

**DATE PRESENTING CLINICAL SIGNS**

1/21/22 History: Chronic vomiting, weight loss.

PATIENT

Shushum Skarda

Current Medications: Methimazole 1.25mg BID
 Lab Results: CBC/Chem10/T4 normal. Attached separately.
 Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Siamese

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.

SEX

Spayed Female

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. The right kidney measured 3.37 cm. The left kidney measured 3.16 cm.

AGE

12/24/08

WEIGHT

5.7 Pounds

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

INTERPRETED BYEric 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.

IMAGING PERFORMED BY

Andi Parkinson RDMS

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.

HOSPITAL NAME

Parkville AH

REFERRING VET

Dr. Mangini

INVOICE

35026

Gastrointestinal

The **stomach** itself was unremarkable. A stricturing jejunal mass was noted in this patient, measuring approximately 2.0 cm x 1.5 cm with obstruction of chyme. Variable intestinal thickening noted elsewhere with hypertrophied muscularis. Some reactive mesentery was associated with the intestinal pathology.

Pancreas

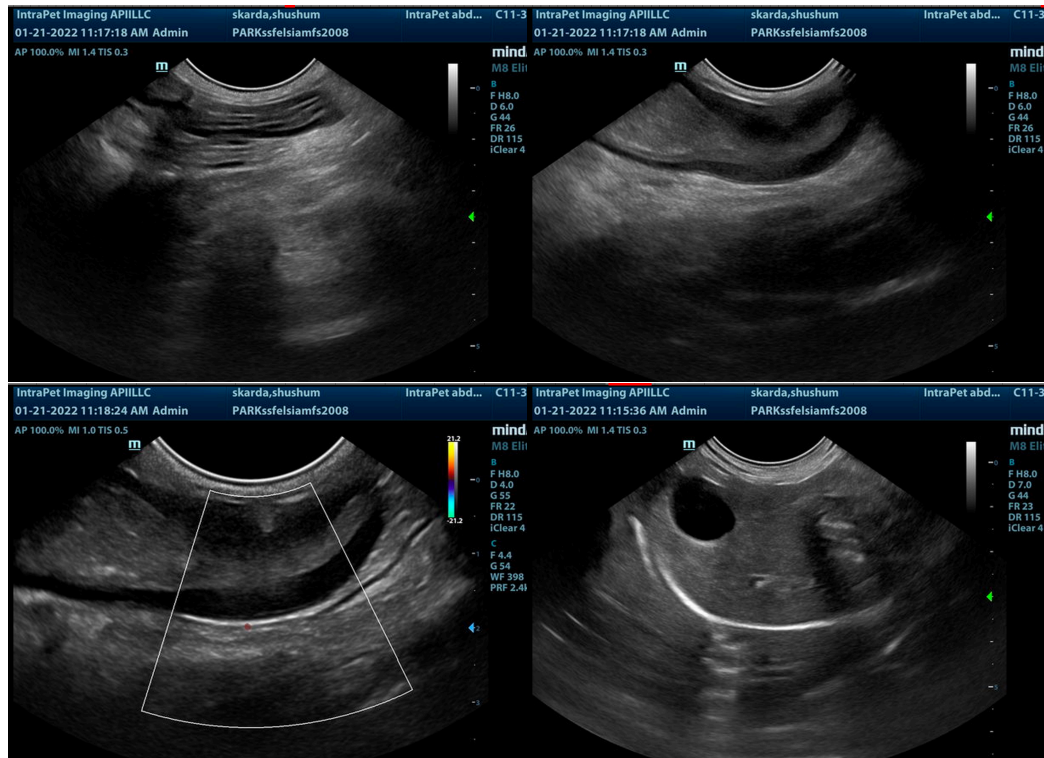
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

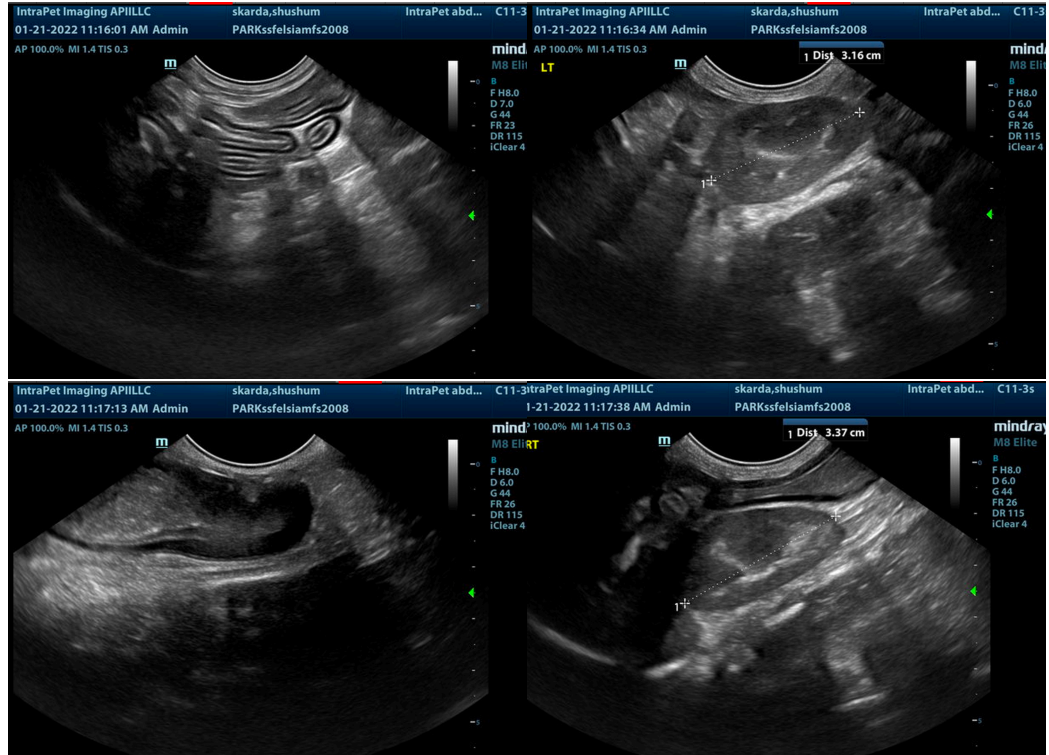
ULTRASONOGRAPHIC FINDINGS

- Stricturing and obstructive intestinal mass with diffuse intestinal muscularis hypertrophy
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention with aggressive resection and anastomosis could be considered. However, there is no overt termination to the muscularis hypertrophy involved. Intraoperative ultrasound would be ideal to delineate the best tissue for resection and to ensure that as much of the stricturing tissue as possible is removed. No evidence of neoplasia elsewhere. Ultrasound guided FNA of the lesion could be considered to assess if chemoreduction or other medications may allow for liberation of the obstructive pattern. However, this type of lesion may not exfoliate adequately. Guarded prognosis. Intestinal lymphoma, complex inflammatory bowel lesion, dry form FIP, carcinoma all possible.





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.

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