

**DATE PRESENTING CLINICAL SIGNS**

12/10/21

History: P presented on 11/30/2021 for evaluation of a small mammary mass. Otherwise, PE normal. Pre-op bloodwork revealed liver enzyme elevation.

PATIENT

Linus Romeo

Current Medications: Metronidazole 500mg/ml - 0.8ml PO BID, Clavamox 62.5mg - 1 PO BID, Denamarin 90mg - 1 PO SID.

SPECIES

Feline

Lab Results: alt 541; alp 260; bile acids: baseline >274.7/post 119.6.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

4/15/21

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 4.34 cm. The right kidney measured 4.4 cm.

WEIGHT

11.9 Lbs.

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 0.51 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was enlarged (1.1 cm).

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Liver

The **liver** presented undulating contour and generalized hypoechogenicity to falciform fat with coarse architecture. Increased portal markings were noted throughout the liver with patchy echogenic remodeling. The gallbladder and common bile duct were unremarkable.

HOSPITAL NAME

Northwind AH

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal wall thickness measured up to 0.42 cm, serosa to mucosa. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

REFERRING VET

Dr. Cross

INVOICE

13007

Pancreas

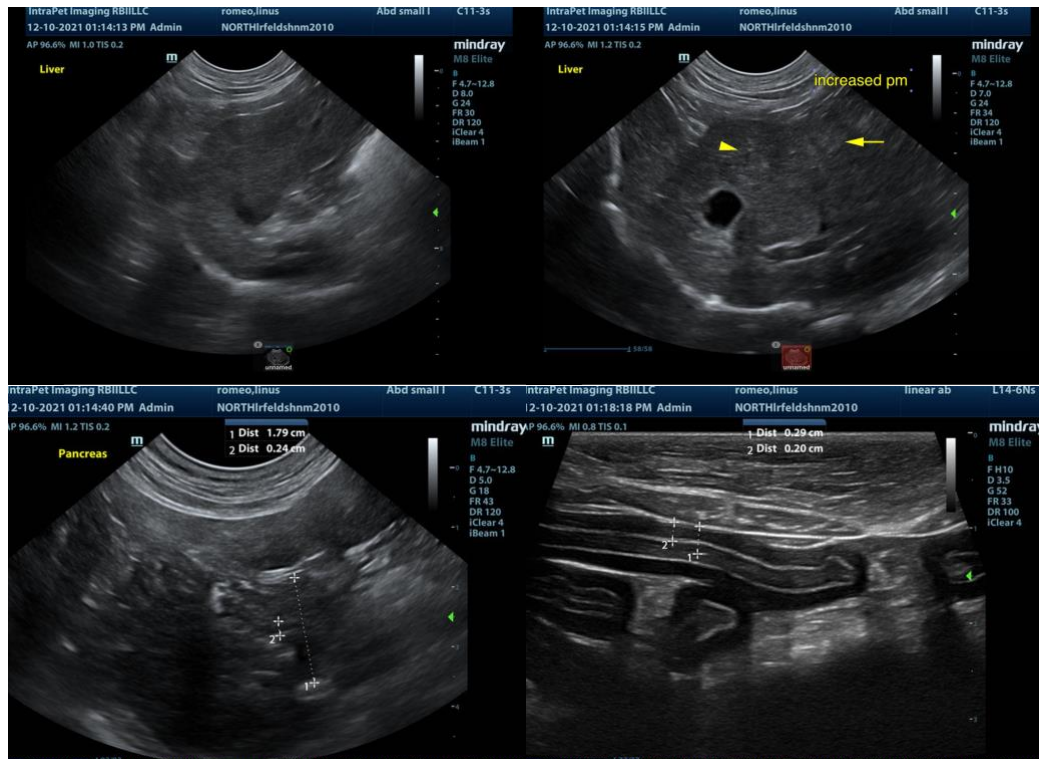
The left limb of the **pancreas** was enlarged and mildly irregular, measuring 1.22 cm. The pancreatic duct was dilated (0.12 cm). The right limb of the pancreas was also enlarged and mildly irregular with coarse architecture, measuring 1.78 cm.

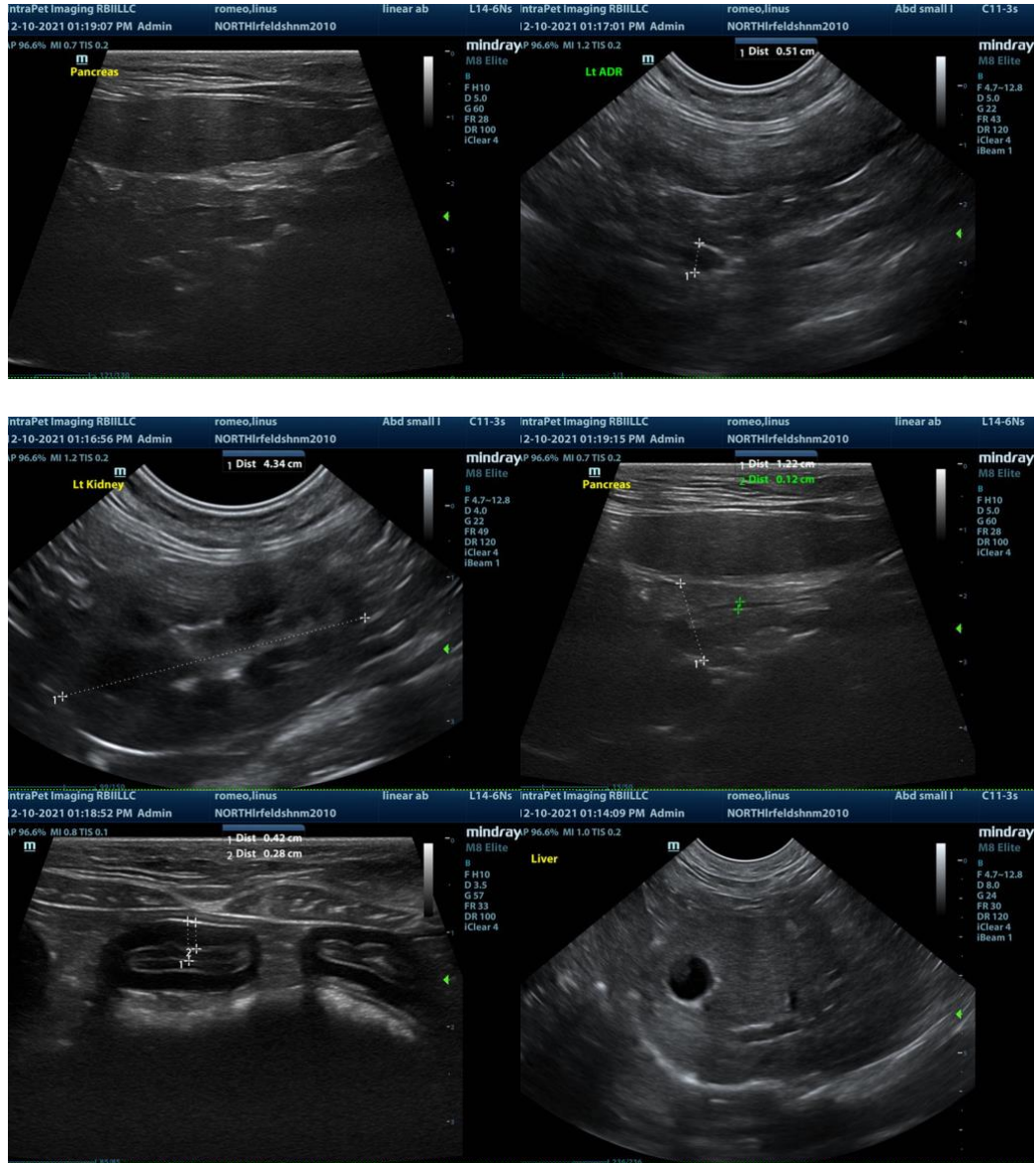
ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with hypertrophied muscularis
- Enlarged spleen, liver and pancreas
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of spleen and liver recommended for further definition. Chronic cholangiohepatitis/pancreatitis versus emerging round cell neoplasia are strong concerns. Core hepatic biopsy would be ideal.





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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