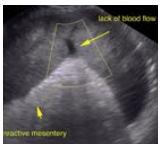

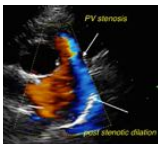

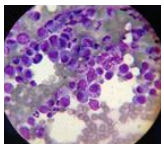
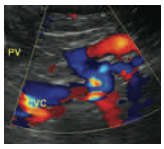

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1-800-838-4268 info@sonopath.com

PATIENT

Brady Berard

SPECIES

Feline

BREED

Domestic Longhair

SEX

Male

AGE

16 years

WEIGHT

4.1 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wood

HOSPITAL NAME

Parrkland VC

REFERRING VET

Dr. Wood

INVOICE

94652

DATE

12/15/21

PRESENTING CLINICAL SIGNS

History: 16 year old MN cat DLH, diagnosed with low grade cutaneous mast cell tumor 2.5 years ago. Completed excised, owner came for general check up she requested ultrasound to rule out any cancer. I have concerns about the enlarged lymph node and the way the aorta is presenting in the cranial abdomen

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.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight mineralization was noted in the kidneys especially adjacent to the right renal infarct. The infarct is likely secondary to calculus movement. The left kidney measured 4.27 cm. The right kidney measured 4.09 cm with a cortical infarct in the dorsal cortex.

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.

Spleen

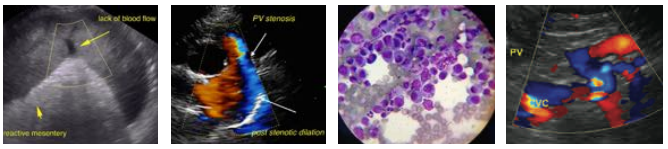
The **spleen** was enlarged with coarse, granular architecture. The spleen was folded upon itself and measured 1.3 cm in width.

Liver

The **liver** revealed increased portal markings and slightly coarse architecture. The gallbladder and common bile duct were unremarkable. The hepatic lymph nodes are slightly enlarged and mildly irregular measuring 0.6 cm.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low



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grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. 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 more significant disease than IBD.

Pancreas

The **pancreas** was hypoechoic and irregular in image 36 with enhanced surrounding mesentery. Other heterogenous pancreatic changes were noted.

Free Abdomen

Minor regional lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

Enlarged spleen, subtle granular, micronodular changes.

Diffuse intestinal thickening with muscularis hypertrophy. Most consistent with inflammatory bowel and may be related to mast cell disease.

Prominent, irregular pancreas with enhanced surrounding mesentery.

Slight hepatic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

**Please send in DICOM format in the future.

Given the patient's history Benadryl injection, coagulation panel followed by 25-gauge FNA is indicated. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. I strongly recommend FNA of the spleen to assess for mast cell disease. Otherwise, the presentation is most consistent with chronic triad disease with renal mineralization, interstitial nephrosis and secondary infarcts.

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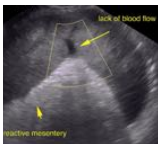
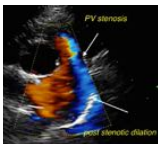
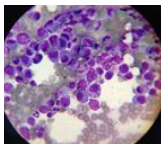
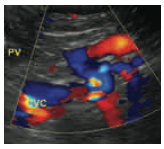

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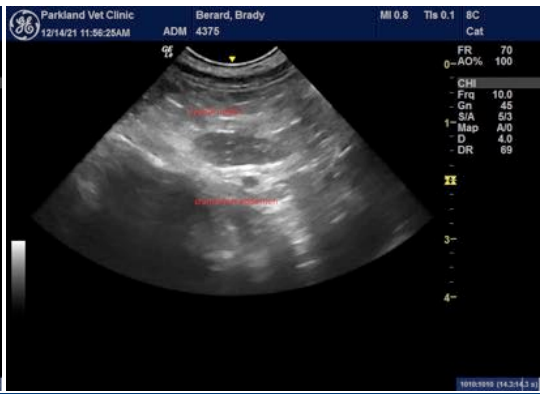

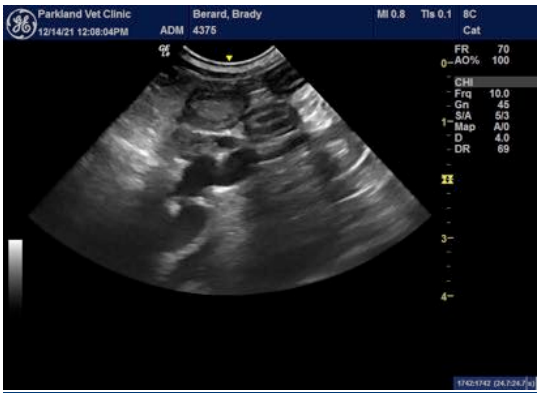

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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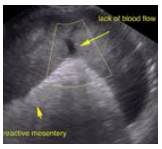

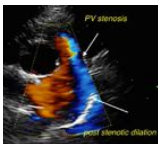

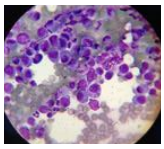
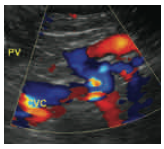

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