

**DATE PRESENTING CLINICAL SIGNS**

12/27/21 History: Regulated hyperthyroid but with weight loss (was 6.1lb 11/23/21) and sporadic appetite, vomiting and diarrhea.

PATIENT

Katy Keegan Current Medications: Methimazole-5mg BID.
Lab Results: 11/23/21- <Albumin=2.3, T4=1.7 post pill.
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**BREED****Urinary System**

DSH

SEX

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.

Spayed Female

AGE

The **left kidney** presented relatively normal size. However, a hypoechoic, expansive, undifferentiated mass was noted in the dorsal cortex, measuring 1.6 cm with capsular expansion. The left kidney measured 3.04 cm with pyelectasia of 0.18 cm. The **right kidney** measured 3.07 cm.

1/1/07

Adrenal Glands**WEIGHT**

The regions of the **adrenal glands** were unremarkable.

4.9 Pounds

INTERPRETED BY**Spleen**

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 were noted.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Liver**HOSPITAL NAME**

Alexander AH

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

REFERRING VET

Dr. Alexander

Gastrointestinal**INVOICE**

33734

The **stomach** and small intestine were unremarkable. The colon revealed an infiltrative pattern with loss of mural detail. Significant mural thickening noted up to 1.17 cm in concentric fashion, occupying the majority of the colon and entering into the pelvic inlet. Some stool impaction appeared to be present in the descending colon.

Pancreas

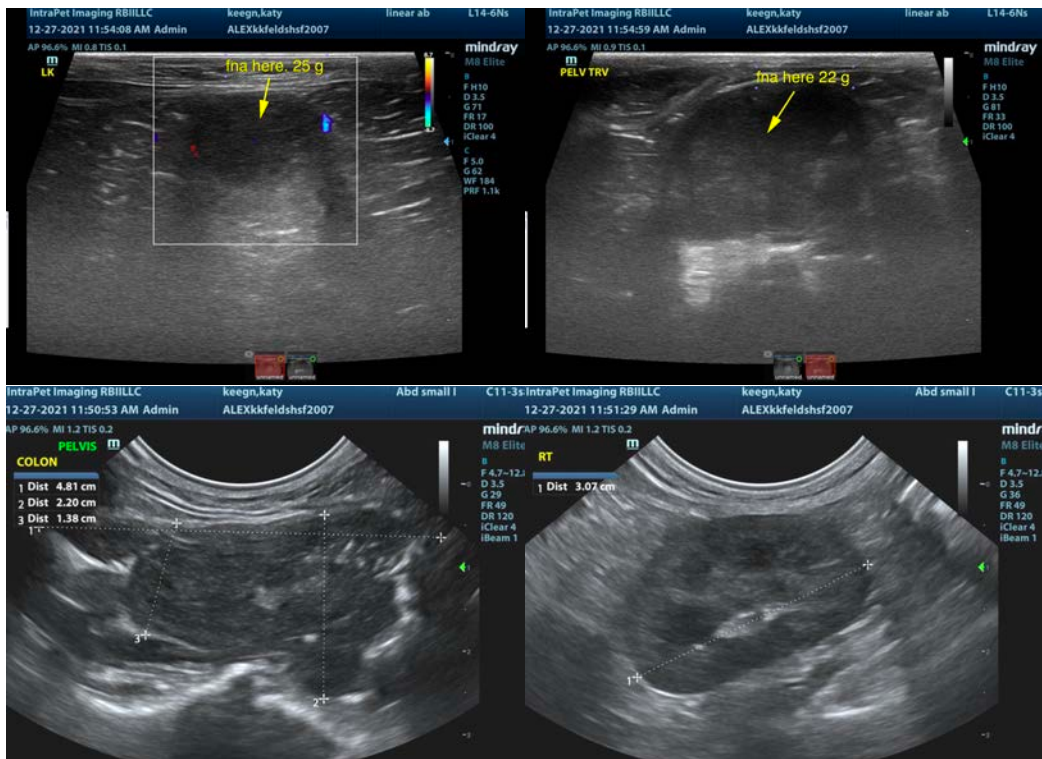
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The left limb measured 0.63 cm. Duct dilation noted at 0.21 cm.

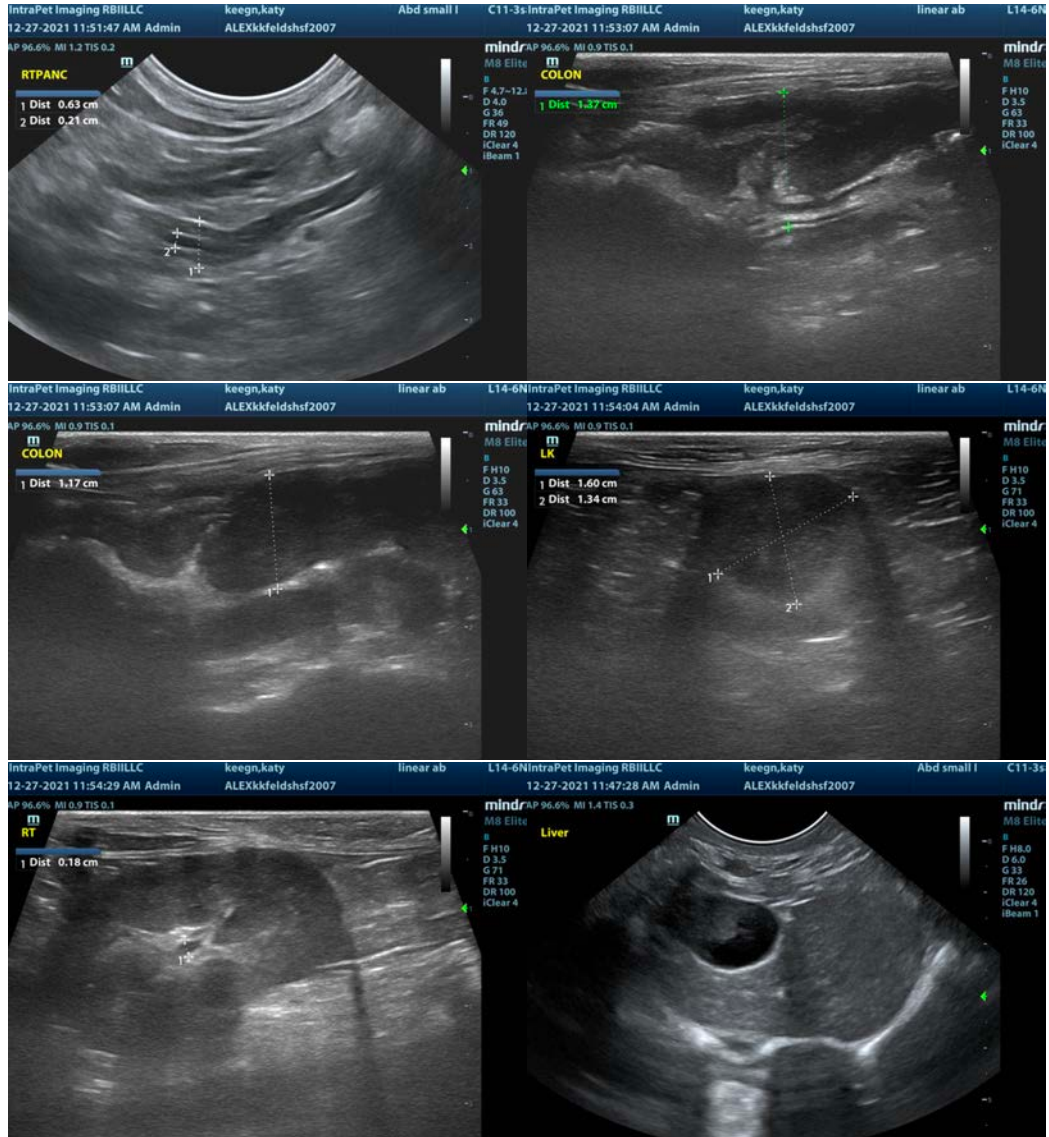
ULTRASONOGRAPHIC FINDINGS

- Colonic and left renal masses – strongly consistent with colonic and renal lymphoma
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of both lesions recommended. This is not a surgical presentation. However, it may be chemoresponsive. Some inflammation noted around the descending colon. 3-view chest radiographs warranted to assess for metastatic disease.





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