



**PATIENT**

Otis Marino

**PRESENTING CLINICAL SIGNS**

Loss of appetite, weight loss, vomiting. Current meds: Methimazole, Mirataz. T4 5.6, lymph 7, neut 92, eos 0, abs

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

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.

**SEX**

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.75 cm. The right kidney measured 3.65 cm.

**AGE**

14 years

**WEIGHT**

9.5 lbs

**Adrenal Glands**

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.5 cm. The left adrenal gland measured 0.58 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 0.67 cm.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Summit Dog and Cat

**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.

**REFERRING VET**

Dr. Levitian

**INVOICE**

96272

**DATE**

2/23/22



**PATIENT**

**Gastrointestinal**

Otis Marino

The **gastrointestinal tract** revealed an infiltrative pattern with loss of mural detail in a portion of the jejunum. The mesenteric lymph nodes were reactive and measured 1.7 cm and 1.2 cm.

**SPECIES**

Feline

**Pancreas**

**BREED**

Domestic Shorthair

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

14 years

Infiltrative intestinal pattern.  
Regional mesenteric lymphadenopathy.  
Otherwise, geriatric abdomen.

**WEIGHT**

9.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

I suspect regional intestinal lymphoma with probable lymph node involvement, possible reactive lymph nodes. Dry form FIP and complicated inflammatory bowel is possible, yet less likely. Ultrasound-guided FNA could be attempted upon the affected portion of intestine. However, exfoliation may be difficult. Full thickness intestinal biopsies would be ideal and intraoperative ultrasound and resection of the affected portion of the jejunum and removal of the affected lymph nodes could be considered. However, complete resectability of the pathology is unlikely given the lymph node involvement.

**IMAGING PERFORMED BY**

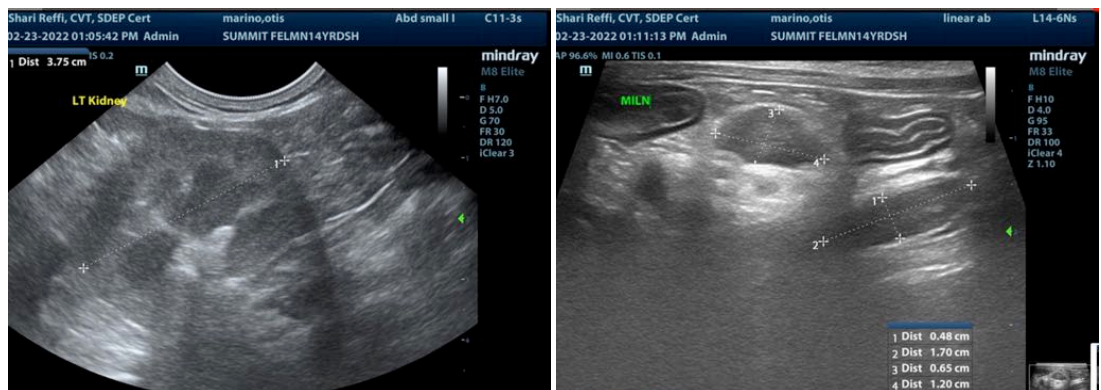
Shari Reffi, CVT

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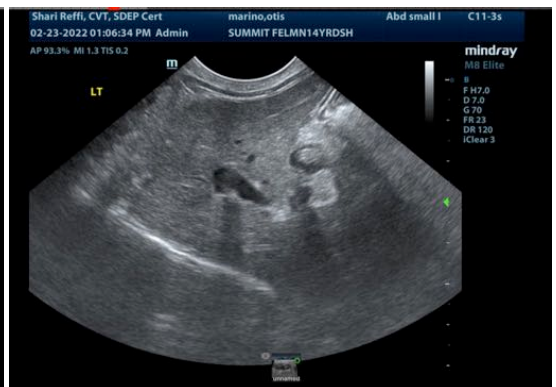
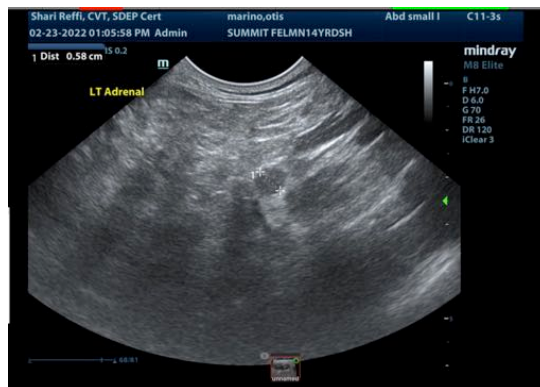
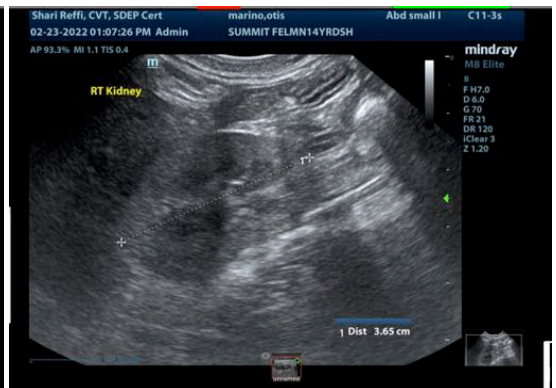
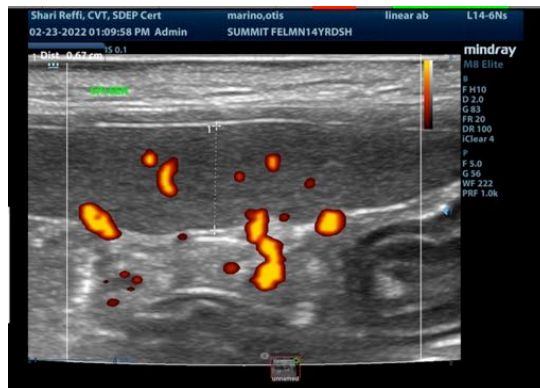
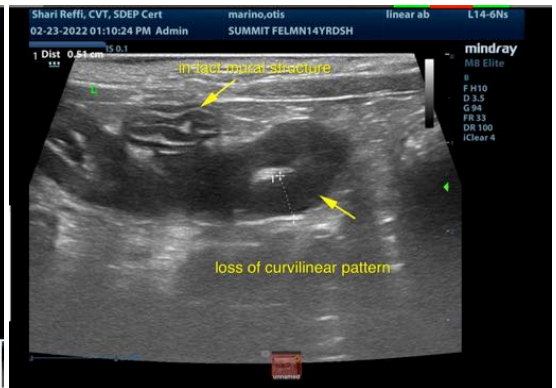
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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