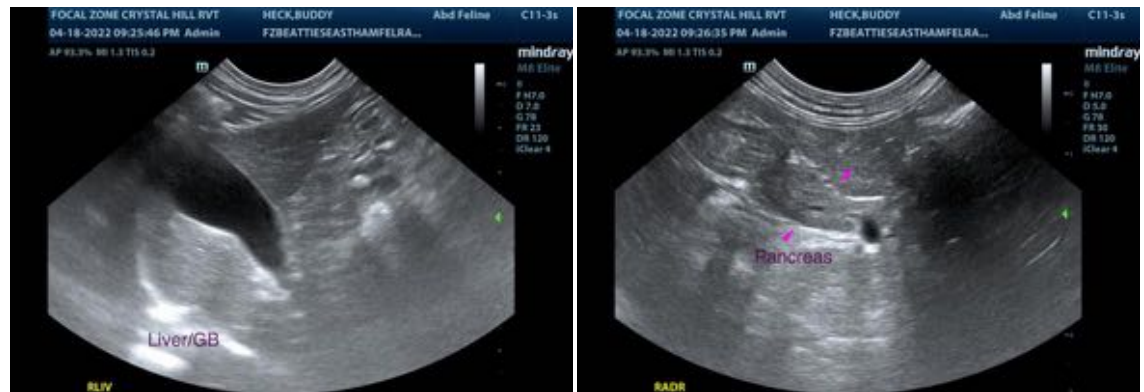
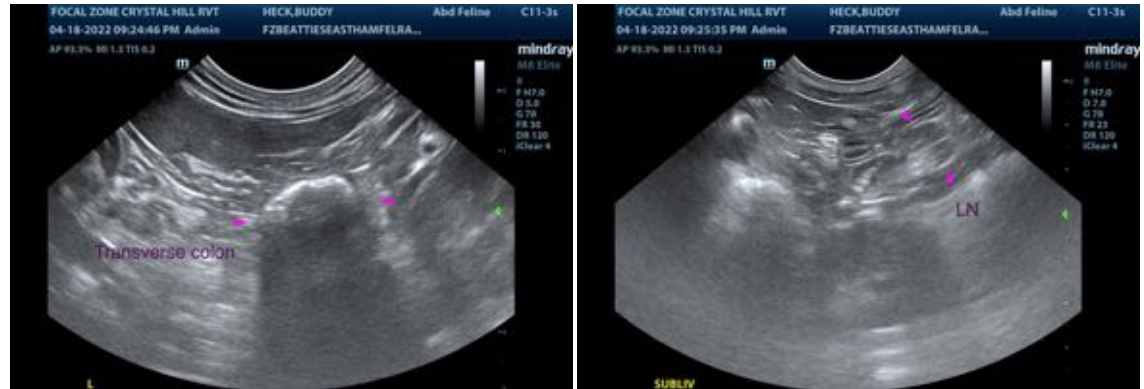
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com

DATE

4/18/22