

**DATE**

12/23/21

PRESENTING CLINICAL SIGNS

History: intermittent chronic vomiting, IBD diagnosis at another hospital a few years ago.

Current Medications: on Pred suspension 10mg/ml 0.4ml EOD long term, Cerenia PRN.

Lab Results: Attached separately.

PATIENT

Papa Bear Ward

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

Bengal

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 3.68 cm. The right kidney measured 3.9 cm.

SEX

Neutered male

AGE

9/10/07

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

13.3 lbs

Spleen

The **spleen** in this patient was enlarged with scalloping contour and measured up to 1.3 cm.

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

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Trace pleural effusion was noted between the liver and stomach.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

HOSPITAL NAME

Bay Country VH

Gastrointestinal

The **gastric wall** presented concentric thickening with loss of mural detail and measured up to 1.24 cm. A hypoechoic, undifferentiated gastric nodule was noted and measured 0.86 cm in the pyloric outflow. The small intestine revealed a hypertrophied muscularis with a 1:1 ratio and empty lumen.

REFERRING VET

Dr. McLean

Pancreas

The **pancreas** was enlarged and irregular with undulating contour, dilated duct and enhanced surrounding pericapsular mesentery.

INVOICE

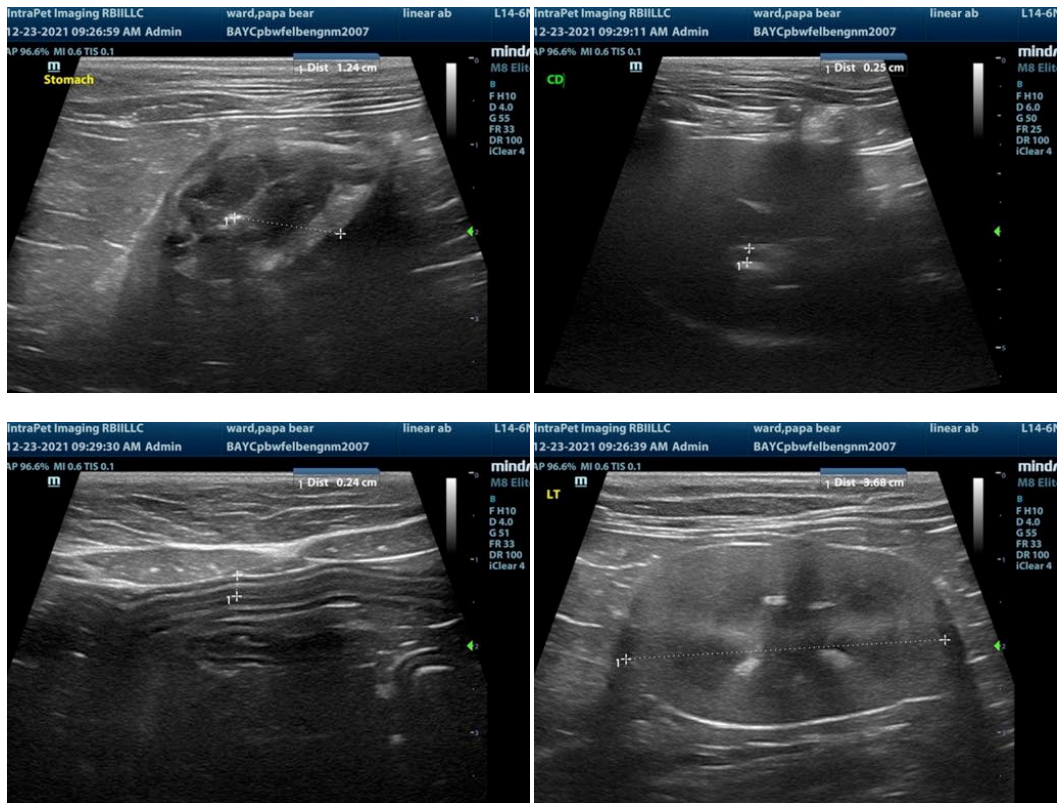
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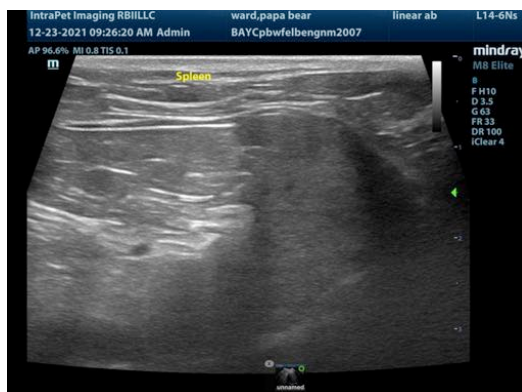
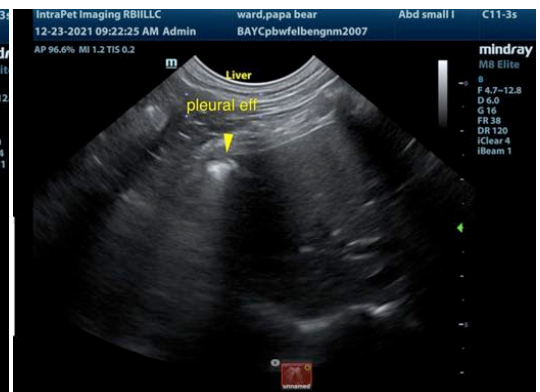
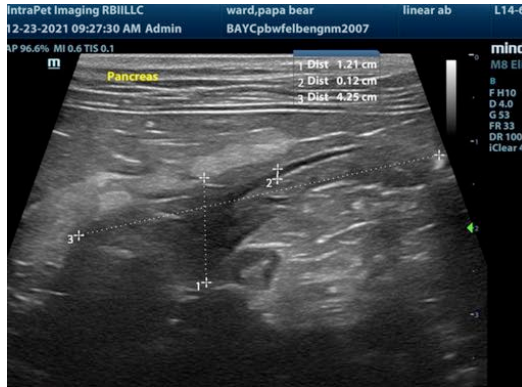
ULTRASONOGRAPHIC FINDINGS

Concentric gastric thickening.
Variable small intestinal thickening.
Prominent, irregular pancreas. Consistent with pancreatitis.
Minor regional lymphadenopathy.
Trace free fluid noted between the liver and falciform fat.
Enlarged spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for partially suppressed gastric neoplasia/lymphoma. Given the pleural effusion and gastric presentation thoracic neoplasia/lymphoma may be playing a role in this patient. Endoscopy may prove fruitful in a definitive diagnosis. However, surgical biopsies are likely necessary for a definitive diagnosis upon the stomach. Ultrasound-guided FNA of the spleen may be a target enough for a definitive diagnosis; however, PCR or PARR evaluation may be necessary given the Prednisone therapy.







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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