



**PATIENT PRESENTING CLINICAL SIGNS**

Sith Pang Mass palpated in abdomen, serum icteric  
Abnormal PE/Chem/CBC/UA Results: ALT 166, ALKP 139, t bili 0.7, chol 254, amylase 1444, lymphocytes 924 low. UA: trace blood and protein, USPG 1.021

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Manx

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**

Spayed Female

**AGE**

17 Years

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. Slight mineralization noted. The left kidney measured 3.24 cm. The right kidney measured 3.08 cm.

**WEIGHT**

5.8 Pounds

**Adrenal Glands**

**INTERPRETED BY**

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 right adrenal gland measured 0.19 cm. The left adrenal gland measured 0.29 cm.

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**

Diane McFadden

**Liver**

The **liver** was mildly swollen and hypoechoic. The gallbladder and commo bile duct were unremarkable. Slight free fluid noted between the liver lobes.

**HOSPITAL NAME**

Andover AH

**Gastrointestinal**

**REFERRING VET**

Dr. Bihlear

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted.

**INVOICE**

45126

**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.

**DATE**

2/14/23

**Free Abdomen**

The mesenteric root revealed an ill-defined lymph node based mass measuring approximately 4-5 cm, encompassing the mesenteric artery, with regional spread into the mid abdominal omentum. Multiple lymph nodes were involved.



**PATIENT**

Secondary ascites present owing to lymphatic congestion.

**SITH PANG**

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

- Swollen liver and mesenteric lymph node mass – strong concern for round cell neoplasia.
- Ascites
- Age related renal changes
- Volume contracted spleen

Feline

**BREED**

Manx

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spayed Female

FNA of the mesenteric lymph nodes and liver recommended, and/or abdominocentesis with cytospin of the free fluid. Lymphadenitis/cholangiohepatitis possible. however, round cell neoplasia is likely. Prognosis is extremely guarded.

**AGE**

17 Years

**WEIGHT**

5.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Andover AH

**REFERRING VET**

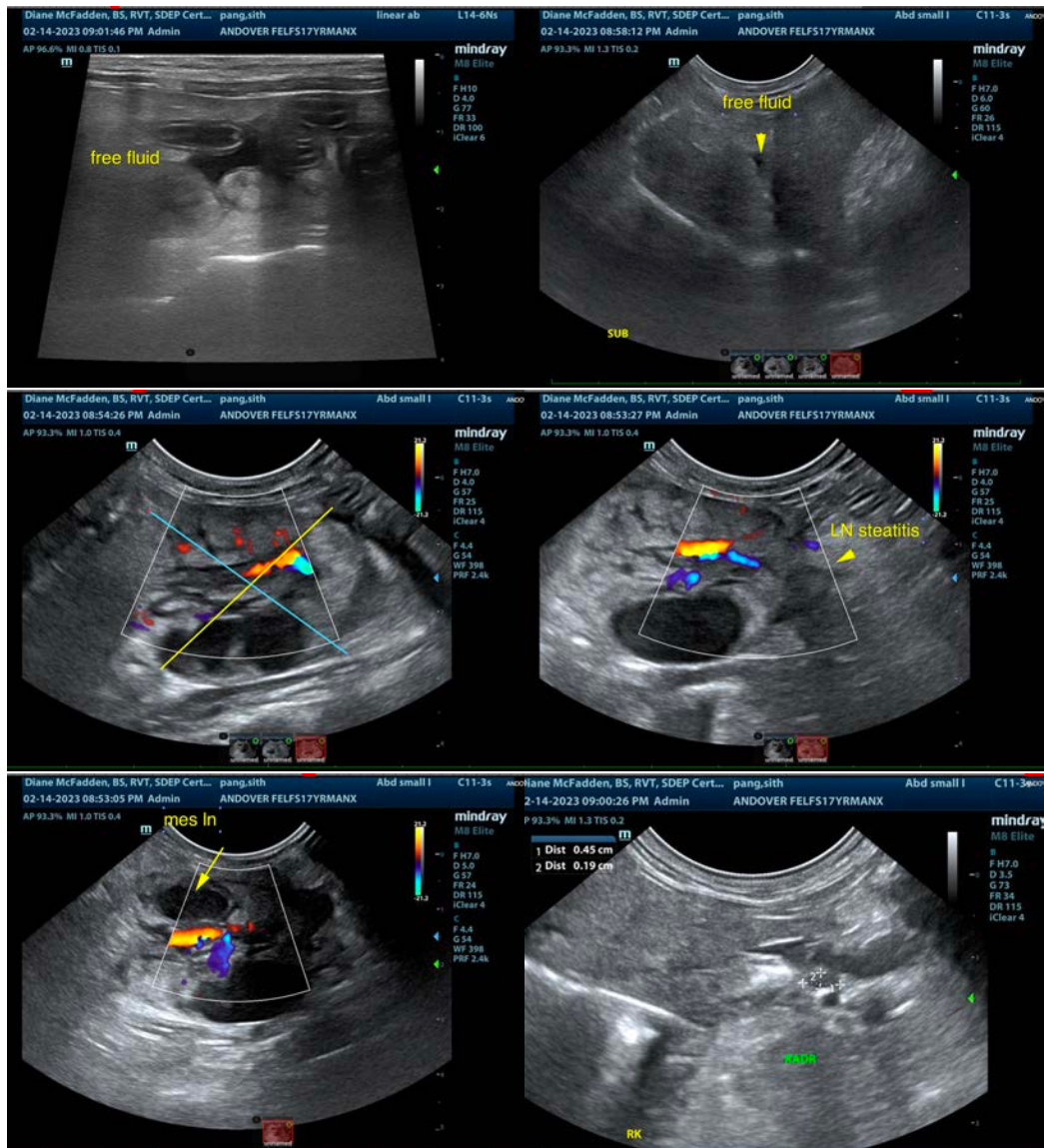
Dr. Bihlear

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**DATE**

2/14/23





**PATIENT**

Sith Pang

**SPECIES**

Feline

**BREED**

Manx

**SEX**

Spayed Female

**AGE**

17 Years

**WEIGHT**

5.8 Pounds

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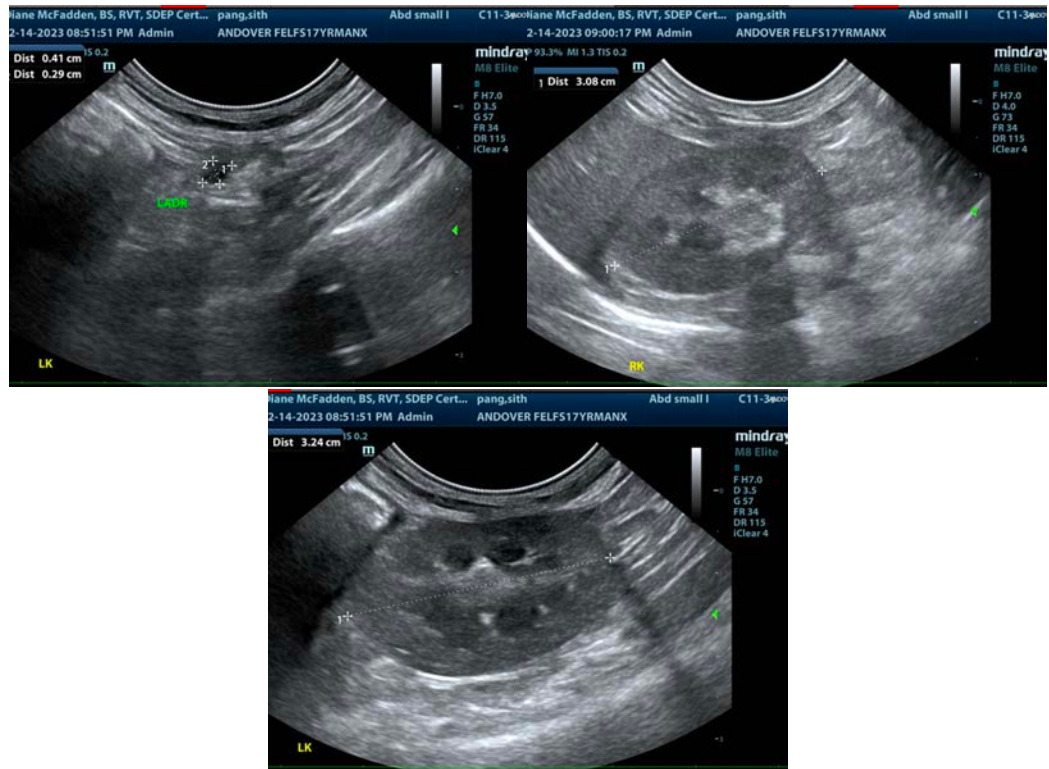
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**DATE**

2/14/23



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.

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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