


DATE
 1/14/22

PRESENTING CLINICAL SIGNS
PATIENT

Penny Houck

History: Chronic vomiting 3x per week. History of hyperthyroidism which responded to medications and spontaneously resolved (treatment no longer required to maintain euthyroid). Chronic vomiting multiple times per week, weight loss. Good appetite. PE no overt abdominal masses, not painful. Normal skin turgor. BCS 3/9.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX

Spayed Female

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 were noted. Ureteral papillae were normal.

AGE

8/9/09

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 and no evidence of pelvic dilation was present. Nonobstructive calculi were noted, the largest calculus measured 0.26 cm. The right kidney measured 3.6 cm.

WEIGHT

4.6 Lbs.

Adrenal Glands
The regions of the **adrenal glands** revealed no evident pathology.
INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS
Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

HOSPITAL NAME

Hickory VH

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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.

REFERRING VET

Dr. McCourt

INVOICE

13454

Gastrointestinal

The **gastrointestinal tract** revealed variable mural thickening with hypertrophied mucosa and mucosal striations/fogging. The gastric mucosa presented a significant amount of remodeling; however, the lumen was empty. Regional area of loss of mural detail, measured 1.06 cm noted in the small intestine, strongly suggestive for conversion of inflammatory bowel to neoplasia. Fluid filled colon noted.

Pancreas

The pancreas revealed coarse architecture, undulating contour and dilated duct (0.3 cm).

Free Abdomen

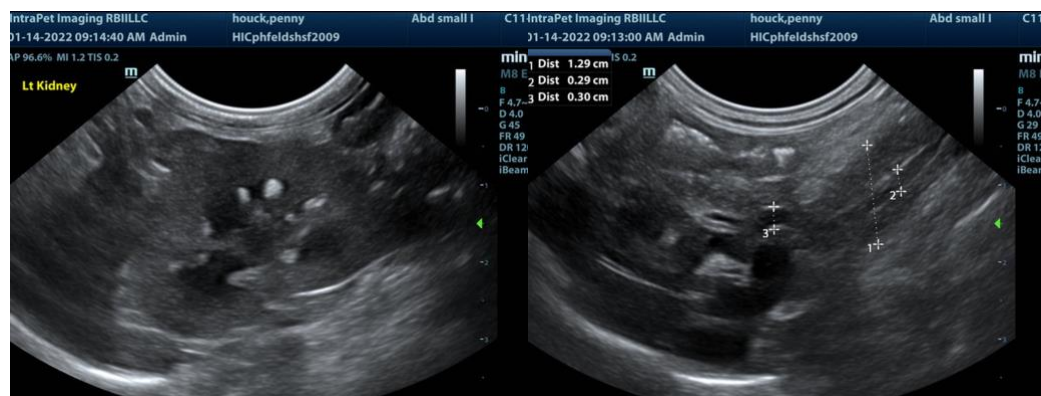
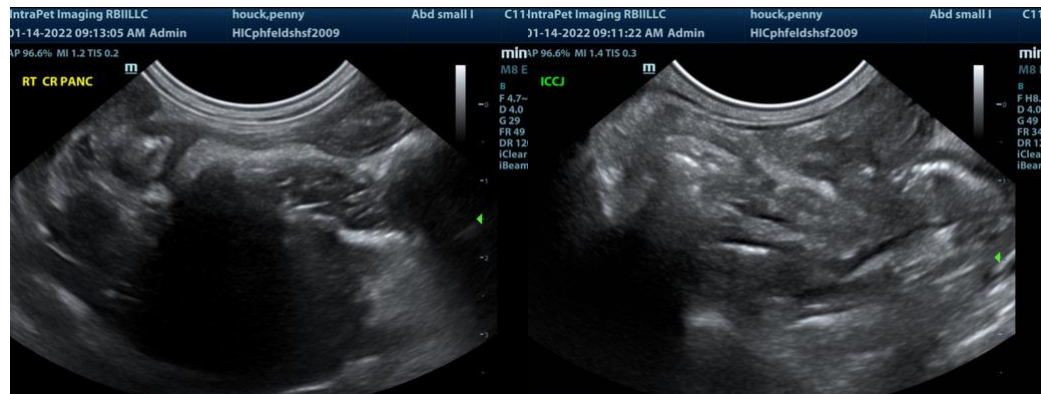
A mesenteric lymph node mass was noted, measuring 2.6 cm x 1.29 cm with distorted nodes, regional hyperechoic inflammation and free fluid, likely owing to lymphatic congestion. Other lymph nodes were enlarged, an example of an enlarged lymph node measured 1.75 cm x 0.93 cm.

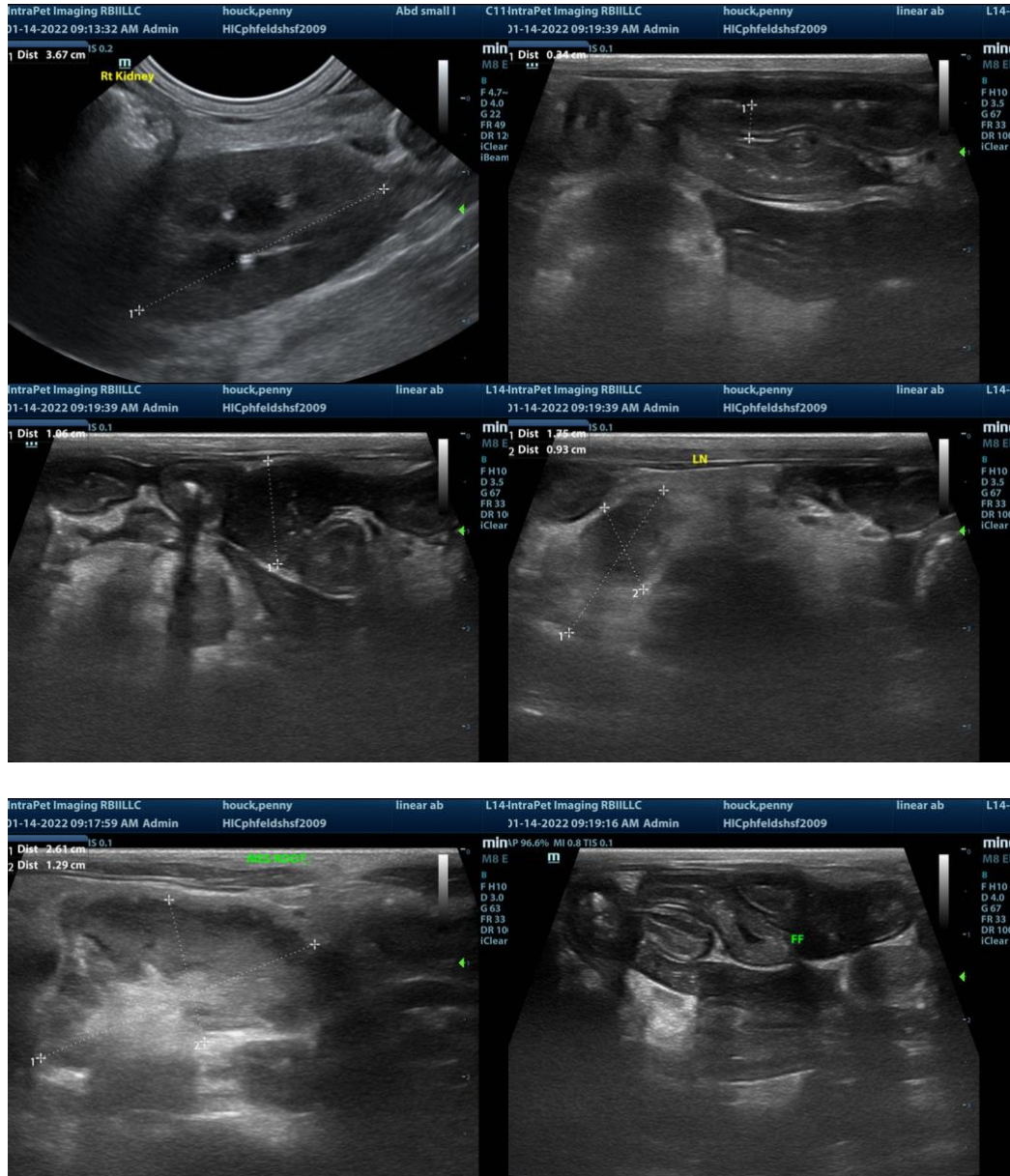
ULTRASONOGRAPHIC FINDINGS

- Diffuse gastrointestinal thickening with regional loss of mural detail and regional lymphadenopathy
- Concurrent pancreatitis likely
- Geriatric abdomen with renal calculi otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regional full thickness GI biopsies (in the areas of loss of structural detail) would be ideal in this patient, guided by intraoperative ultrasound Mesenteric lymph node FNA, cytology and culture can also be considered, however, may not be indicative of the complete presentation. Strongly suggestive for emerging GI lymphoma. Complicating inflammatory bowel with lymphadenitis and possible resistant bacteria possible. FIP also remote potential. Guarded prognosis.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
 Eric.Lindquist@SonoPath.com