



PATIENT PRESENTING CLINICAL SIGNS

Pretty Ortiz

History: Constipation been going on since 12/23/22. Very small amount and would have a movement once day then go 24 hours without. Did have a movement last night but nearly as much as C thought she should have. Water intake has decreased drastically in the last 3 days. Last 5 days app has decreased and P is only drinking broth at this time. P wont touch anything other then a few bites of renal kibble. P has history of Vit D deficiency, systolic murmur, hyperthyroidism, CKD stage 2 and chronic enteropathy- suspect IBD/Small Cell Lymphoma P is currently on methimazole, Vitamin D3, SP Hepatrophin, CBD drops, Omega 2 oils, Renal HP RC diet, Vitamin B12 injections every 1-2 weeks, SQ fluids at home every 2-3 days.

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

17 years

WEIGHT

5.84 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

42066

DATE

1/11/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Mild mineralization was noted in the kidneys. The left kidney measured 3.44 cm. The right kidney measured 2.34 cm and was subnormal in size with slight pyelectasia.

Adrenal Glands

The right **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.23 cm. The region of the left adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** was normal in size and contour with minor, heterogenous changes. There was no obvious evidence of disease.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed mucosal fogging. Mural detail was maintained. There were no overt neoplastic criteria was present. Intestinal wall thickness measured up to 0.36 cm. Areas of muscularis hypertrophy were noted throughout the intestine. Cluster of mesenteric lymph nodes measured approximately 3.0 cm at the mesenteric root. The largest node measured 2.34 cm with largely maintained length to width ratio.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Diffuse intestinal thickening with mesenteric lymphadenopathy. Likely reactive with a mild potential for emerging round cell neoplasia.

Minor pyelectasia of the right kidney.

Otherwise, age related changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mesenteric lymph nodes are indicated. I recommend cytology and culture with ultrasound-guidance of the mesenteric lymph nodes. PCR or PARR evaluation for lymphoma may be necessary depending upon cytology evaluation. Culture for underlying lymphadenitis should be considered. Otherwise, full thickness intestinal lymph node biopsies would be necessary for further definition. When sampling the mesenteric lymph node attention should be paid to angle away from the mesenteric artery that is positioned between the multiple lymph nodes.



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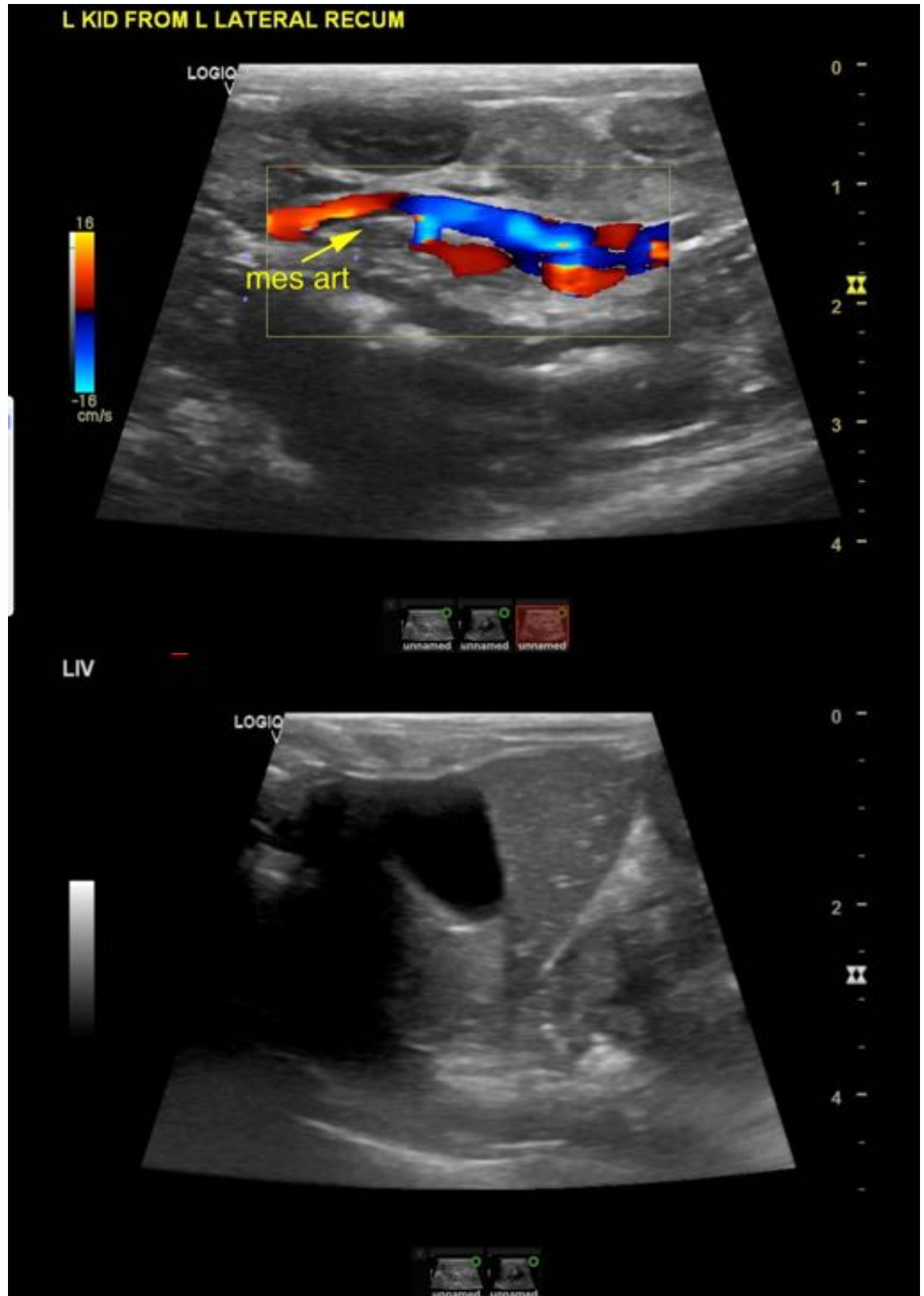
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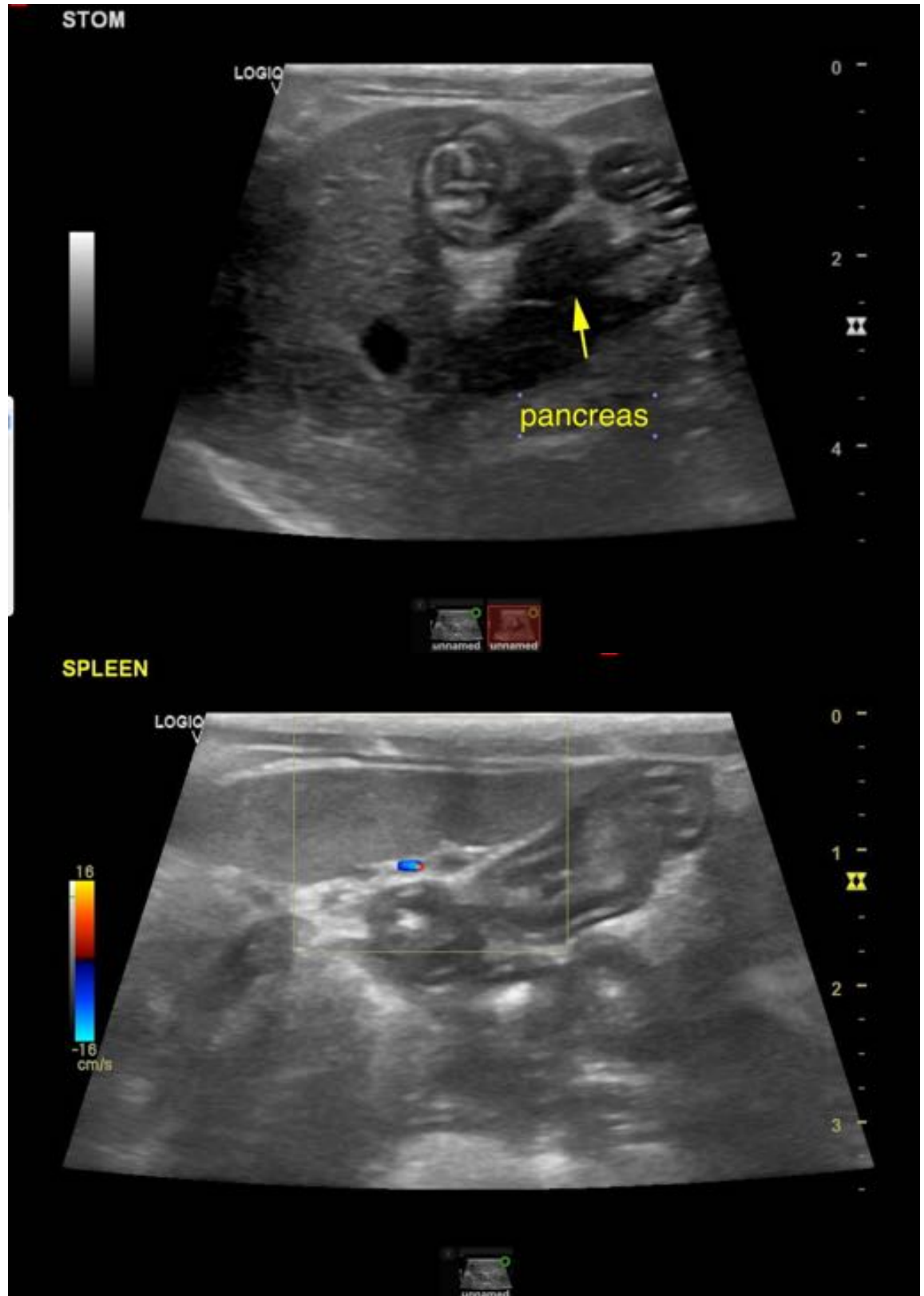
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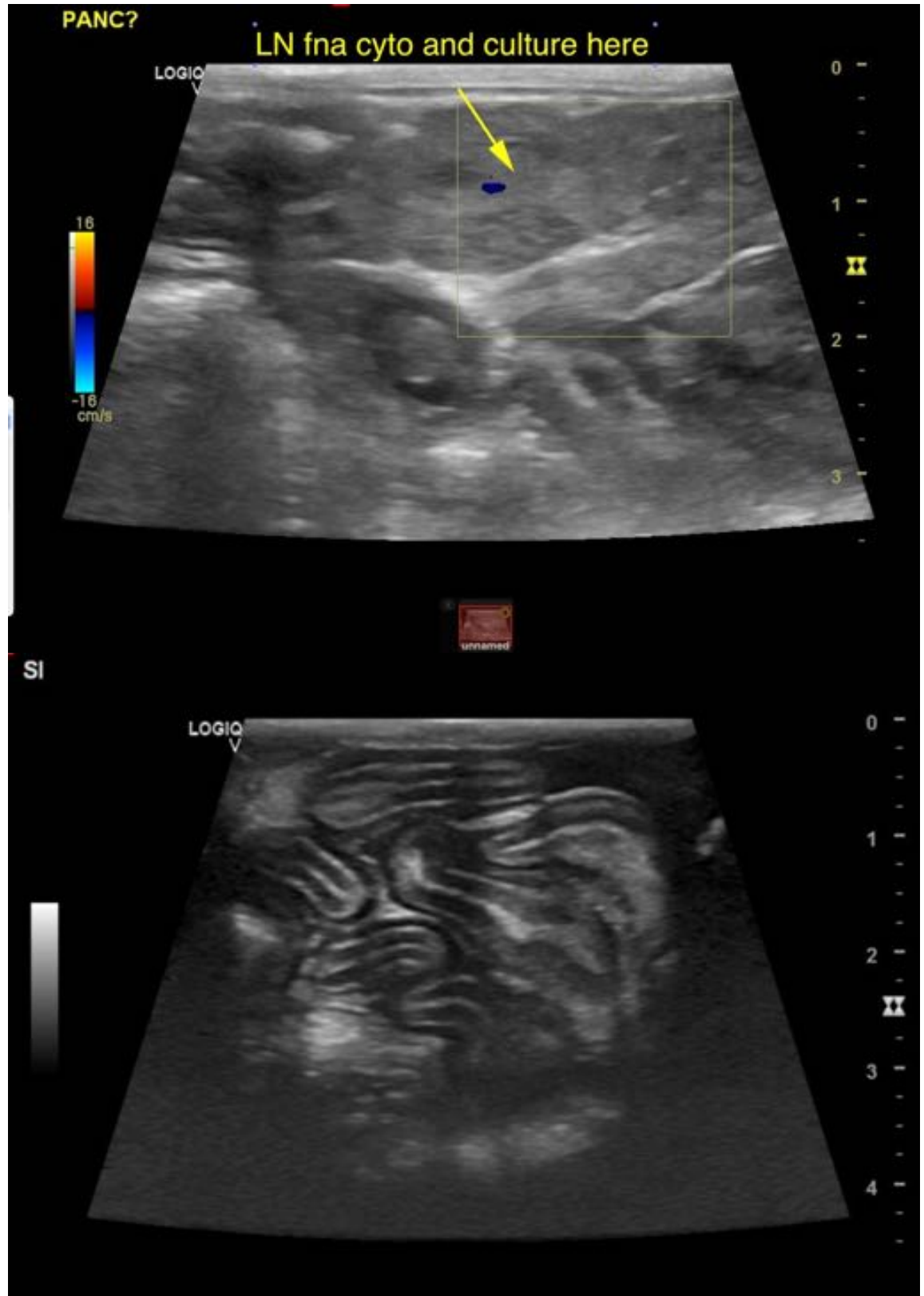
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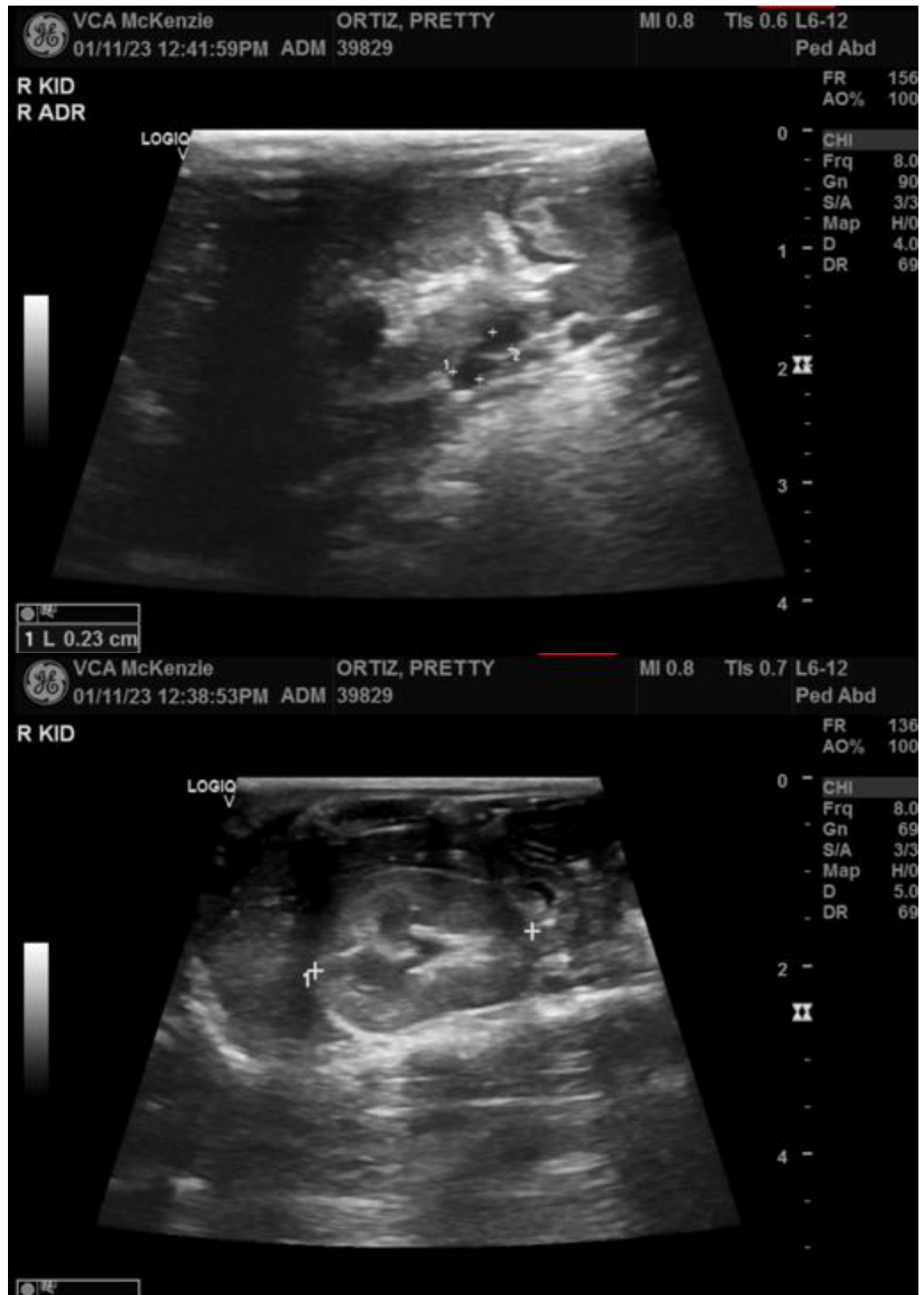
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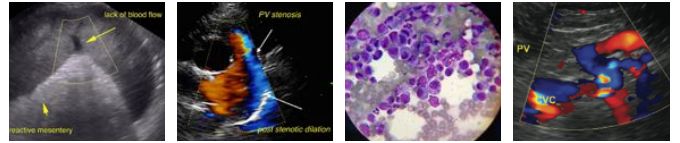
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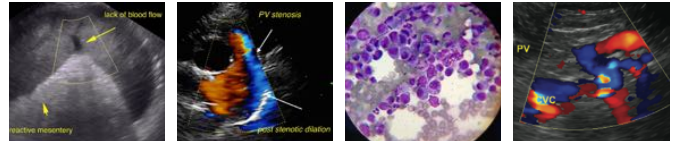
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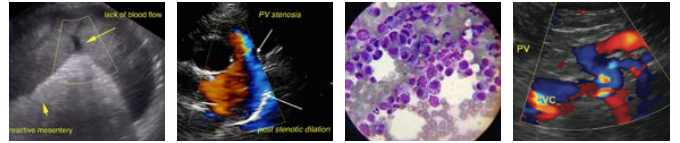
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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