

**DATE PRESENTING CLINICAL SIGNS**

10/15/21 History: 7/6/21 vomiting, diarrhea, decreased appetite, weight loss.

PATIENT

Current Medications: Not provided by the veterinarian.

Lab Results: normal bloodwork.

Peanut King

Radiographs: suspicious area abdomen. Attached separately.

Date of Previous IntraPet Ultrasound: Echo 4-23-2021.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

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** presented cortical infarcts and chronic interstitial nephritis pattern with areas of mineralization. The right kidney measured 2.88 cm in length. The left kidney measured 3.68 cm.

AGE

9/22/2010

Adrenal Glands

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

WEIGHT

5.9 Pounds

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 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.

HOSPITAL NAME

Pet Wellness Center

REFERRING VET

Dr. Twardus

Gastrointestinal

The **stomach** itself was unremarkable. A portion of jejunum revealed a mass and loss of structural detail. The widest thickness of the intestinal wall in this region measured approximately 1.3 cm. Some entrapment of chyme noted.

INVOICE

13797

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

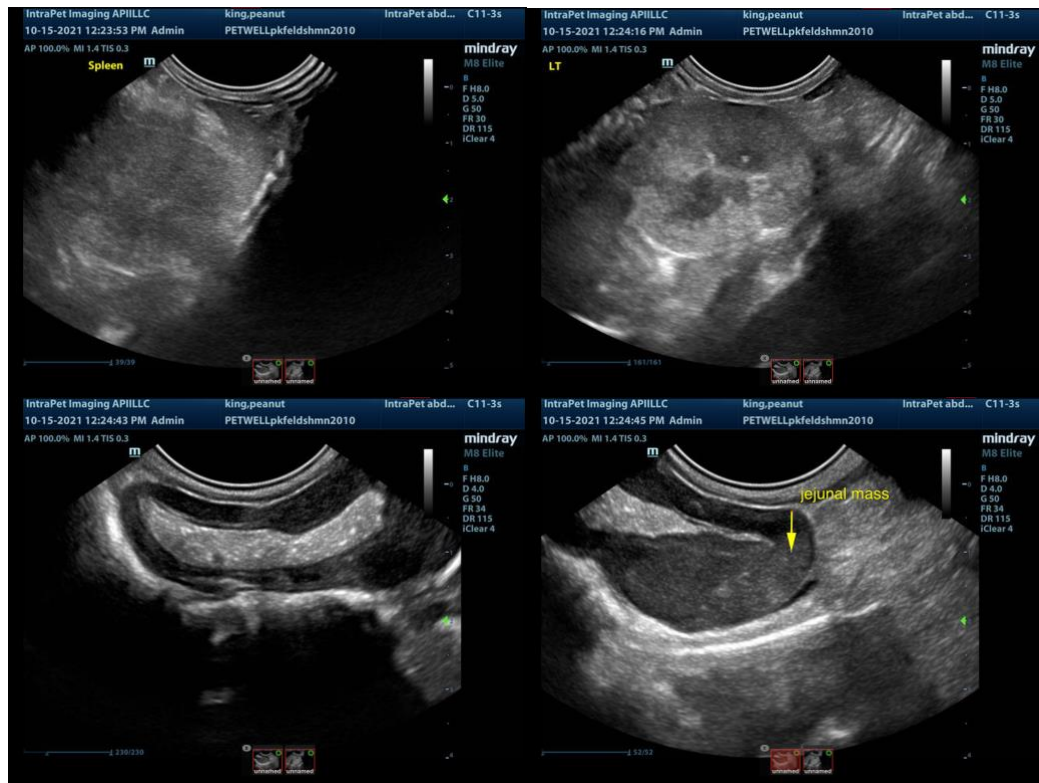
The mesenteric **lymph node** (3.18 cm x 0.82 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

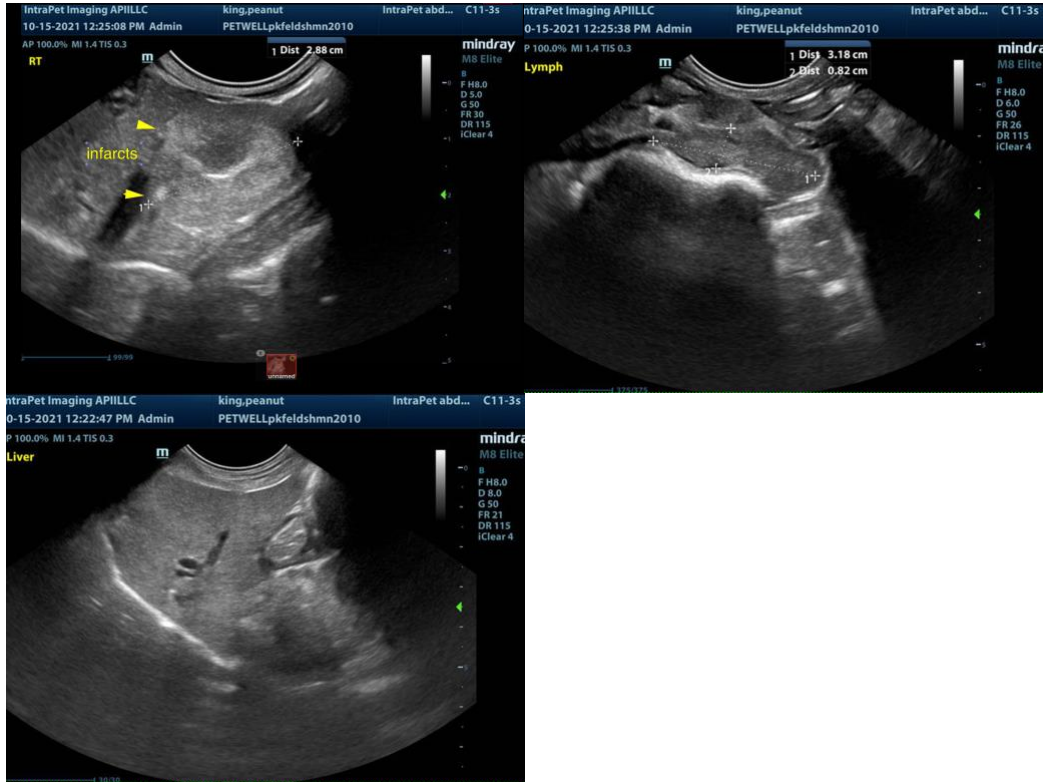
ULTRASONOGRAPHIC FINDINGS

- Jejunal mass
- Chronic interstitial nephritis with infarcts
- Hepatic remodeling
- Reactive mesenteric lymph node
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the jejunal lymph node recommended. Suspect intestinal lymphoma with mild potential for carcinoma, dry form FIP or non-neoplastic granulomatous disease.





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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