

**DATE**

11/30/21

PRESENTING CLINICAL SIGNS

History: Hyperthyroid - in for diagnostics for Radiocat - Open growth right ventro-lateral chest with hive like lesions rostral to growth- cytology consistent with MCT and secondary inflammation. Evaluate for Metastatic disease prior to proceeding with Radiocat.

PATIENT

Smokey Rooker

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.16 cm. The right kidney measured 4.46 cm.

SEX

Spayed Female

AGE

4/23/07

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.

WEIGHT

11.7 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Liver

The **liver** in this patient revealed a cyst adenomatous type mass noted in the left liver. A 2.4 cm cystic mass and hyperechoic 0.8 cm left cranial nodule was noted. The remainder of the liver was unremarkable with minor remodeling expected for this age patient. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

HOSPITAL NAME

Festival VC

REFERRING VET

Dr. Davies

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes were reactive and measured 2.3 x 0.82 cm.

INVOICE

94230

Pancreas

The 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 was dilated and measured 0.37 cm. 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

Diffuse intestinal thickening. Most consistent with inflammatory bowel.

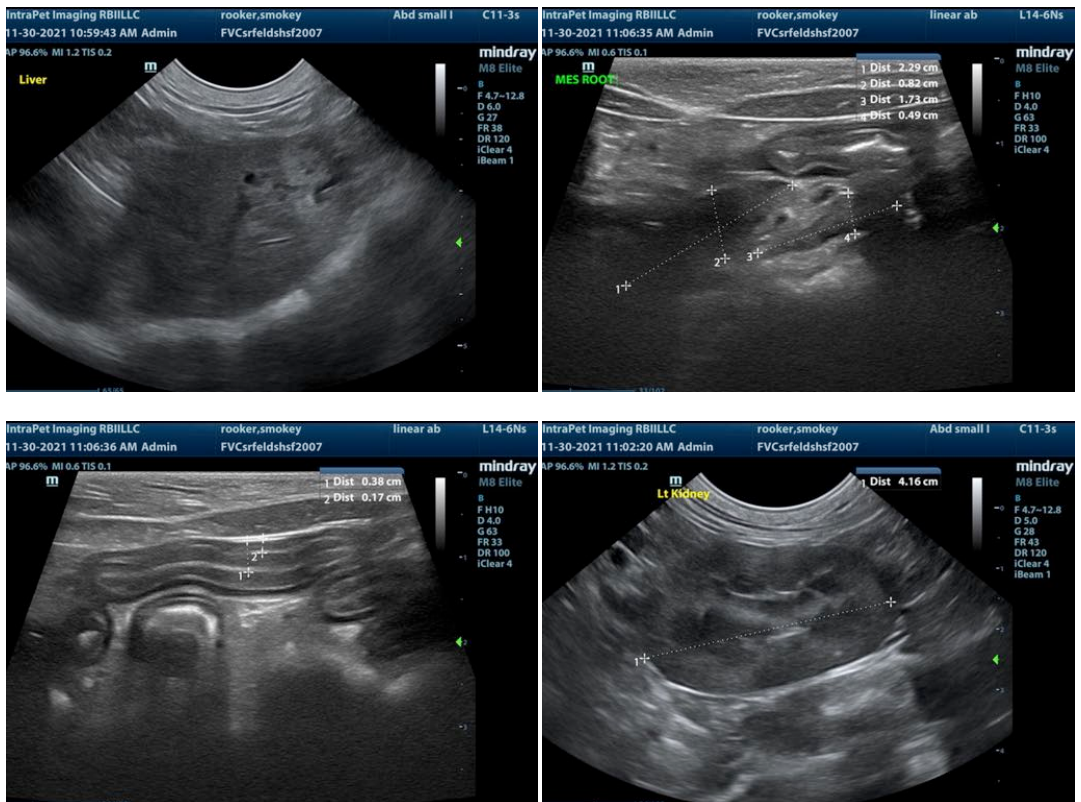
Cyst adenomatous liver lesions were noted in the midst of chronic age related changes. This is not overtly pathological.

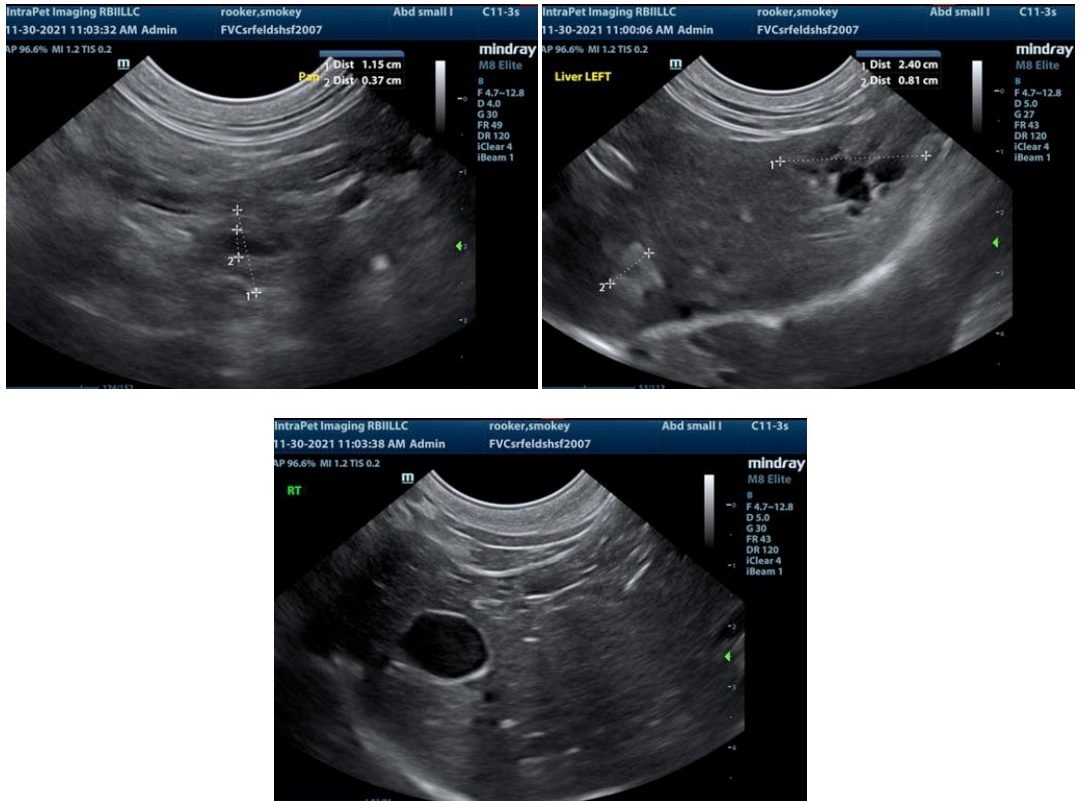
Age related renal changes.

Prominent, irregular pancreas. History of pancreatitis is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of neoplastic criteria. There was no structural evidence of disease that would be overtly related to mast cell disease or other. However, given the mesenteric lymphadenopathy early MCT cannot be completely ruled out. Screening FNA of the spleen and mesenteric lymph nodes can be considered. However, these changes are largely common in this age patient and species. Echocardiogram is recommended.





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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