

**DATE**

10/14/22

PRESENTING CLINICAL SIGNS

History: Second opinion for constipation, vomiting 1-5 times per week, known masses in jejunum and colon.

PATIENT

Nora McMillan

Current Medications: Miralax 1/3 teaspoon twice daily

Date of Previous IntraPet Ultrasound: 7/15/22.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

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.

SEX

Spayed Female

No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

AGE

6/3/2007

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 3.31 cm. The left kidney measured 3.3 cm.

WEIGHT

6/3/2007

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. The right adrenal gland measured 0.41 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

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

Homeward Bound VS

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.

REFERRING VET

Dr. Williams

INVOICE

17710

Gastrointestinal

The **stomach** itself was unremarkable. An intestinal mass was noted, wall thickness measured up to 0.84 cm. The mass measured 2.0 cm x 1.5 cm. Descending colonic wall thickening measured 0.32 cm, reduced compared to the prior sonogram.

Pancreas

Heterogeneous parenchymal changes and undulating contour were noted in the **pancreas**. Dilated duct was noted. The pancreas measured up to 1.5 cm.

Free Abdomen

The mesenteric **lymph nodes** were persistently enlarged, reactive, measuring up to 1.0 cm.

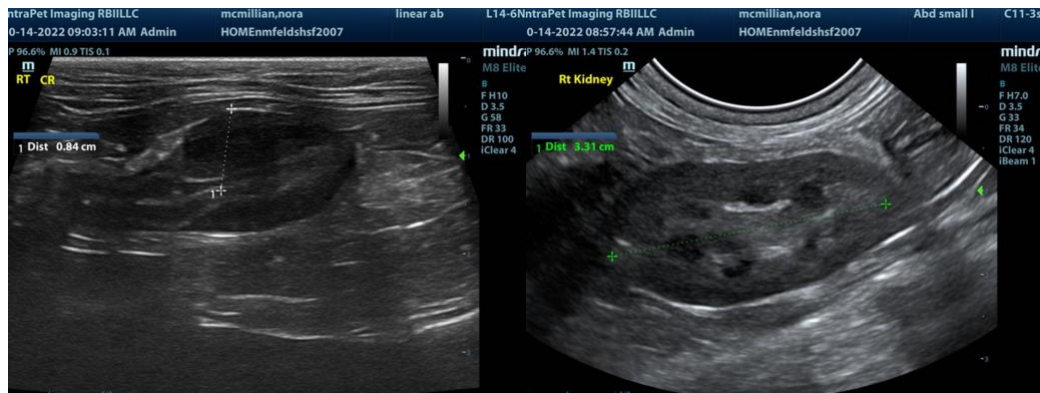
The caudal abdomen revealed a shadowing Bates body, measuring 1.36 cm, not pathological.

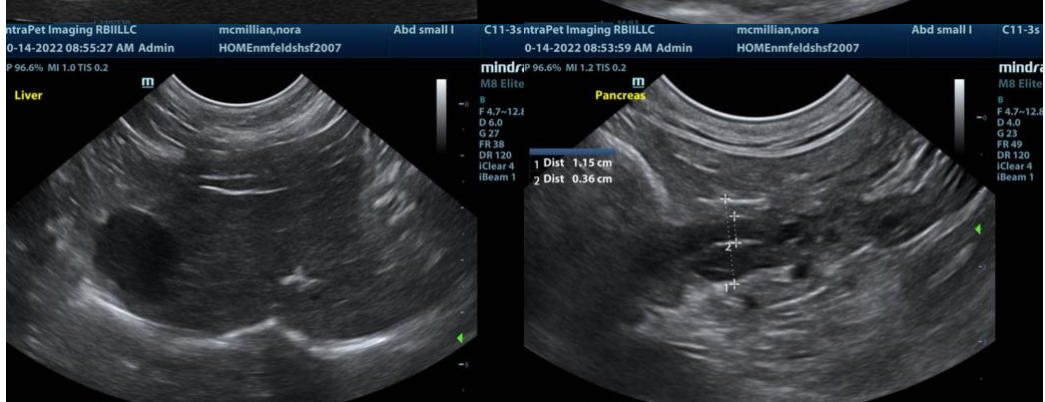
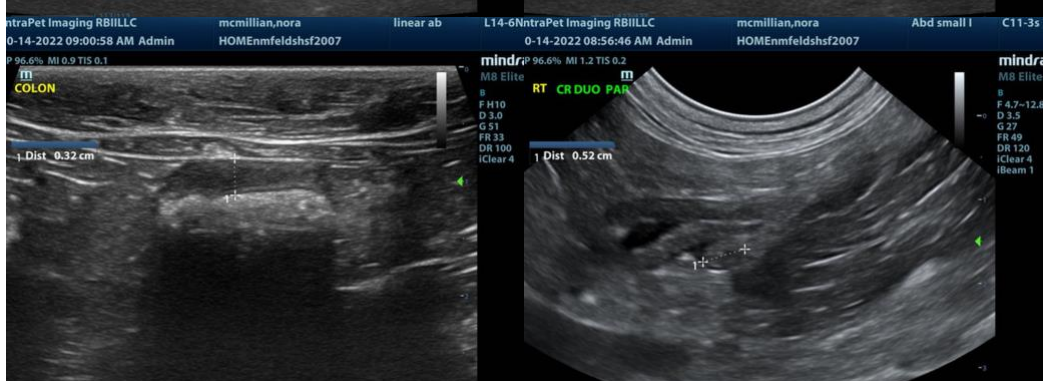
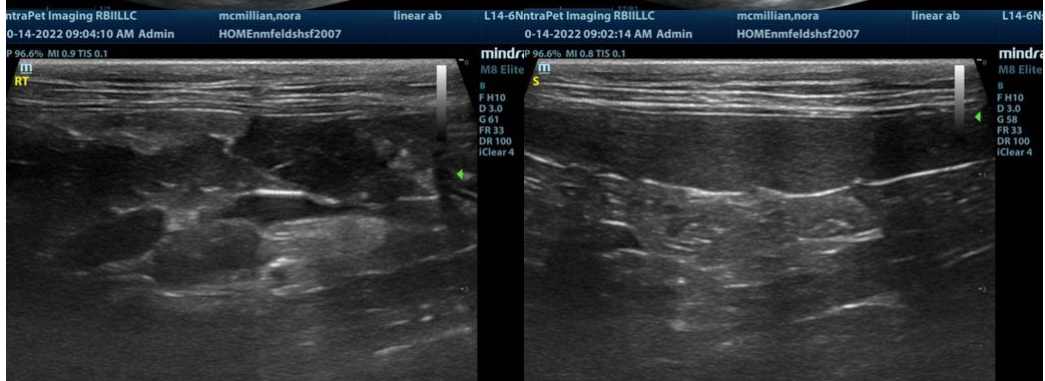
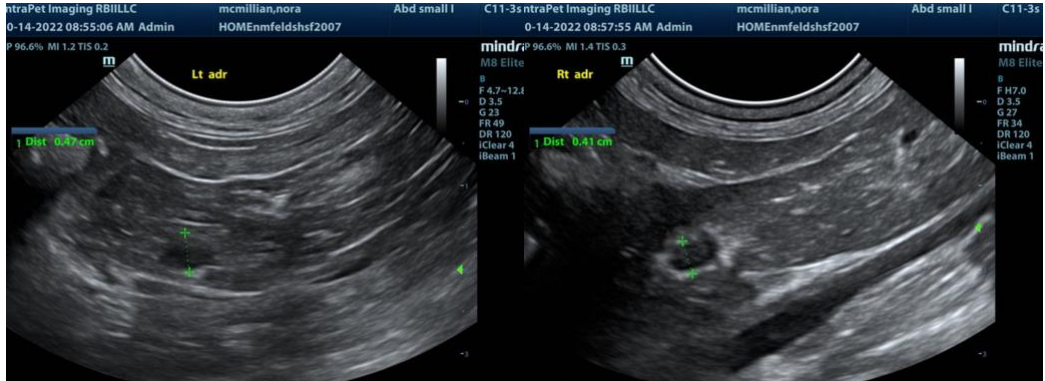
ULTRASONOGRAPHIC FINDINGS

- Residual colonic thickening- reduced compared to the prior sonogram
- Variable intestinal thickening with loss of detail, stable
- Chronic pancreatic changes
- Enlarged mesenteric lymph nodes
- Bates body in the abdomen
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdomen appears stable and mildly improved regarding the colonic presentation, compared to the prior sonogram. Further definition would require sampling. The intestinal mass does appear resectable; however, the concurrent colonic thickening is concerning. Further definition based on FNA results, if not already performed. Some level of periodic pancreatitis is likely occurring in this patient.







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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