



**PATIENT PRESENTING CLINICAL SIGNS**

Mia Smith

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

5.7 lbs

History: \_not utd on vx's hasn't been at a vet since a kitten O is aware pt is not handable may need sedation. E/D- O noticed Sunday morning pt normally gets up on cat tree waiting for greenies & eats together dinner, wasn't interested in greenies nor on the cat tree nor ate with family at night. O has noticed lack of interest in food but taking little nibbles. UR/BM- seen little bits of drops in the past 24hrs pt seems dehydrated & didn't not see them UR this morning, O has also noted that pts hind is appearing to be lethargic & thats when O decided to bring pt in, pt has been vocal O thinks pt is in pain. No signs of C, had a sneeze last night, little V+ liquid, D+- would described stool liquid like since not much in pt. Abnormal PE/Chem/CBC/UA Results: GENERAL APPEARANCE: BAR/very scared. Normal mentation. Euhydrated. BCS 3/9. MCS 2/3. Sedated PE. INTEGUMENTARY: Normal healthy hair coat. No evidence of skin lesions, masses, petechiae/ecchymoses or icterus. No evidence of alopecia or ectoparasites. Mild-moderate skin tent. EENT: Ophthalmic exam was normal OU. No evidence of ocular, nasal or aural discharge. Normal facial symmetry and airflow through both nostrils. Throat and ventral cervical region palpate within normal limits. MUSCULOSKELETAL: Moderately decreased but bilaterally symmetrical musculature. No evidence of long bone pain, joint effusion or instability. No evidence of cervical, thoracic or lumbosacral discomfort. Gait not assessed. The remainder of the musculoskeletal exam was within normal limits. CARDIOVASCULAR: MM pink, CRT 1-2 seconds. No murmur or arrhythmia. Pulses were strong and synchronous. RESPIRATORY: Eupneic but tachypneic prior to sedation. Normal bronchovesicular sounds in all lung fields. DIGESTIVE: Oral exam revealed moderate dental disease. Abdomen was mildly distended and was full/not able to be compressed and palpated: non painful on palpation; large mid abd mass noted on palpation. GENITOURINARY: Spayed female. No abnormalities noted. NERVOUS SYSTEM: Mentation: alert, aware and appropriate CN : Normal Palpation: no pain on palpation Full neuro exam not performed. LYMPH NODES: No peripheral lymphomegaly AxR: large mid-cd abdominal mass causing cr and cd displacement of SI, good serosal detail AFAST: no ff CBC: stress leukogram, mild anemia Chem: mild hyperglycemia TT4: 4.3ucg/dL

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. OMalley

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. O'Malley

**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** 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys measured 3.0 cm each.

**Adrenal Glands**

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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.



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**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was slightly enlarged and measured 1.3 cm. 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.

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**Liver**

The **liver** revealed coarse architecture and was mildly enlarged. Slightly increased portal markings were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The hepatic lymph nodes were enlarged and measured up to 1.0 cm.

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**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. The distal small intestine revealed areas of muscularis hypertrophy. There was no loss of detail in the intestinal tract. No obvious neoplastic patterns were noted and luminal content as unremarkable. The mesenteric lymph nodes were enlarged.

**WEIGHT**

5.7 lbs

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

Mesenteric lymphadenopathy.

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Muscularis hypertrophy in the distal small intestine.

Age related renal changes.

**REFERRING VET**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA, cytology and culture of the mesenteric lymph nodes are recommended as well as spleen. Lymphoma is suspected. Lymphadenitis is possible, yet less likely. Dry form FIP is a minor potential.

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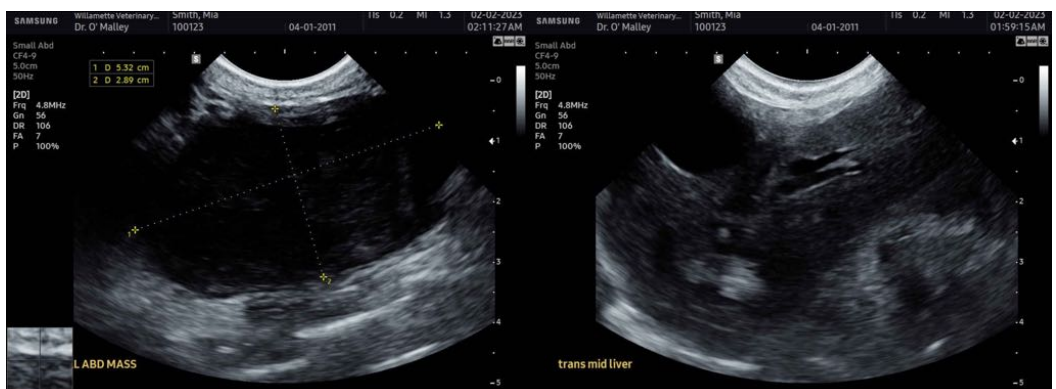
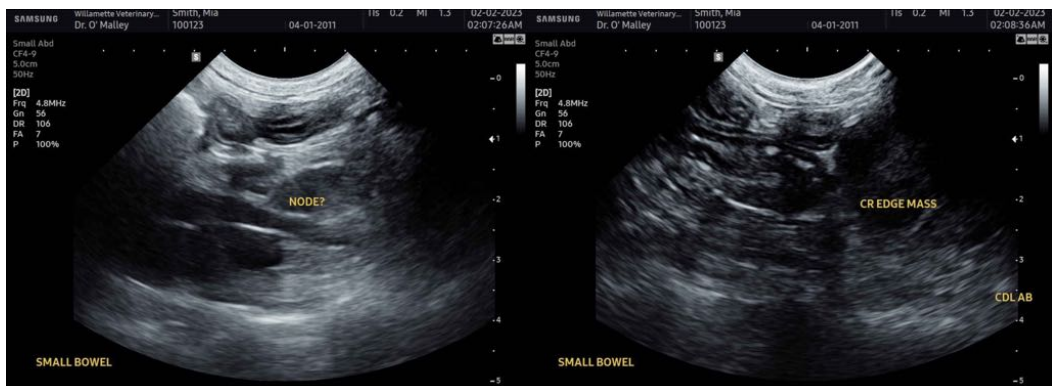
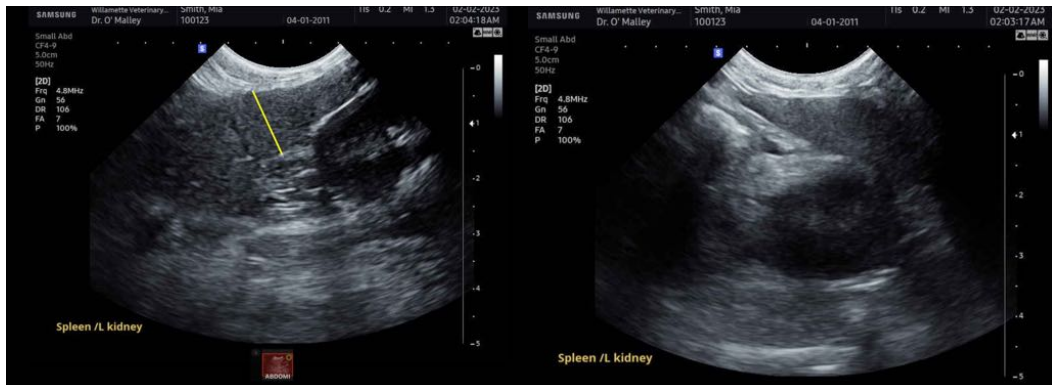
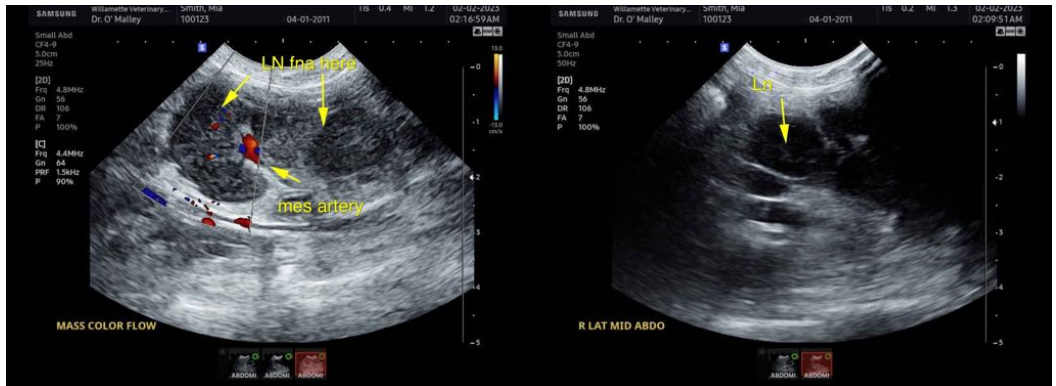
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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Feline

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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Domestic Shorthair

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

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