

**DATE**

11/18/22

**PATIENT**

Delilah Allred

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12/22/09

**WEIGHT**

11.68 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING  
PERFORMED BY**

Rachel Brillhart RDMS

**HOSPITAL NAME**

Madonna Vet Clinic

**REFERRING VET**

Dr. Smith

**INVOICE**

18141

**PRESENTING CLINICAL SIGNS**

Patient presented on 11/4/2022 for inappetence and weight loss. She has also been hiding more. BW was performed and T4 was elevated at 5.5. She was started on 2.5 mg PO BID of methimazole however she continued to have inappetence and mirtazipine was initiated on 11/9/2022 and AUS was recommended at that time.

Current Medications: methimazole: 2.5 PO BID, Mirtazipine: 1.5" SID to pinna  
 Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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.

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 3.86 cm. Hyperechoic medullary rim sign was noted in the right kidney. The left kidney revealed similar changes, measuring 4.02 cm.

**Adrenal Glands**

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

**Spleen**

The **spleen** was uniform, however, caudal folding of the spleen was noted.

**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.

**Gastrointestinal**

The **stomach** itself was unremarkable. The distal ileum revealed an approximately 2.0-2.5 cm undifferentiated mucosal to submucosal mass. Mild regional inflammation was noted.

**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**

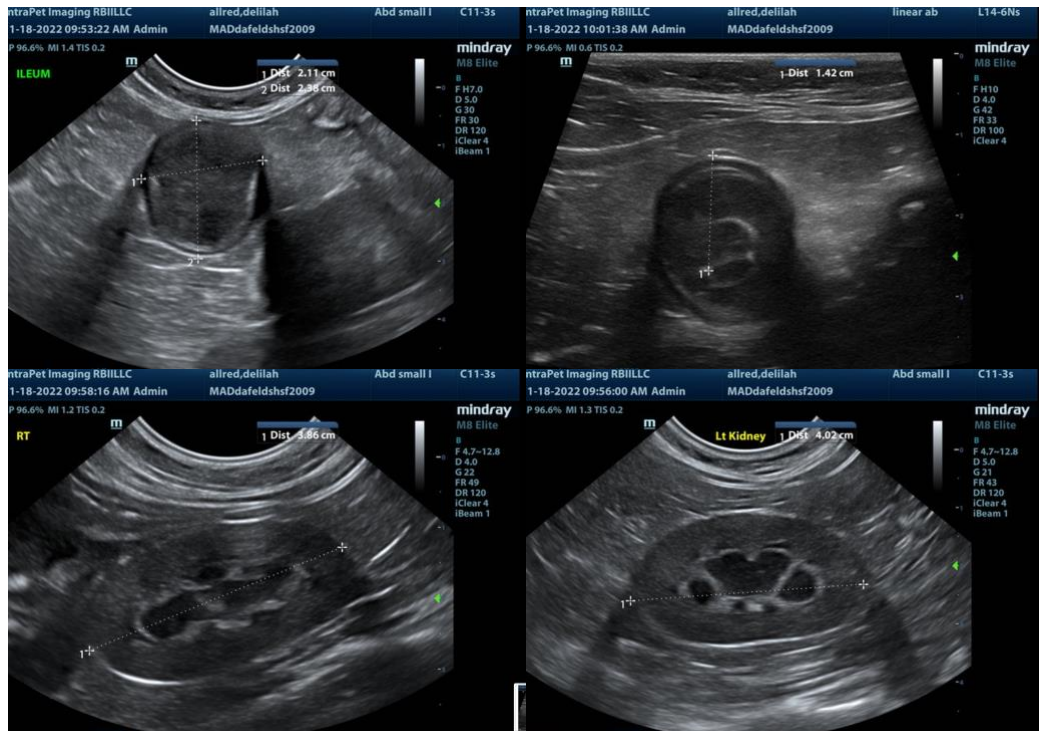
Slight **free fluid** was noted adjacent to the spleen. Slight mesenteric lymph node enlargement noted, measuring up to 6.0 mm.

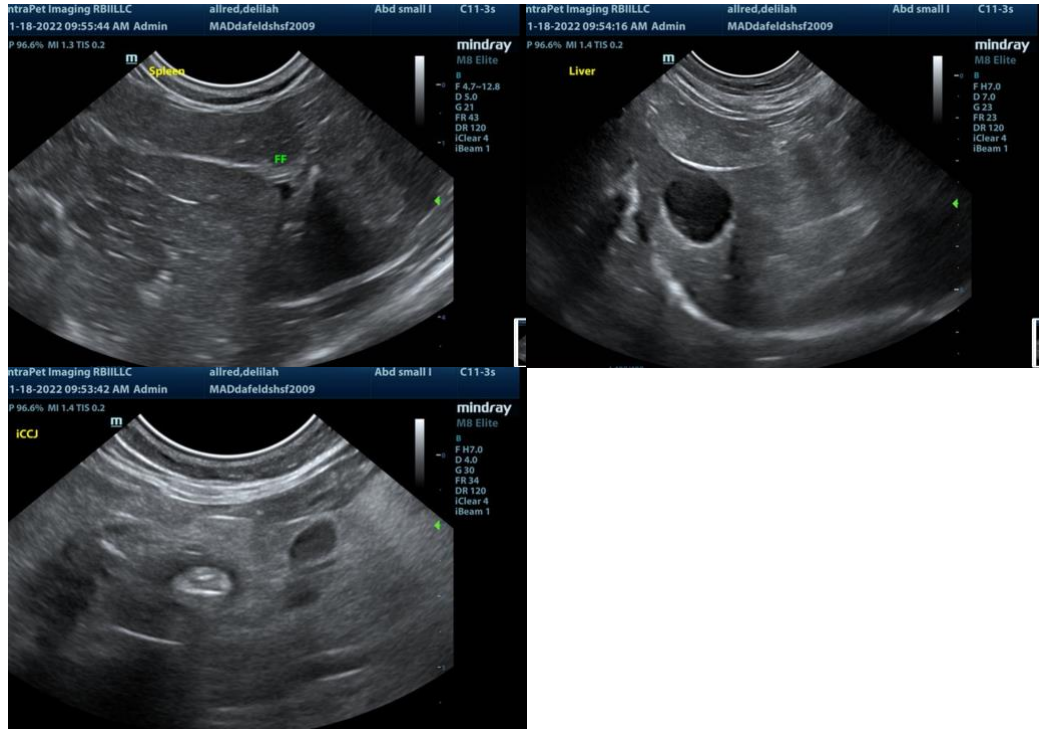
### **ULTRASONOGRAPHIC FINDINGS**

- Mass in the distal ileum/ileocecal region with regional inflammation
- Free fluid
- Mesenteric lymph nodes slightly enlarged
- Age-related renal changes with idiopathic medullary rim kidney
- Splenic fold

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA of the intestinal mass is warranted, or direct resection anastomosis with lymph node removal. This is likely carcinoma versus focal lymphoma. Granulomatous disease is less likely.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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