IMAGING PERFORMED BY

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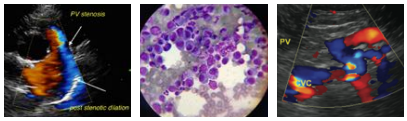

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

1/5/23

PATIENT

JP Keller

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7/25/12

WEIGHT

9.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Fork VH

REFERRING VET

Dr. Doherty

INVOICE

42556

PRESENTING CLINICAL SIGNS

First seen 12/22/22 with a 2 week history of weight loss and only occasional vomiting/ no diarrhea. Cat continues to eat on regular basis but not as vigorous as normal. Blood profile N/R. Next examination 1/3/23 - further weight loss with development of anorexia over the previous 3-5 days. Cat still showing intermittent vomiting but usually with an empty stomach. Physical Exam: thin/ losing general body condition with a thickening of the intestinal tract on abdominal palpation. No acute or focal abdominal pain.
Current Medications: Cerenia 5.0 mg SQ _QD
Radiographs: 1/3/23: splenomegaly, generalized enlargement or thickening of the intestinal tract. Multiple small uroliths.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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. A 0.63 cm non-obstructive calculus was noted. No evidence of inflammatory or neoplastic changes was 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. The left kidney measured 3.82 cm. The right kidney measured 3.8 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** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

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. Comet tail lung pattern was noted through the diaphragm. This is suggestive for alveolar consolidation.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Diffuse intestinal thickening was noted with inversion of the muscularis mucosal ratio/muscularis hypertrophy. The wall thickness measured up to 0.4 cm. . The mesenteric lymph node presented abnormal length to width ratio with distorted, swollen, irregular contour measuring 4.5 x 2.14 cm. Other mesenteric lymph nodes were also enlarged. Parenchymal detail was indiscernible. This is most consistent with lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted.

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

Free Abdomen

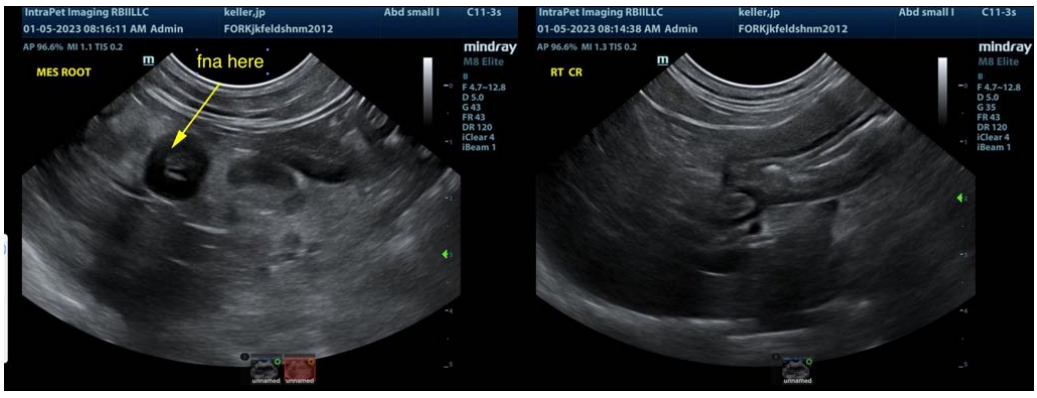
Slight areas of free fluid were also noted owing to lymphatic obstruction/congestion.

ULTRASONOGRAPHIC FINDINGS

Multi-centric lymphadenopathy with diffuse intestinal thickening.
Micronodular spleen.
Concurrent bladder calculus was non-obstructive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mesenteric lymph nodes, spleen and intestine are ideal in this patient. Multi-centric round cell neoplasia is likely. There is a minor potential for FIP. There is a minor potential for lymphadenitis, inflammatory bowel and reactive spleen.

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keller,jp
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C11-3s
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FORKjkfeldshnm2012
AP 96.6% MI 1.2 TIS 0.2
MES ROOT
FNA here
1 Dist 4.53 cm
2 Dist 2.14 cm
mindray
M8 Elite
ntraPet Imaging RBIILLC
keller,jp
linear ab
L14-6
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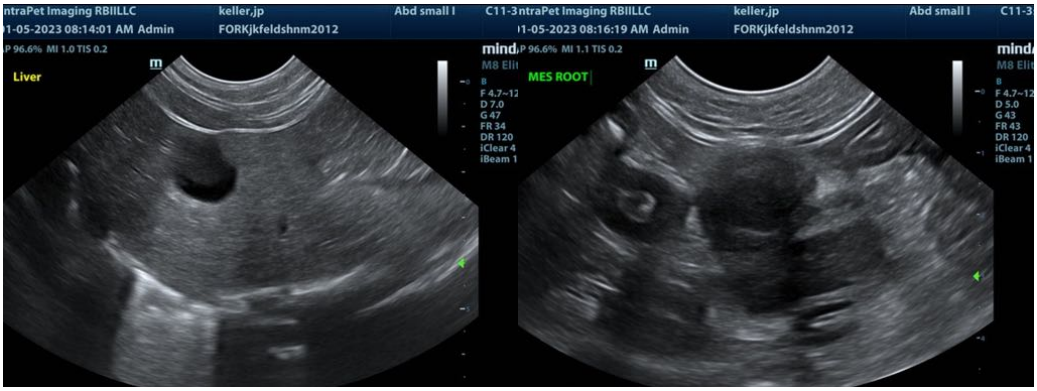
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Liver
ntraPet Imaging RBIILLC
keller,jp
Abd small I
C11-3
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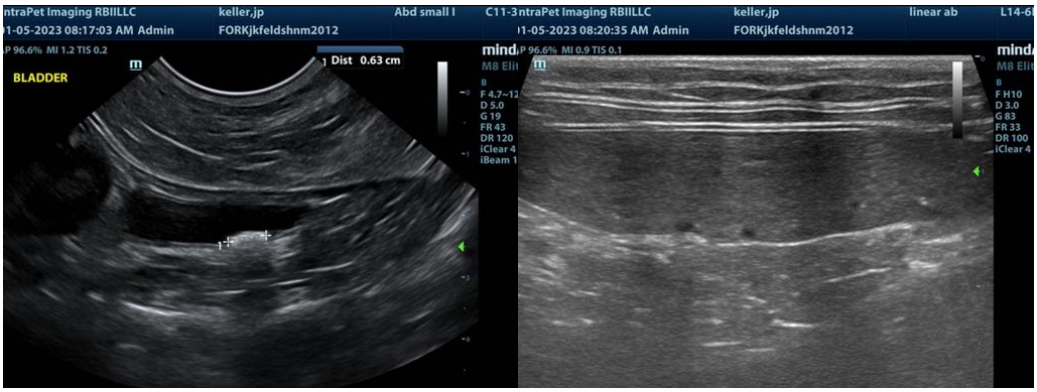
P 96.6% MI 1.1 TIS 0.2
MES ROOT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keller,jp
Abd small I
C11-3
1-05-2023 08:17:03 AM Admin
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P 96.6% MI 1.2 TIS 0.2
BLADDER
1 Dist 0.63 cm
ntraPet Imaging RBIILLC
keller,jp
linear ab
L14-6
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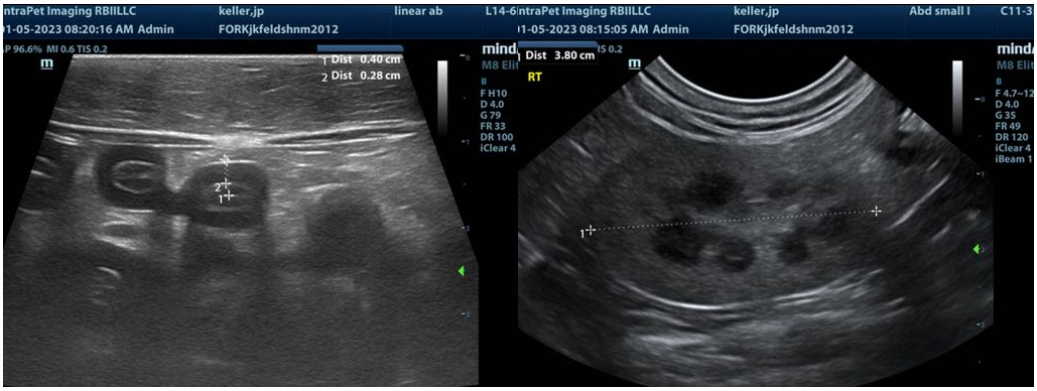
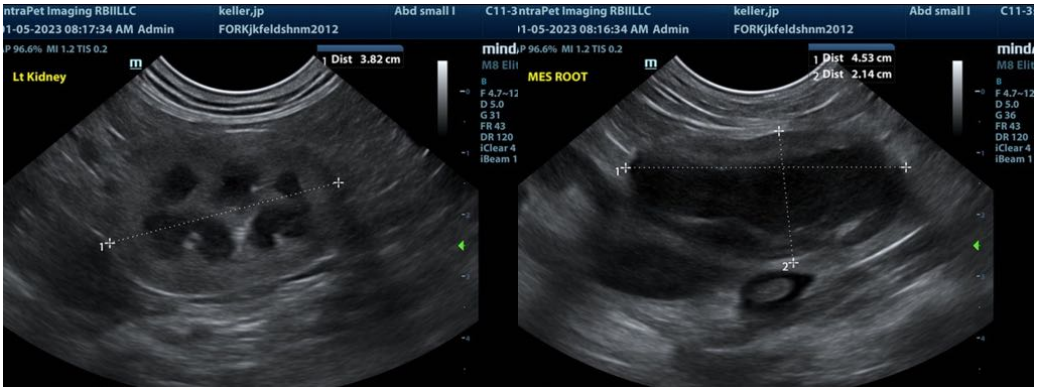
FORKjkfeldshnm2012
P 96.6% MI 0.9 TIS 0.1





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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