IMAGING PERFORMED BY

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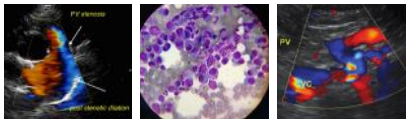

SonoPath
Clinical Sonography & Telecytology
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DATE
12/2/22

PATIENT
Bongo Smalls

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
2/1/2008

WEIGHT
11.4 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Martinoli

INVOICE
18939

PRESENTING CLINICAL SIGNS

History: History of reduced appetite for past 1-2 weeks; vomiting for a few days. Went to rDVM earlier today. Was very dehydrated and liver values were slightly elevated. Did not get enough blood for more BW. ATO even though he hasn't been eating well, he has still seemed hungry, and cries for food, but then was only licking part of the canned. Would eat small bits of plain chicken or turkey.

Current Medications: Gabapentin, Vitamin B, Buprenorphine, Ondansetron, Cerenia, Ampicillin.
Lab Results: Alkp 373, ALT 350, tBili 1.3
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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. A cortical infarct was noted at the caudal pole of the left kidney. The left kidney measured 3.87 cm. Slight pyelectasia was noted in the right kidney, measuring 0.64 cm. The right kidney measured 3.96 cm.

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 right adrenal gland measured 0.37 cm.

Spleen

The **spleen** was mildly enlarged (1.2 cm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** revealed slight irregular contour. Parenchymal changes were minor. Slight free fluid as noted between the liver lobes. The gallbladder and common bile duct were normal.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt

abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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. **See Free Abdomen section.

Free Abdomen

The mid caudal **abdomen** revealed an undifferentiated 3.0 cm x 2.1 cm hypoechoic, irregular mass. The mass is possibly deriving from the pancreas.

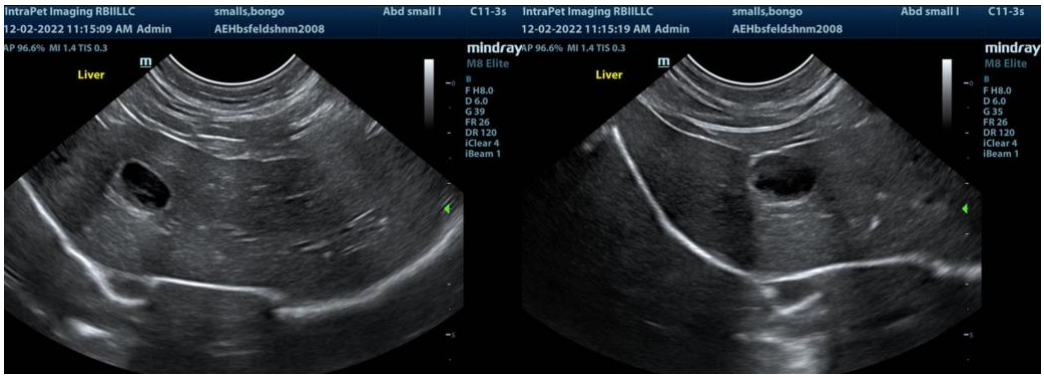
Slight free fluid was noted.

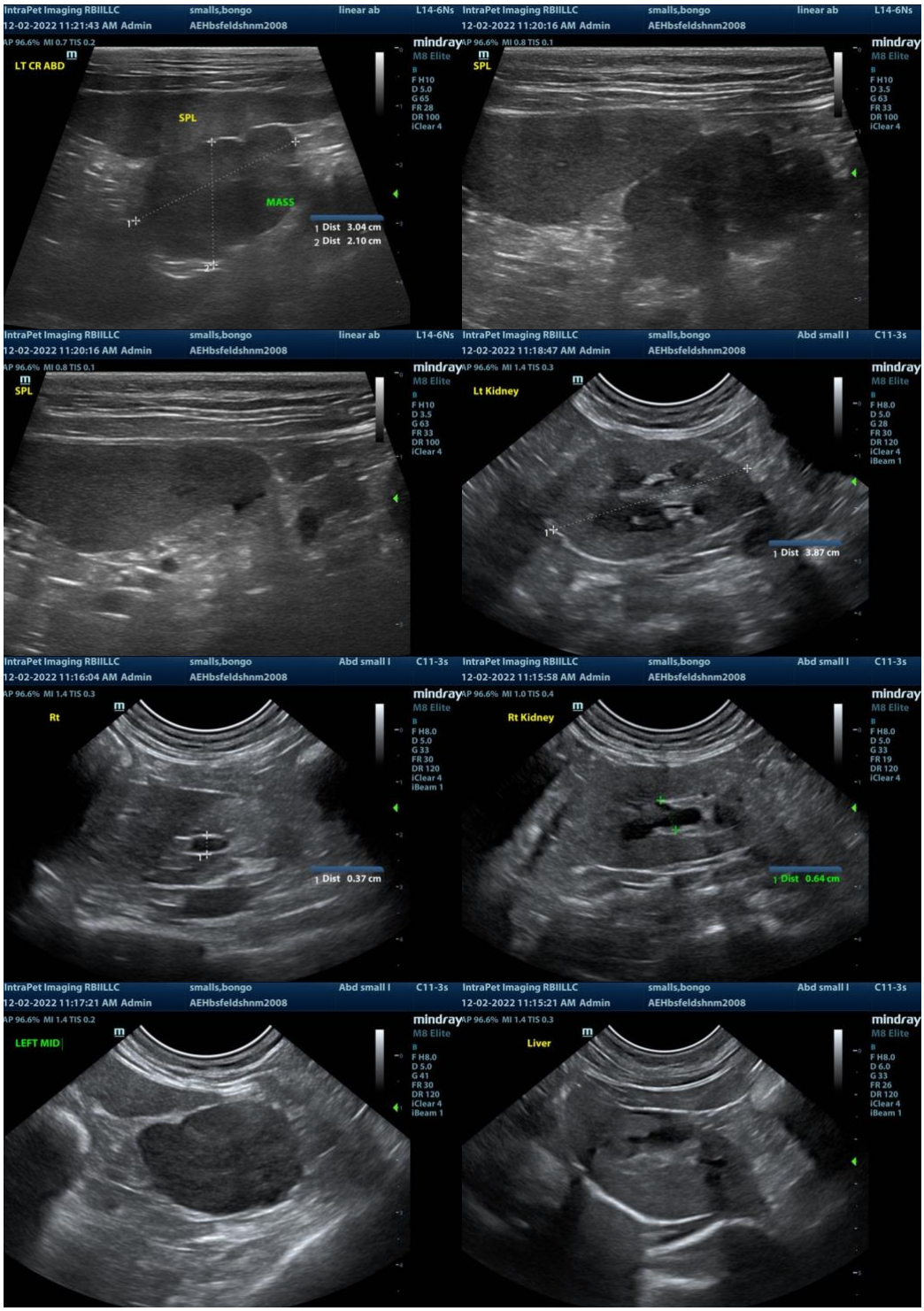
ULTRASONOGRAPHIC FINDINGS

- Mass associated with the caudal aspect of the left pancreatic limb- pancreas or lymph node origin
- Enlarged spleen
- Mild heterogenous liver
- Age-related renal changes with pyelectasia and infarct
- Full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass in the region of the pancreas, spleen and liver all indicated, especially given the bilirubin elevation. Multicentric round cell neoplasia versus pancreatic adenoma or adenocarcinoma and reactive spleen, cholangiohepatitis liver are all possible in this patient. Sampling is essential.




IntraPet Imaging RBIILLC
smalls,bongo
linear ab
L14-6Ns
12-02-2022 11:21:43 AM Admin
AEHbsfeldshnm2008
LT CR ABD
SPL
MASS
1 Dist 3.04 cm
2 Dist 2.10 cm
IntraPet Imaging RBIILLC
smalls,bongo
linear ab
L14-6Ns
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SPL
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smalls,bongo
Abd small I
C11-3s
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SPL
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smalls,bongo
Abd small I
C11-3s
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Lt Kidney
1 Dist 3.87 cm
IntraPet Imaging RBIILLC
smalls,bongo
Abd small I
C11-3s
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Rt
1 Dist 0.37 cm
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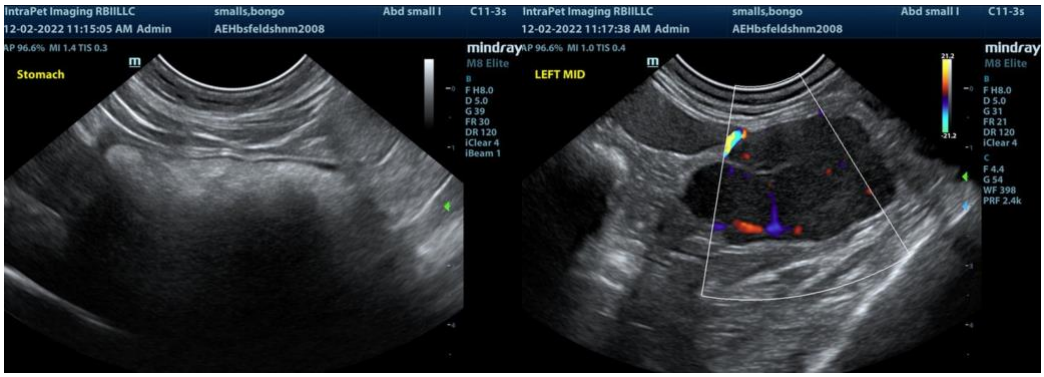
Rt Kidney
1 Dist 0.64 cm
IntraPet Imaging RBIILLC
smalls,bongo
Abd small I
C11-3s
12-02-2022 11:17:21 AM Admin
AEHbsfeldshnm2008
LEFT MID
IntraPet Imaging RBIILLC
smalls,bongo
Abd small I
C11-3s
12-02-2022 11:15:21 AM Admin
AEHbsfeldshnm2008
Liver
mindray
M8 Elite



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com