



PATIENT

Rocky Carvalho da
Silva

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed Female

AGE

7 years

WEIGHT

7.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

INVOICE

95489

DATE

1/25/22

PRESENTING CLINICAL SIGNS

Weight loss, thickened intestines. Declining rapidly. Started Pred-L in the last 24-48 hrs
PE: BCS 2/9, depressed, tender on abdominal pressure. Thickened intestines on palpation. BW: ALP 75, Alb 2.4, Chol 83, SDMA 17.

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. Sand accumulation was noted. Grouping of which measured 1.0 cm with suspended debris. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.0 cm. The right kidney measured 4.55 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.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** was diffusely hyperechoic to the falciform fat, yet uniform. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Stasis was noted in the stomach. A 2.5 x 1.3 cm intestinal mass was noted in this patient with an infiltrative pattern. Variable areas of muscularis thickening were noted throughout the small intestine. There were areas of loss of mural detail noted with reactive mesentery. Portions of the small intestine appeared to be stricturing and causing a partial obstructive pattern with upper gastrointestinal stasis. Some empty small intestine was noted after the strictured portion of intestine. Variable areas of intestinal tract meet neoplastic criteria. Stasis was also noted in the colon and cecum.



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Pancreas

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The **pancreas** is hypoechoic and mildly irregular. There is likely some level of inflammation.

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ULTRASONOGRAPHIC FINDINGS

Stricturing small intestinal mass with variable infiltrative pattern, partially obstructed.

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Exploratory surgery could be considered with resection of the infiltrated portion of small intestine. However, intraoperative ultrasound may be optimal in order to delineate the pathological bowel from fairly unremarkable bowel. Unfortunately there is not a definitive line of demarcation between infiltrative pattern and variably thickened bowel. Therefore, the portion of stricturing bowel is likely a focal manifestation of diffuse disease. The prednisone is likely diminishing the presentation to some extent. The prognosis is guarded to poor, likely intestinal lymphoma with a minor potential for dry form FIP or complicated inflammatory bowel (less likely).

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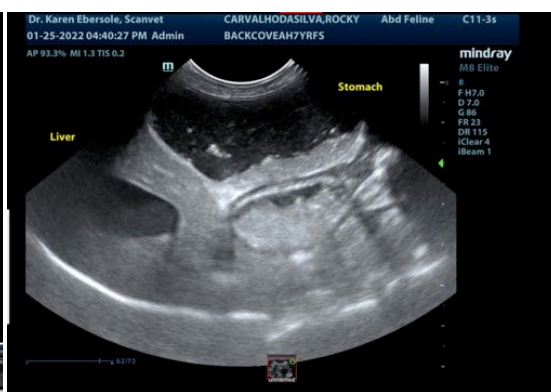
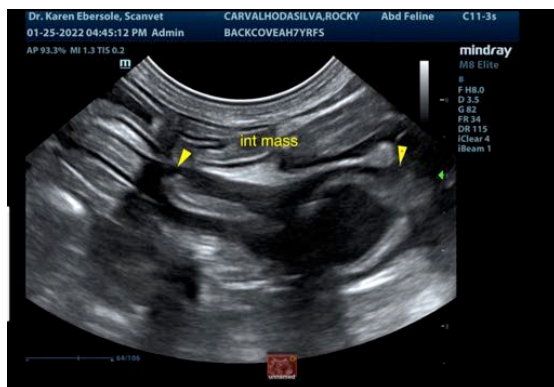
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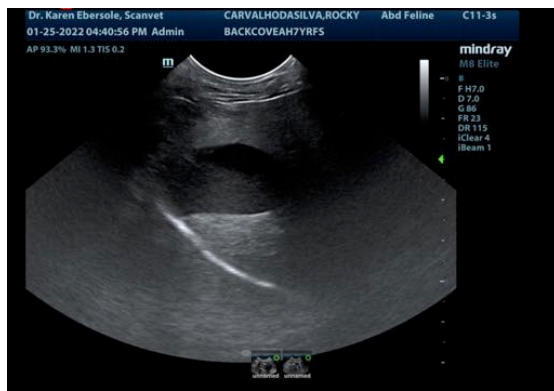
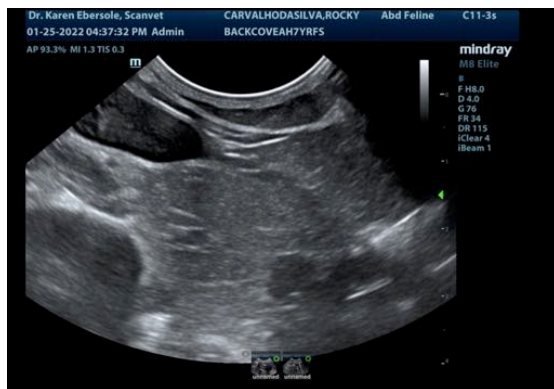
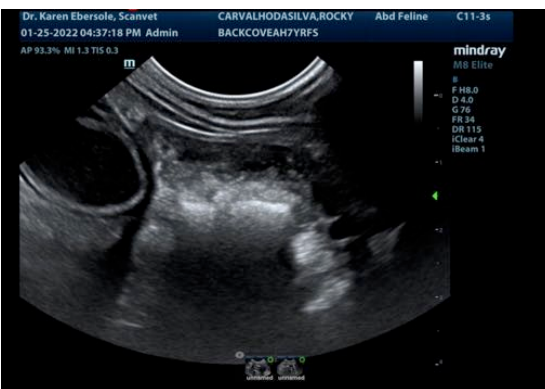
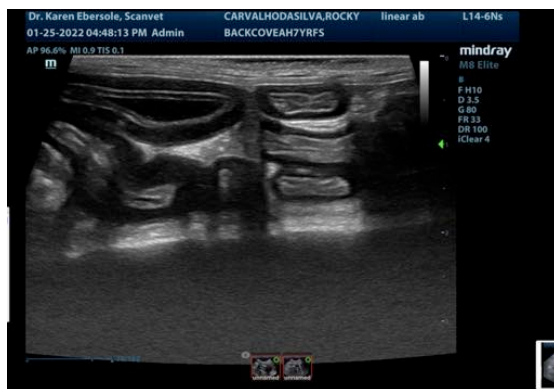
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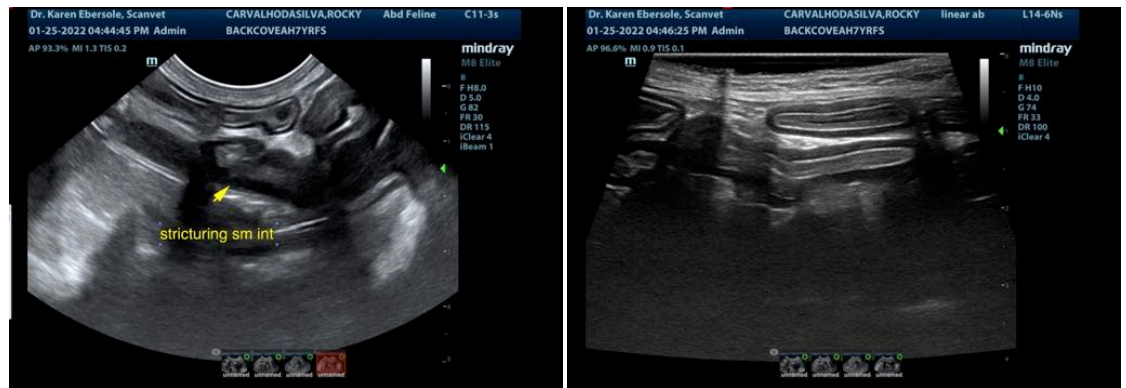
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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