

DATE 10/18/22	PRESENTING CLINICAL SIGNS History of vomiting and diarrhea; surgical intestinal biopsies 1/26/2022 showed [Ileum: Small cell lymphoma and plasmacytic and suppurative enteritis, Proximal ileum: Small cell lymphoma and plasmacytic and suppurative enteritis, and Caudal ileum mesentery: Small cell lymphoma]. Since biopsy, P started on chlorambucil and doing excellent clinically; >3# weight gain, resolution of clinical signs etc. Suspected hematuria/cystitis after chlorambucil cycles; so attempted to decrease dose and frequency of duration (from SID x5d every 3 weeks to SID x3days every 5 weeks) and p had flare up of vomiting and diarrhea. on presentation P euhydrated, not painful, not febrile. appetite returning with medical management (cerenia). History of hyperT4, managed medically.
PATIENT Penny Houck	Current Medications: prednisolone 2.5mg SID x>6months, Visbiome probiotic SID x >6months, Chlorambucil 3mg SID x3d every 3 weeks, methimazole 2mg q12h Date of Previous IntraPet Ultrasound: 1/14/22. See attached. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested.
SPECIES Feline	Imaging Performed By: Stephanie Warga RDCS, RVT.
BREED Domestic Shorthair	
SEX Spayed female	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE 8/9/09	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 was noted. Ureteral papillae were normal.
WEIGHT 7.75 lbs	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 3.6 cm. The left kidney measured 3.16 cm.
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 0.33 cm.
HOSPITAL NAME Hickory VH	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 was noted.
REFERRING VET Dr. McCourt	
INVOICE 40134	Liver The liver revealed increased portal markings, coarse architecture and undulating contour. The gallbladder revealed a minor amount of debris.
	Gastrointestinal Variable upper gastrointestinal thickening was noted, yet has significantly improved from the prior sonogram. Regional thickening was noted in the mid distal small intestine was also noted. The portion of intestine that was thickened revealed a minor amount of trapped chyme and enhanced mesentery. This

appears to be jejunum and extends for approximately 2.0 cm. Gastric thickening has resolved. The lumen was empty.

Pancreas

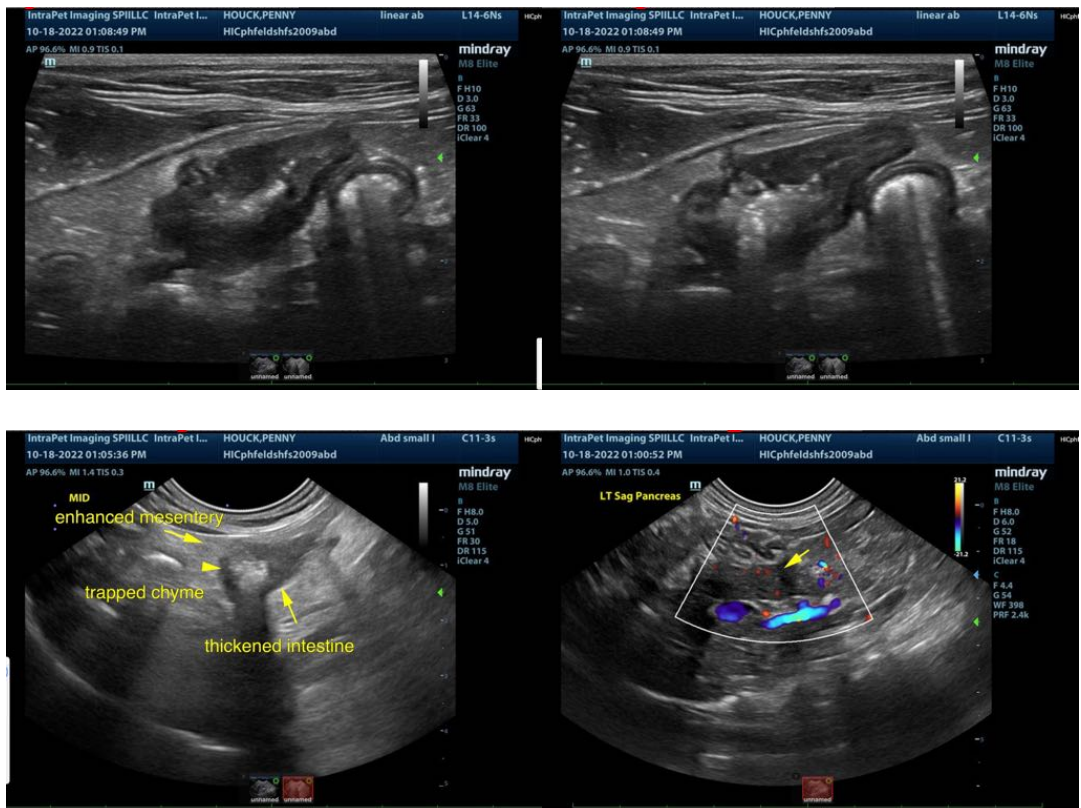
The **pancreas** revealed hypoechoic, irregular, undulating contour. There is a potential for low-grade inflammation.

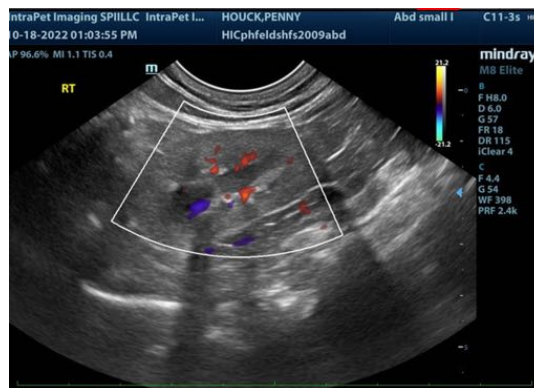
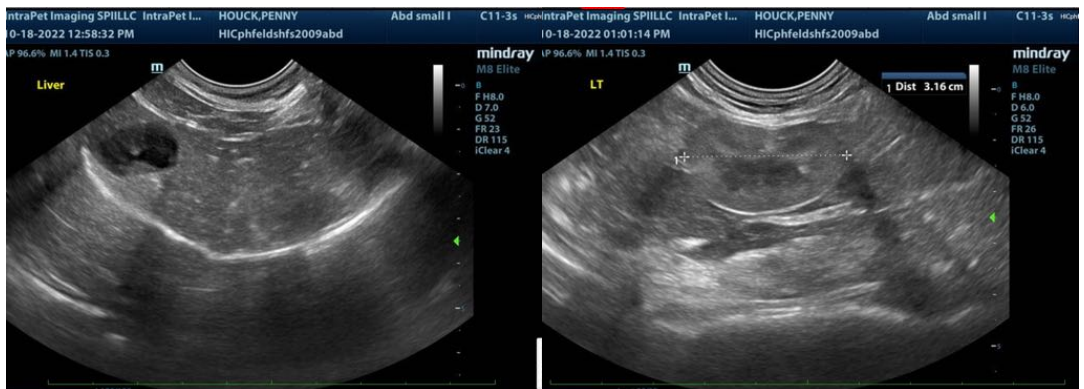
ULTRASONOGRAPHIC FINDINGS

Variable, minor intestinal thickening without neoplastic criteria.
Prominent, irregular pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend resection and anastomosis ideally guided by intraoperative ultrasound for the portion of pathological small intestine. The remainder of the abdomen appears unremarkable. There is risk of perforation of this portion of intestine. The portion of intestine in question loses neoplastic criteria. Given that surgical biopsies revealed lymphoma oncology consultation is recommended as this area may be resected surgically or adjustment in the current therapeutic protocol would be appropriate. This portion of intestine is the only area that meets neoplastic criteria.





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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