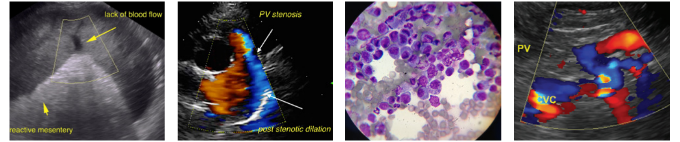

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1-800-838-4268 info@sonopath.com

PATIENT

Mama Orsello

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Chrissy Krell

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

Dr. Bridget King

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PRESENTING CLINICAL SIGNS

Chronic vomiting for about 1 year. Blood work from 2020 relatively normal. On Sci. Diet Sensitive Stomach. Other cats in the home are normal. Has lost about 2.1 lbs since previous visit last year. No on medications.
Abnormal PE/Chem/CBC/UA Results: PE: Grade 4/4 pdz, large firm mass in the mid ventral abd. Thin BCS ~3/9. No further diagnostics completed yet.

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 were 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 and no evidence of pelvic dilation was present. Slight pinpoint mineralizations noted. The left kidney measured 3.7 cm. The right kidney measured 3.7 cm.

Adrenal Glands

Both **adrenal glands** were 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 left adrenal gland measured 0.39 cm. The right adrenal gland measured 0.44 cm.

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.

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 **gastric** wall was mildly thickened, measuring 6.0 mm. Some loss of mural detail noted in the pyloric outflow. However, the majority of the stomach was unremarkable. The small intestine and colon were largely unremarkable other than mild uniform thickening and areas of muscularis hypertrophy. However, no complete neoplastic criteria present. In the mid abdomen, there is coalescence of

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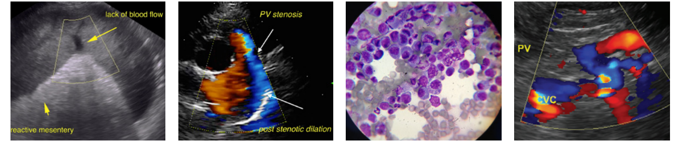

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thickened intestine with mesenteric lymph nodes. This is likely what is being palpated. The lymph nodes appear reactive from a structural standpoint. Length to width ratio was maintained. The lymph nodes were isoechoic to surrounding mesentery. The lymph nodes themselves measured approximately 2.0 cm x 2.0 cm as a grouping.

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

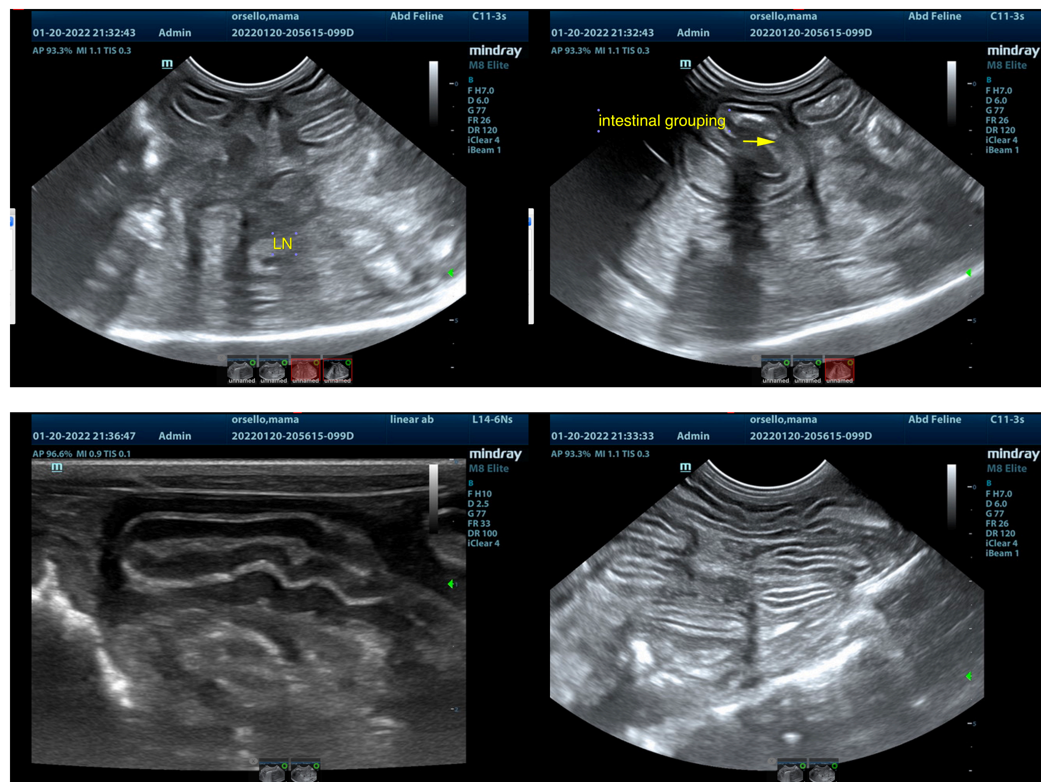
Trace amounts of free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic gastritis pattern – Possibility of emerging gastric lymphoma, yet neoplastic criteria is not fully met.
- Small intestinal thickening and likely reactive lymph nodes
- Chronic pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy would be ideal. Malassimilation is likely an issue in this patient, or occult neoplasia. If any cortisol has been utilized in this patient's treatment cortical, it may be suppressing a more significant presentation. Full thickness gastrointestinal biopsies would be ideal in this patient.



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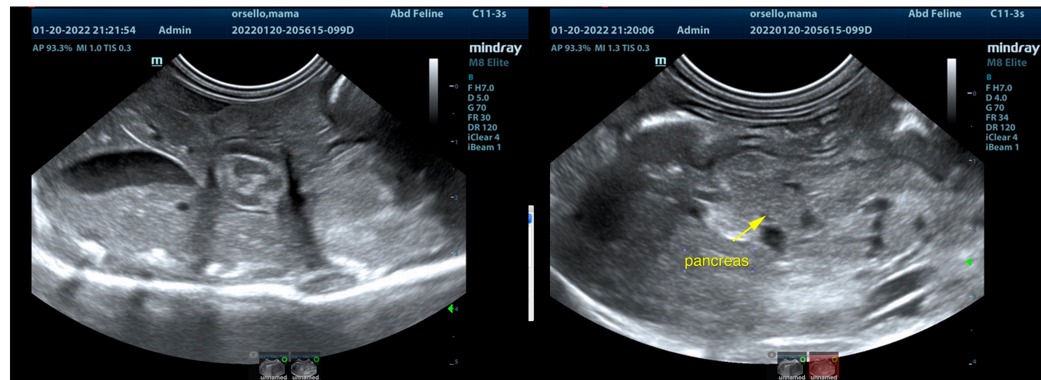

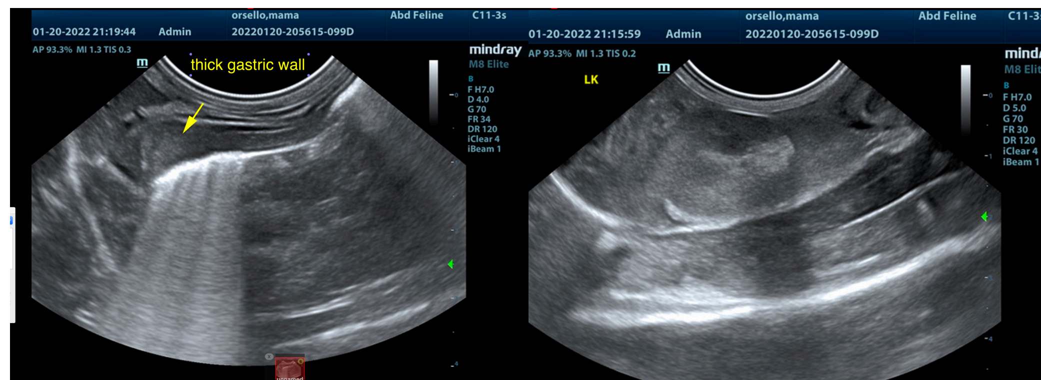

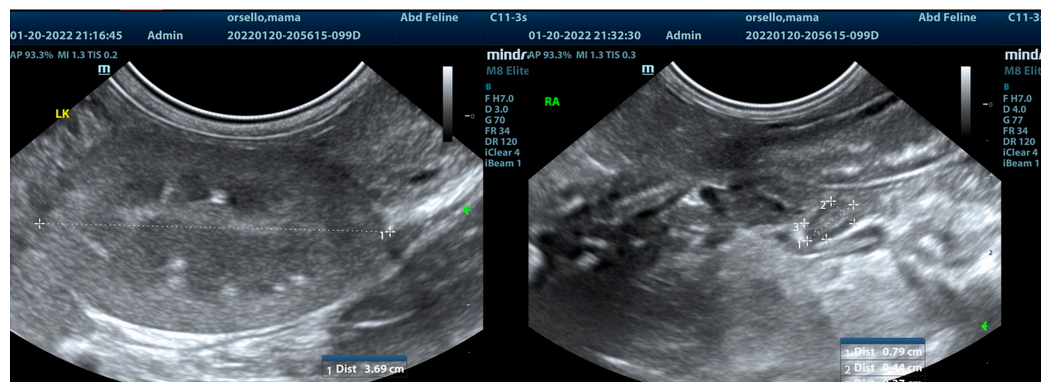

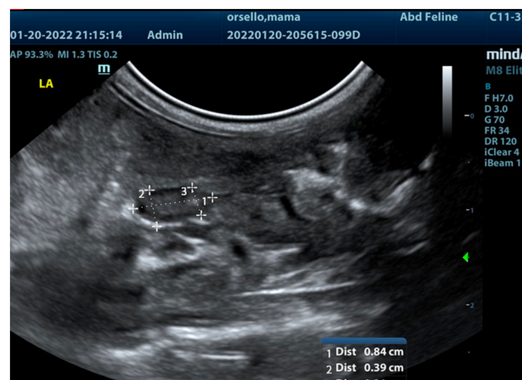

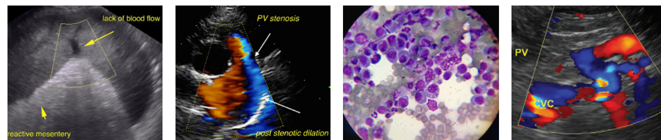

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com