

**DATE PRESENTING CLINICAL SIGNS**

1/25/22 History: Had US 2018, IBD vs Lymphoma. Assessment: Weight Loss.

**PATIENT** Current Medications: Gabapentin.  
Lab Results: Pending.

Poe Lynch Date of Previous IntraPet Ultrasound: 9-25-2018.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The **urinary bladder** itself presented normal thicknesses and normal tone. The deep pelvic urethra revealed 0.7 cm of sand, localized approximately 1.5 cm caudal from the cystourethral junction.

**SEX**

Neutered Male

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.83 cm with pyelectasia of 0.56 cm. The right kidney was subnormal inn size at 2.84 cm.

**AGE**

11/12/12

**WEIGHT**

**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 0.47 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

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**

Animal Emergency  
Hospital

**Liver**

**REFERRING VET**

Dr. Ruby

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.

**INVOICE**

35070

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. A

portion of jejunum revealed a focal area of mural thickening with loss of detail at 0.45 cm. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

The descending colon revealed thickening with a strictured pattern, measuring approximately 1.0 cm with wall thicknesses up to 0.5 cm. Mesenteric lymph nodes were enlarged, irregular, coalesced and hypoechoic, measuring 2.25 cm x 1.12 cm.

### **Pancreas**

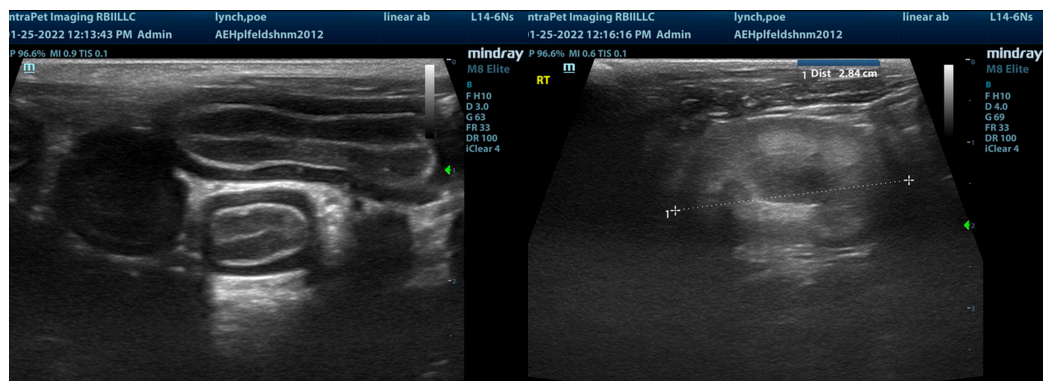
The **pancreas** presented dilated, irregular duct at 0.34 cm. Left limb of the pancreas measured 0.97 cm and was heterogeneous and irregular.

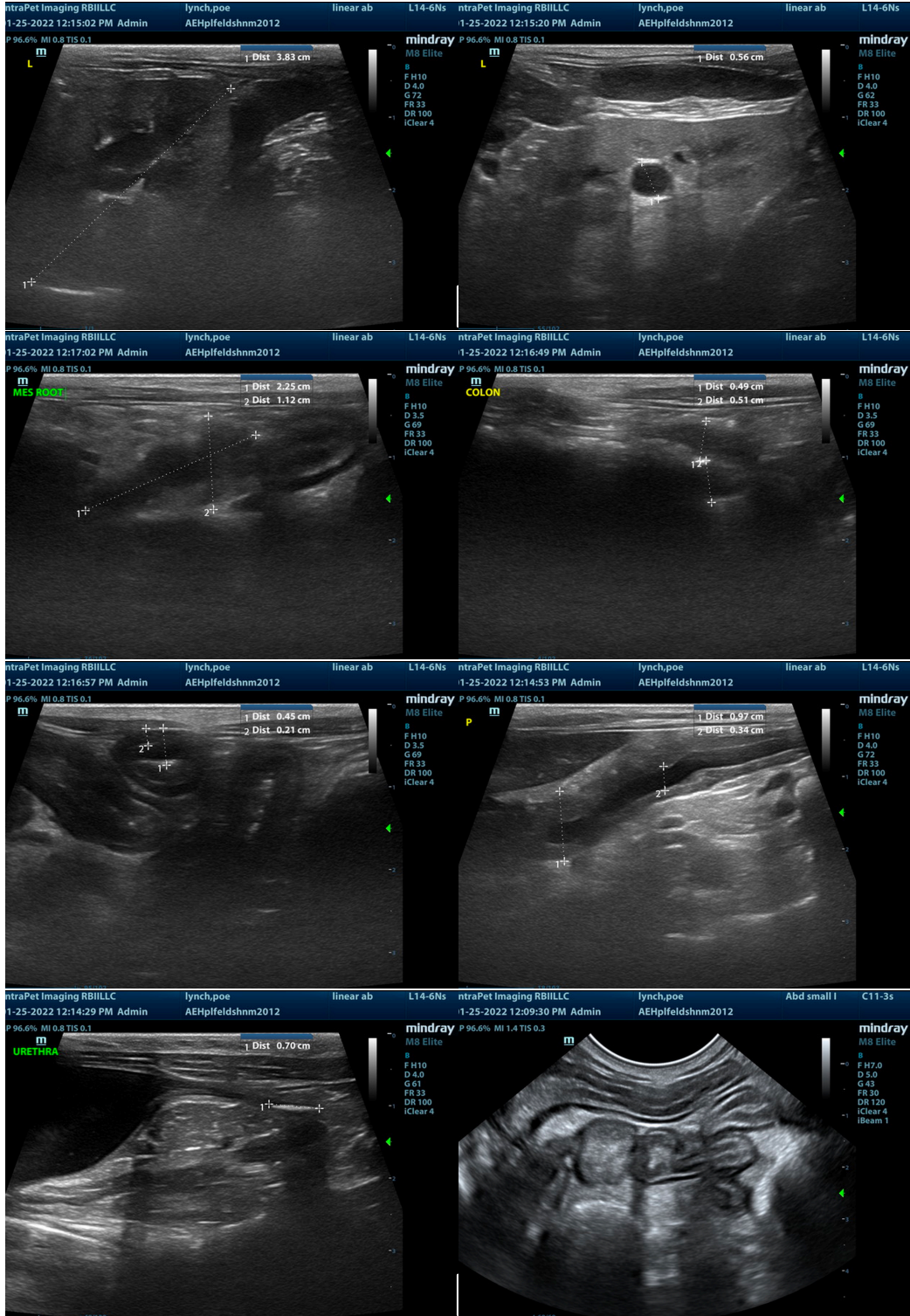
### **ULTRASONOGRAPHIC FINDINGS**

- Strictureing colonic lesion with variable obstructive pattern, which would explain the excessive colonic dilation on radiographs.
- Variable intestinal thickening with areas of loss of mural detail
- Distorted mesenteric lymphadenopathy
- Chronic pancreatic changes
- Interstitial nephritis renal pattern
- Concurrent bladder sand

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I'm mostly concerned about the stricturing lesion in the descending colon. Ultrasound guided FNA of that lesion and the mesenteric lymph node would be recommended with possible PCR or PARR for lymphoma. Urinary workup warranted if not already performed to assess the ability to concentrate and any inflammatory sediment. Prognosis is guarded. The stricturing portion of the colon appears to be approximately 2-3 cm distal from the cystourethral junction. The patient may have pyelectasia owing to recent passage of urinary sand into the bladder and urethra.





**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  
[info@SonoPath.com](mailto:info@SonoPath.com)