**DATE PRESENTING CLINICAL SIGNS**

12/27/21

History: Gradual weight loss over the last ~1.5 years. Used to vomit frequently on dry food but now on canned, vomits 1-2 x a week. Ropy feel to intestines, hypoproteinemia.

PATIENT

Morty Cook

Current Medications: 12/22/21 Cerenia 24 mg 1/2 po sid.

Lab Results: 10/26/21 mild decrease of Globulin and TP. USG 1.056

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Torbugesic IV.

Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

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.

SEX

Neutered Male

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. The left kidney measured 4.24 cm. The right kidney measured 4.37 cm.

AGE

11/21/11

WEIGHT

11.6 Pounds

Adrenal Glands

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

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

Liver

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.

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Hatzigiannakis

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. Some retention of ingesta was noted in the stomach. A focal 1.97 cm x 1.67 cm intestinal mass was noted. A second hypoechoic 1.6 cm x 1.05 cm mural intestinal mass was noted. Regional lymph nodes were enlarged at 1.5 cm x 0.8 cm, reactive pattern. The larger intestinal mass was just cranial to the urinary bladder and appeared to be in the jejunum.

INVOICE

33749

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.

Free Abdomen

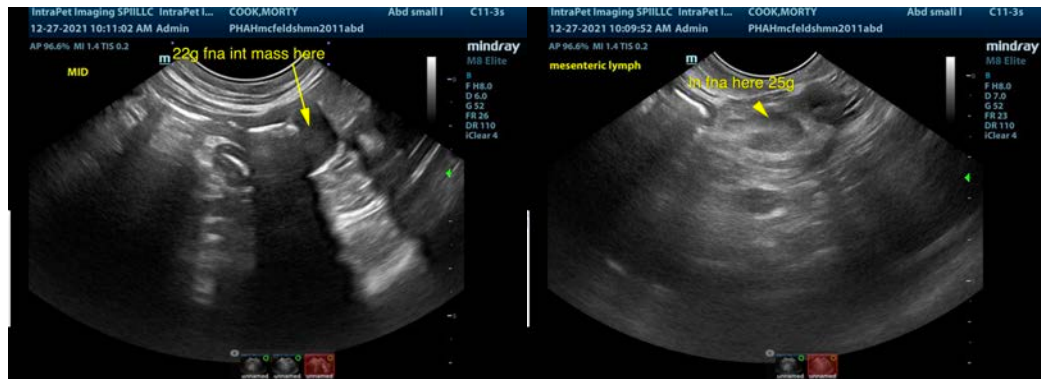
Slight free fluid noted.

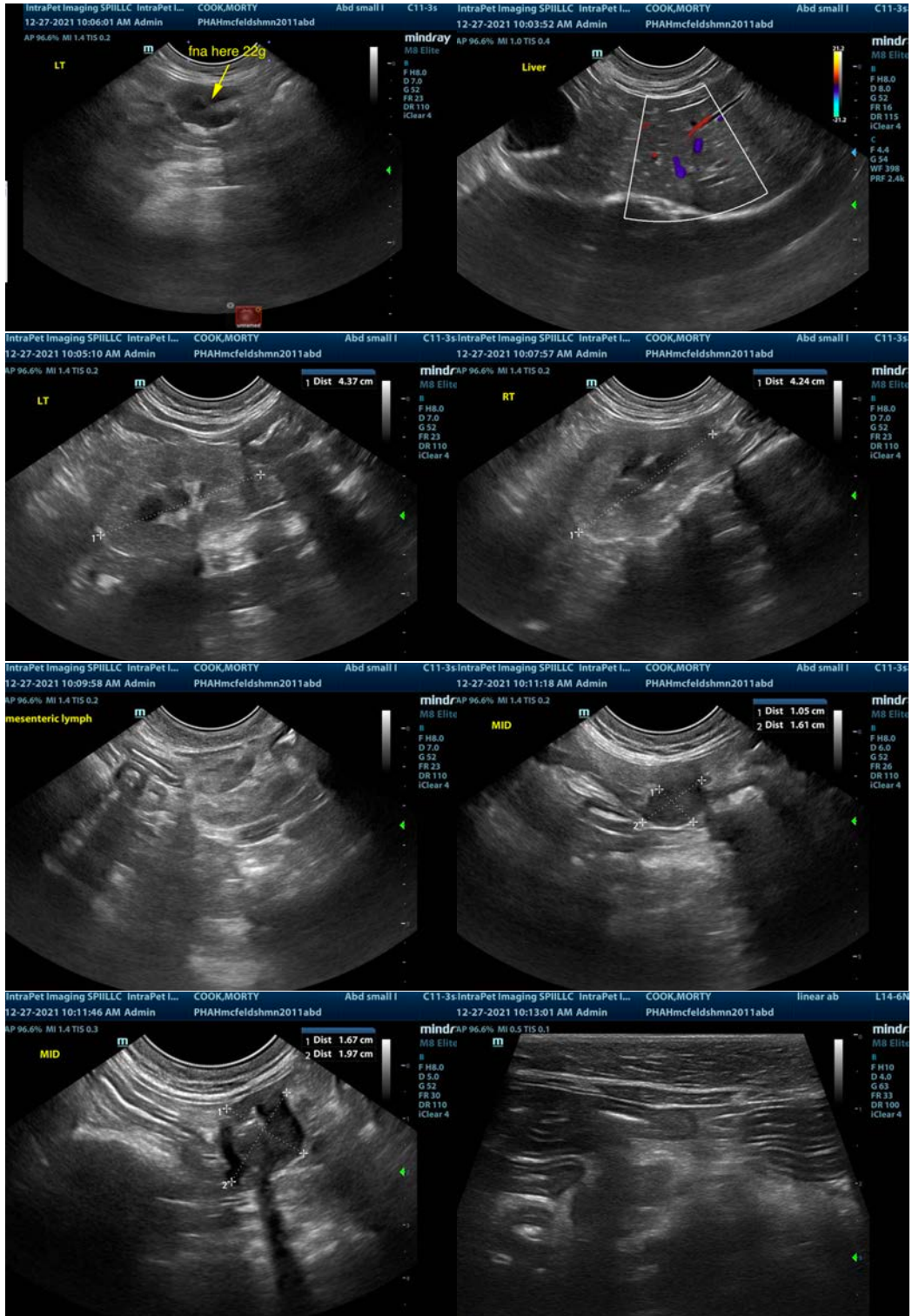
ULTRASONOGRAPHIC FINDINGS

- Multifocal intestinal masses – multicentric lymphoma suspected, mild potential for granulomatous disease with neoplastic criteria.
- Mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA for definitive diagnosis recommended. Intraoperative ultrasound with full thickness biopsies and sectorial removal of the intestinal lesions could be considered. However, the intestinal tract has a pattern of chronic thickening without neoplastic criteria with two separate areas with neoplastic criteria. Conversion from inflammatory bowel to intestinal lymphoma suspected. This depends on the area that is sampled, whether surgical or attempted ultrasound guided exfoliation. Guarded prognosis. This is a fairly early phase, and the age of the patient would suggest high probability of small cell lymphoma, which may be readily responsive to oral chemotherapy such as Prednisolone or Leukeran. 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.

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