

**DATE**

10/7/22

PRESENTING CLINICAL SIGNS

History: Weight loss, not eating well. GGT very elevated.

PATIENT

Precious Houck

Current Medications: Starting Ursodiol today, Metronidazole.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

DSH

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a moderate change.

AGE

7/1/06

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 left kidney measured 3.69 cm. The right kidney measured 3.21 cm.

WEIGHT

4.3 Pounds

Adrenal Glands

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

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Spleen

The **spleen** was mildly enlarged with scalloping contour.

HOSPITAL NAME

Homeward Bound
 Vet

Liver

The **liver** was mildly swollen with increased portal markings and course architecture. Hypochoic nondisruptive nodular changes were noted, measuring up to 0.79 cm. Minor gallbladder wall thickening was noted. Lobar biliary mineralizations were noted.

Gastrointestinal

The **stomach** itself was unremarkable. Variable intestinal thickening was noted.

REFERRING VET

Dr. Vance

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

INVOICE

17616

Free Abdomen

A large amount of **free fluid** and echogenic omentum was noted.

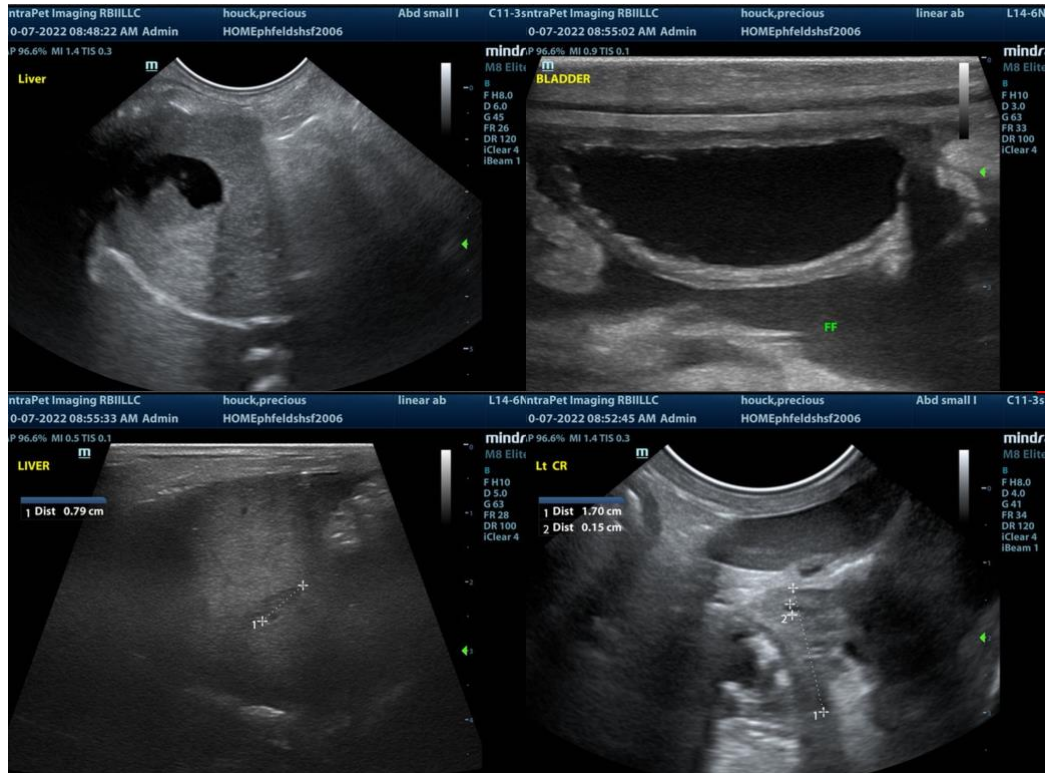
The caudal abdomen revealed a 2.5 cm wide intestinal infiltrative pattern with reactive surrounding mesentery, appeared to be colonic, however, small intestinal origin cannot be completely ruled out.

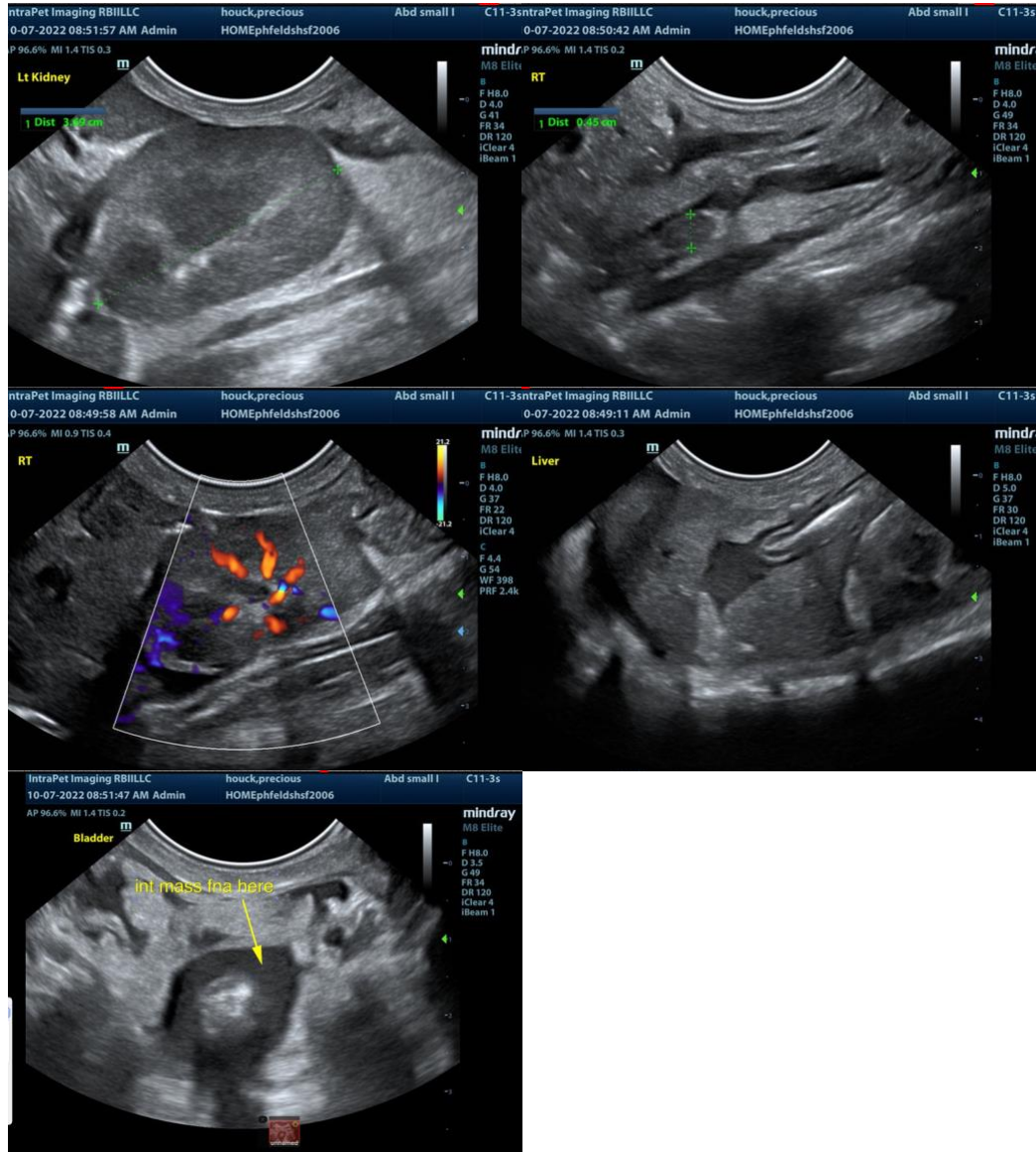
ULTRASONOGRAPHIC FINDINGS

- Intestinal mass
- Free fluid and echogenic omentum
- Hepatic nodular changes
- Scalloping splenic contour
- Age-related urinary bladder, renal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for lymphomatosis or similar neoplasia. Abdominocentesis, FNA of the intestinal mass and liver recommended for further definition. Prognosis is poor.





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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