**DATE**

11/22/22

PRESENTING CLINICAL SIGNS

Anorexia x 2 wks, Intermittent vomiting, chronic asthma

Current Medications: Cerenia 4mg once daily, Prednisolone 2.5mg PO EOD for asthma, Mirataz transdermal did nothing for appetite, Cerenia, Convenia, SQF, Dex SP and Elura given 11/21 4pm

Lab Results: ALT: 1610 10 days ago normal, ALT: 181 10 days ago 69, Tbili: 1.0 10 days ago normal

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: DVN requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

PATIENTFlannal Gottfried
Rappaport**SPECIES**

Feline

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 was noted. Ureteral papillae were normal.**BREED**

Domestic Shorthair

SEX

Neutered male

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 4.4 cm. The left kidney measured 4.0 cm.**AGE**

8/22/08

WEIGHT

11.8 lbs

Adrenal GlandsBoth **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.**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.**HOSPITAL NAME**

Timonium AH

LiverThe **liver** revealed diffuse coarse architecture with increased portal markings. The gallbladder revealed a minor amount of debris.**REFERRING VET**

Dr. McMichael

GastrointestinalThe **gastrointestinal tract** revealed an annular intestinal mass that measured 1.4 x 2.0 cm and created an obstructive pattern. Stasis was noted in the upper gastrointestinal tract to the level of the mass. It appears to be jejunum. Trace amounts of free fluid were noted along with reactive mesentery.**INVOICE**

42625

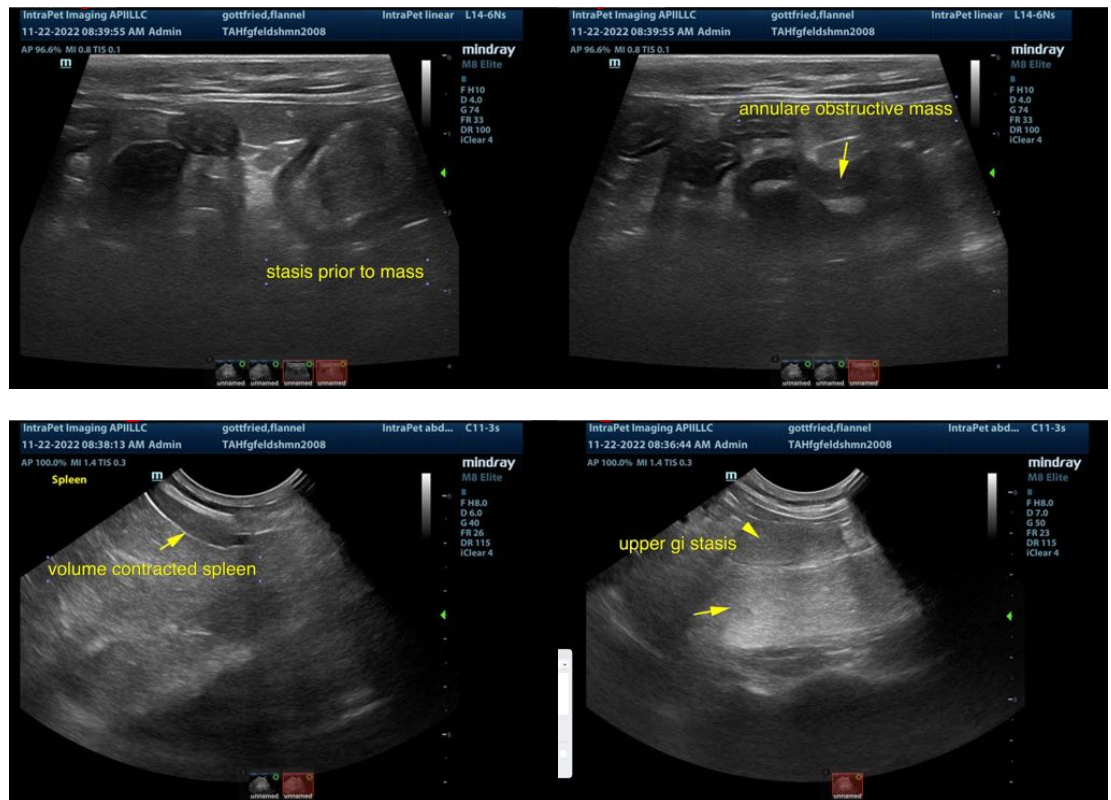
PancreasThe base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

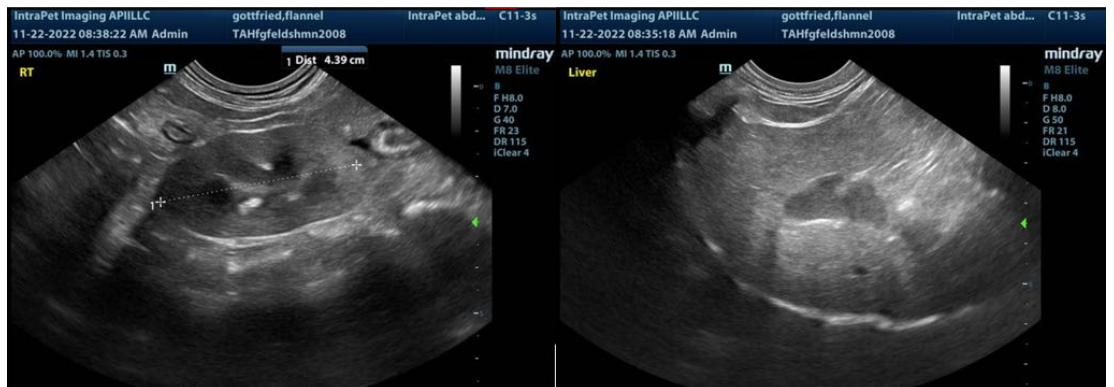
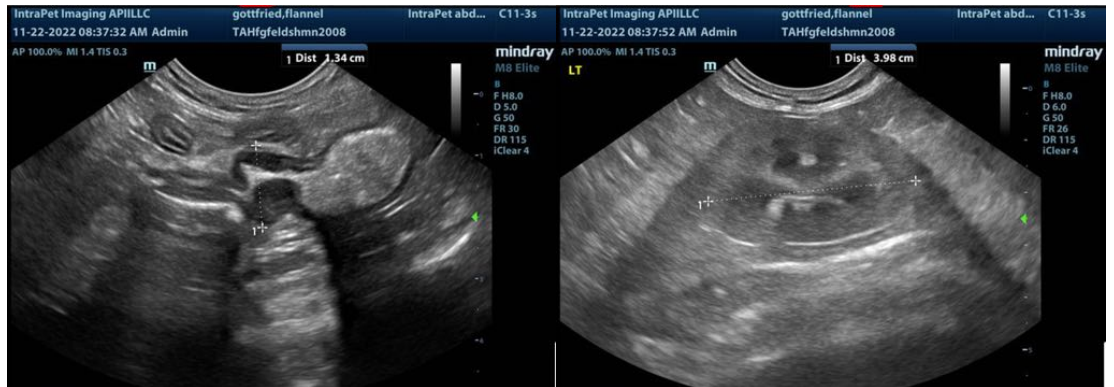
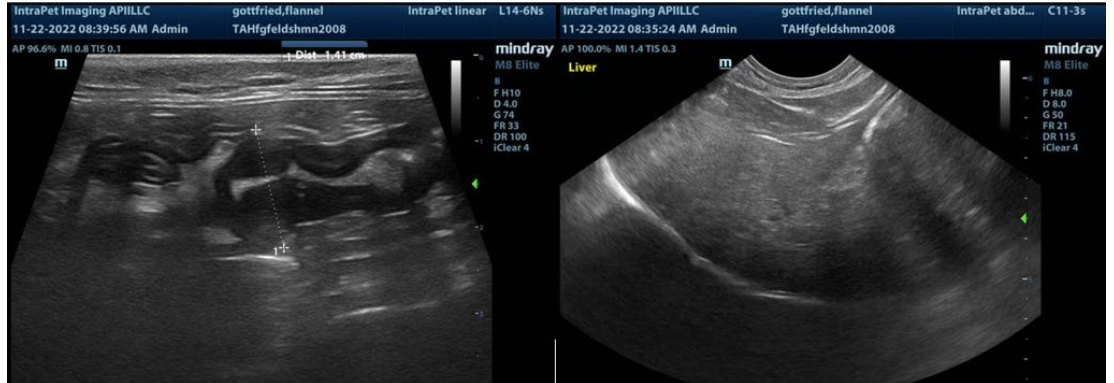
ULTRASONOGRAPHIC FINDINGS

- Obstructive, annular intestinal mass. Variable intestinal thickening was noted elsewhere. However, only one areas of neoplastic criteria is met.
- Acute on chronic inflammatory hepatopathy with likely lipidosis. However, underlying neoplasia such as lymphoma cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the liver and intestinal mass can be considered. However, the intestinal mass is obstructive and therefore, direct exploratory surgery, resection and anastomosis and liver biopsy can be considered. However, note that the liver appears to be significantly friable. Chest radiographs are warranted to assess for comorbidities.





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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