

**DATE PRESENTING CLINICAL SIGNS**

1/6/23

History: Vomiting.

**PATIENT**

Pepper Wong

Current Medications: None listed.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**SPECIES**

Feline

Stat Report: Declined.

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

SEX

Spayed Female

**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.

AGE

2015

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 3.74 cm.

WEIGHT

8.8 Pounds

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evidence of pathology.

**Spleen**

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

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**HOSPITAL NAME**

Animal Medical Center

**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. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**REFERRING VET**

Dr. Chaudhry

**INVOICE**

20441

**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.

**Free Abdomen**

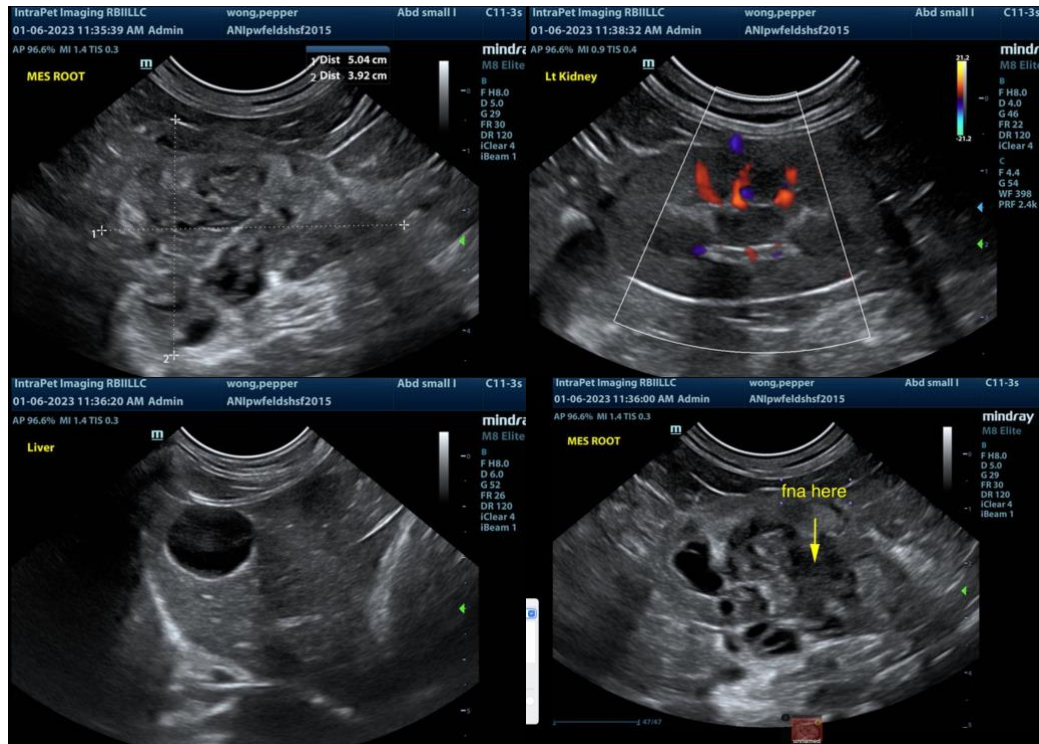
The **mesenteric root** revealed a complex mixed echogenic cystic and parenchymal mass, measuring 5.0 cm x 3.9 cm. The mass encompasses the mesenteric artery, which would suggest a lymph node origin. The echotexture is that of a granulomatous lesion. However, neoplasia cannot be ruled out. Minor inflammatory response was noted around the mass.

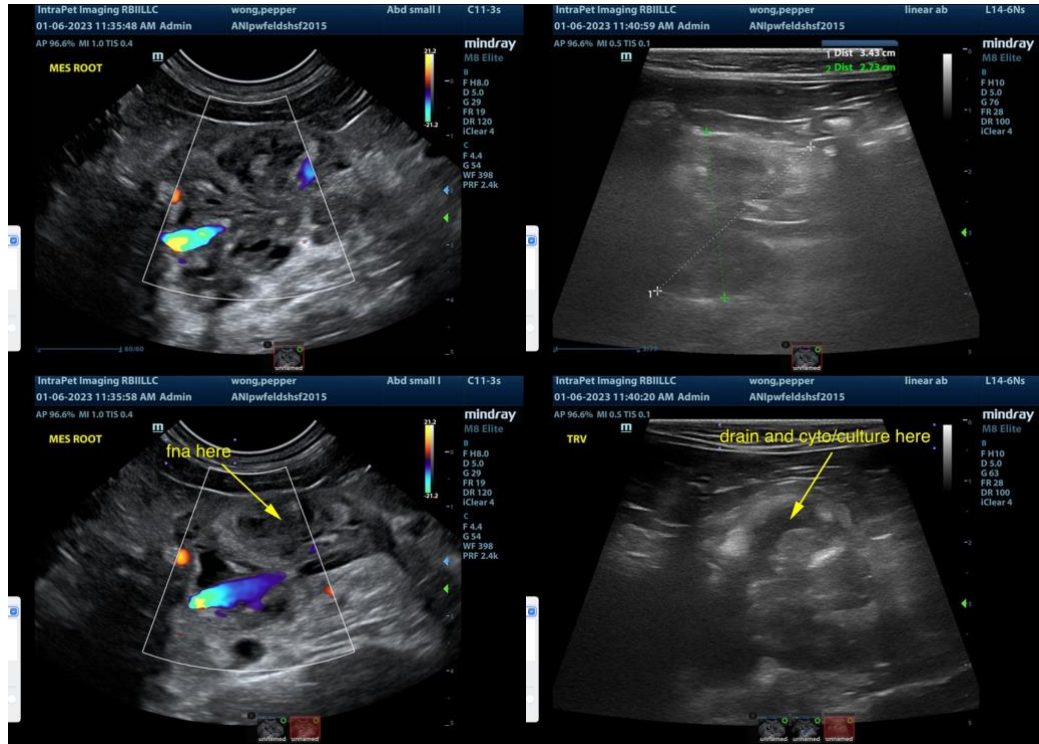
### ULTRASONOGRAPHIC FINDINGS

- Mesenteric mass, presumed lymph node origin. Chronic lymphadenitis with possible suppurative changes/abscessation. Potential for neoplasia, however, the echotexture would suggest a granulomatous or chronic inflammatory type lesion.
- Volume contracted spleen
- Unremarkable abdomen otherwise

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytology +/- culture is indicated to assess for granulomatous disease. Surgical debridement could be considered; however, the mass encompasses the mesenteric artery. Abscessation of the structure may be an issue. Drainage of any cystic component is recommended.





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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