**DATE**

12/5/22

PATIENT

Jackson Savage

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

12/4/11

WEIGHT

8.5 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Ruby

INVOICE

42837

PRESENTING CLINICAL SIGNS

Seen in Feb for vomiting. Dx'd and had surgery for a hairball. US at that time suspicious of IBD. Seen by his RDVM for similar symptoms Nov 16th BW and xrays done. NSF ATO. Given SQ fluids and Maropitant and he seemed better. Now hiding, vomiting, diarrhea not eating or drinking.

Current Medications: Gabapentin, Cerenia, Vitamin B12.

Date of Previous IntraPet Ultrasound: 2/25/22 and 3/15/22. Attached.

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 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. Pyelectasia in the left kidney was noted and persistent measuring 0.42 cm. This is likely owing to pelvic scarring. The right kidney measured 4.52 cm. The left kidney measured 4.36 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 left adrenal gland measured 0.44 cm. The right adrenal gland measured 0.41 cm.

Spleen

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 was noted.

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. Slight free fluid was noted between the liver lobes.

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 grade, chronic inflammation. Intestinal wall thickness measured up to 0.44 cm. The mesenteric lymph nodes are enlarged, rounded and hypoechoic. The largest lymph node measured 3.03 x 2.06 cm.

Pancreas

The **pancreas** was prominent and mildly irregular in the left limb measuring 1.13 cm.

Free Abdomen

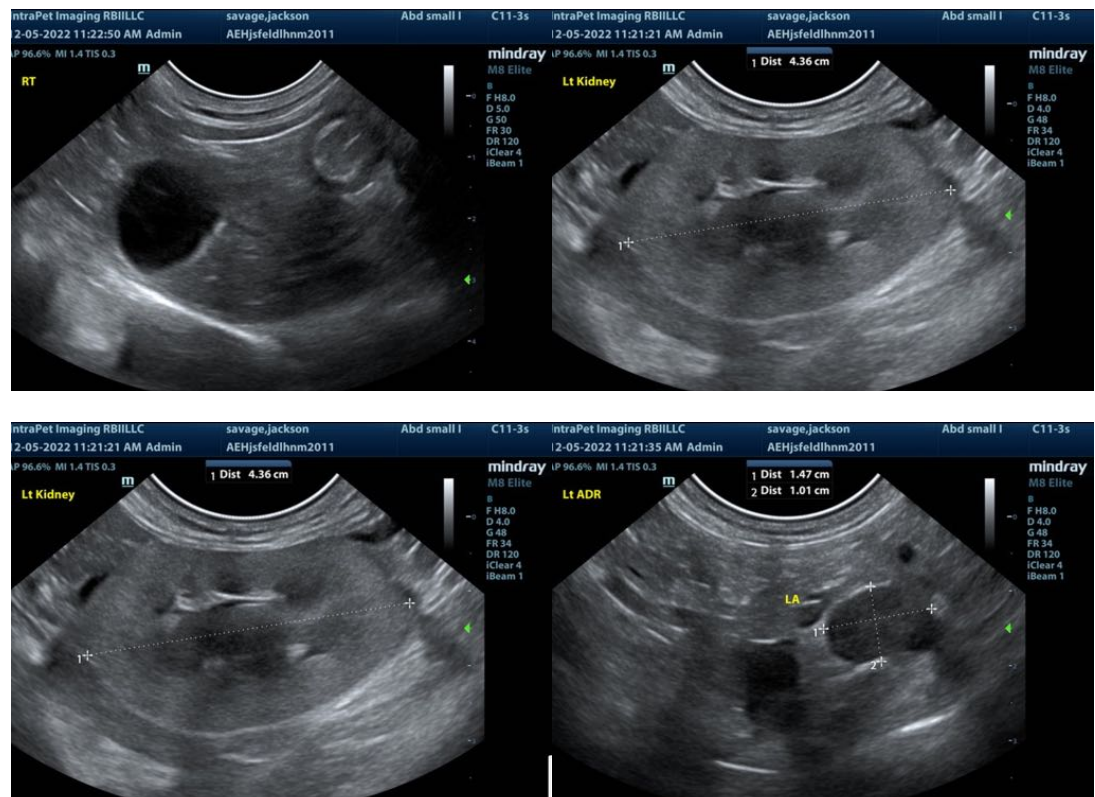
Slight free fluid was noted between the liver lobes. Reactive mesentery was noted around portions of the intestine and lymph nodes.

ULTRASONOGRAPHIC FINDINGS

Progressive intestinal pattern with regional lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for conversion to lymphoma or similar round cell neoplasia. The stomach was empty. There was no recurrence of hairball accumulation. FNA of the mesenteric lymph node, cytology and culture is indicated or full thickness intestinal biopsies. The prognosis is very guarded. Trace free fluid was noted between liver lobes owing to lymphatic congestion.





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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