

DATE PRESENTING CLINICAL SIGNS

1/25/22 History: Owner is concerned for pancreatitis flare-up - vomiting happening at home, PE is overall WNL - stable cardiac murmur.

PATIENT

Rocky Morrison Current Medications: Prednisolone 5 mg EOD, Cerenia 16 mg - 1/4 tablet SID, (5 days on, two days off).
Lab Results: ALT 454, AST 168, ALP 239, Bili 0.4, GGT 8, Chol 334, USG 1.043.
Date of Previous IntraPet Ultrasound: 1-8-2019; 9-24-2018.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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

Neutered Male

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 4.35 cm. The left kidney measured 4.03 cm.

AGE

11/21/05

WEIGHT

12.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

Spleen

IMAGING PERFORMED BY

Stephanie Pearce
RDMS, RVT

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

Perry Hall AH

Liver

REFERRING VET

Dr. Miller

The **liver** was slightly coarse in architecture. Minor increased portal markings noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

INVOICE

35066

The **stomach** itself was unremarkable. The intestinal lesion noted on the prior sonogram meets neoplastic criteria. It measures 2.9 cm in length x 5.0 mm in width, similar to the prior sonogram. However, some reactive mesentery is noted around the serosa.

Pancreas

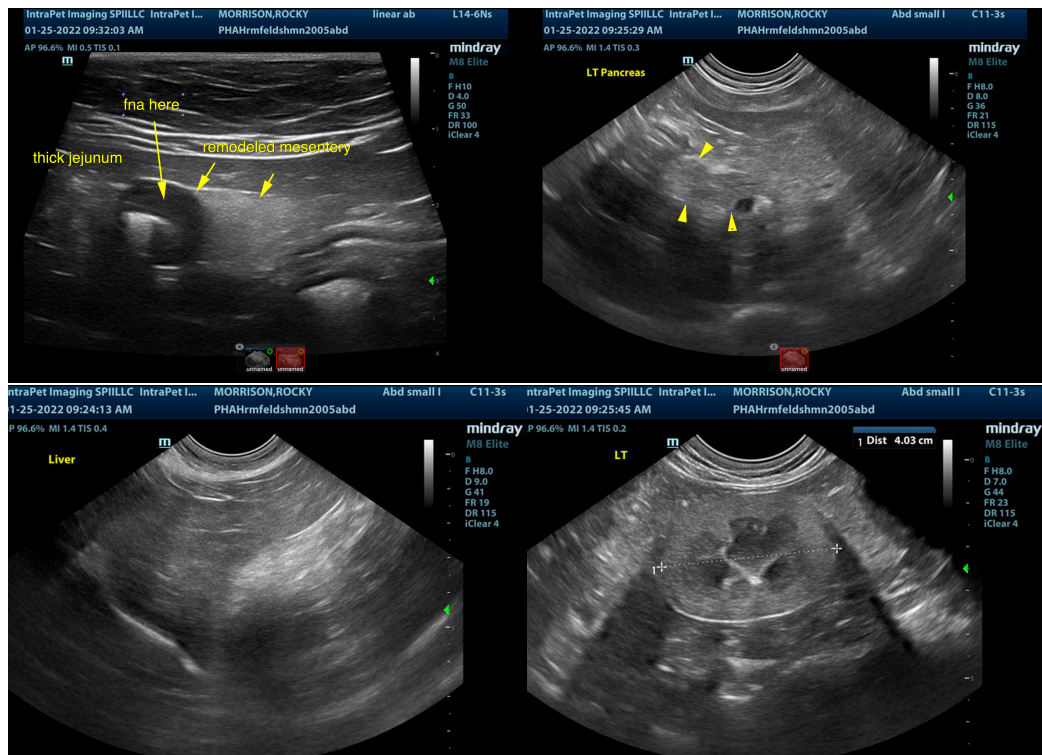
Minor heterogeneous **pancreatic** changes noted, similar to the prior sonogram. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

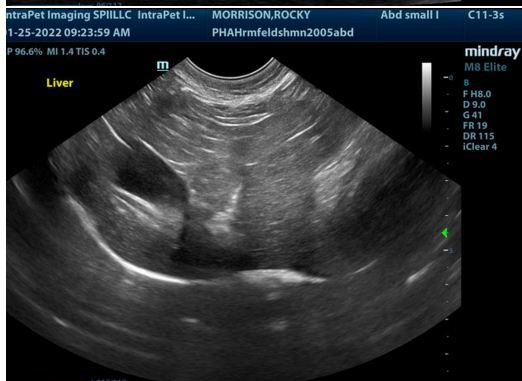
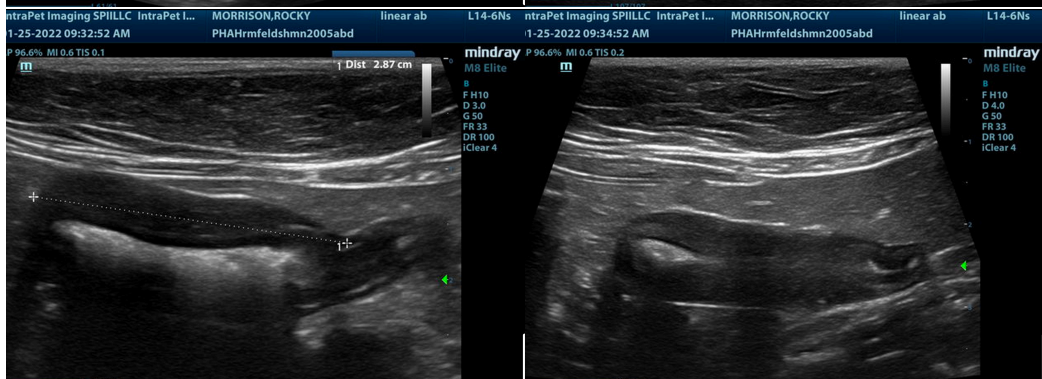
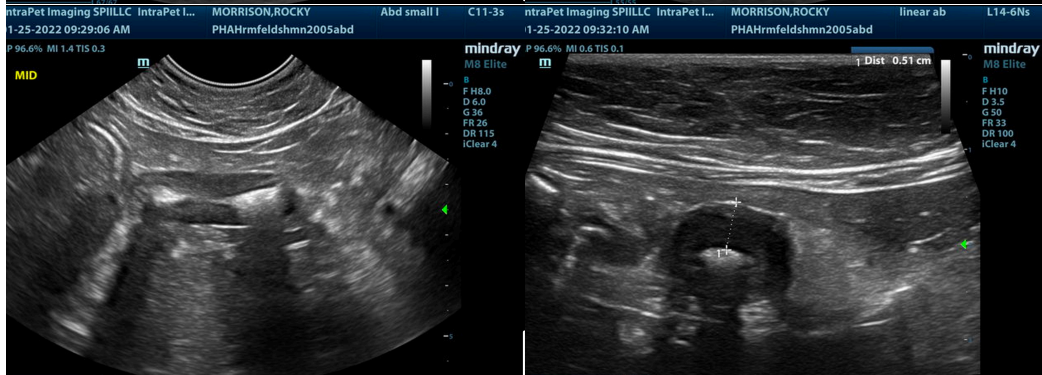
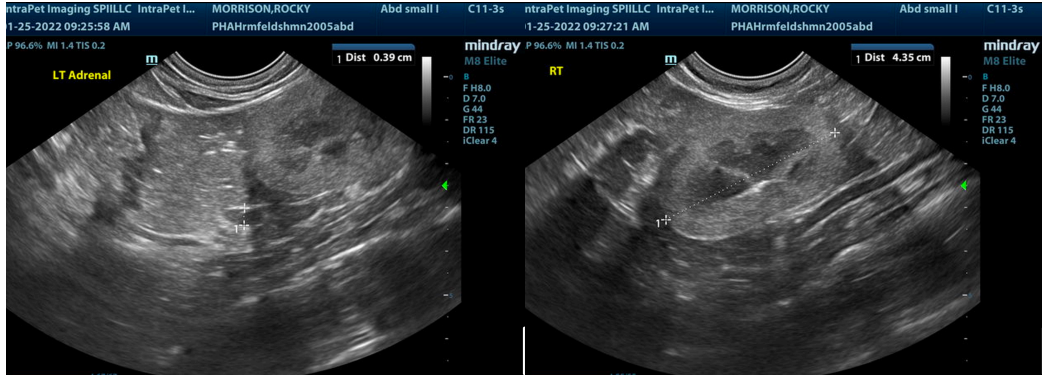
ULTRASONOGRAPHIC FINDINGS

- Persistent jejunal thickening with mild reactive surrounding mesentery – Partially suppressed neoplasia such as lymphoma suspected.
- Possible persistent low-grade pancreatitis.
- Unremarkable liver with minor remodeling
- Non-specific inflammatory hepatopathy suspected

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the live and intestinal lesion could be considered with PARR or PCR evaluation to assess for lymphoma. Otherwise, resection and anastomosis of the jejunum guided by intraoperative ultrasound would be ideal as well as liver biopsies for further management. Even though structurally the intestinal lesion appears similar to the prior sonogram if not mildly increased in length, the remodeling of the mesentery is concerning, and the hepatic enzyme profile is concerning, hence the next step recommendations.





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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