**DATE**

2/4/22

PRESENTING CLINICAL SIGNS**PATIENT**

History: 2-year history of hyperthyroidism. Patient presented for yearly exam and bloodwork. Eating well, but weight loss of 2 lbs. Hyperthyroid BW showed normal thyroid, with elevated renal and liver values.

Elbie Slaughter

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6/20/06

WEIGHT

8.5 Lbs.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Hickory VH

REFERRING VET

Dr. Lyle

INVOICE

13790

Current Medications: Methimazole 3.75 mg BID.

Lab Results: 1/29- CBC: RBC 6.14 M/uL, Hgb 9.7 g/dL; Chem: SDMA 41, BUN 47, ALT 208, ALP 132, GGT 10, Tbil 0.4, T4 1.5; U/A SG 1.018, Prot +.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined by Doctor.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 were 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. This is a moderate change. The right kidney measured 4.33 cm. The left kidney measured 4.31 cm. Pelvic calculus (4.0 mm) was noted in the left kidney. Occasional cysts noted.

Adrenal Glands

The **right adrenal gland** was 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 0.39 cm.

The region of the **left adrenal gland** revealed no evident pathology.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with minor normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was enlarged, irregular and heterogeneous and surrounded by free fluid. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Generalized enlargement was present in the pancreas, the left limb measured 1.3 cm. Some moderate 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

Free fluid was noted in various portions of the **abdomen**. A mesenteric lymph node was enlarged.

Other

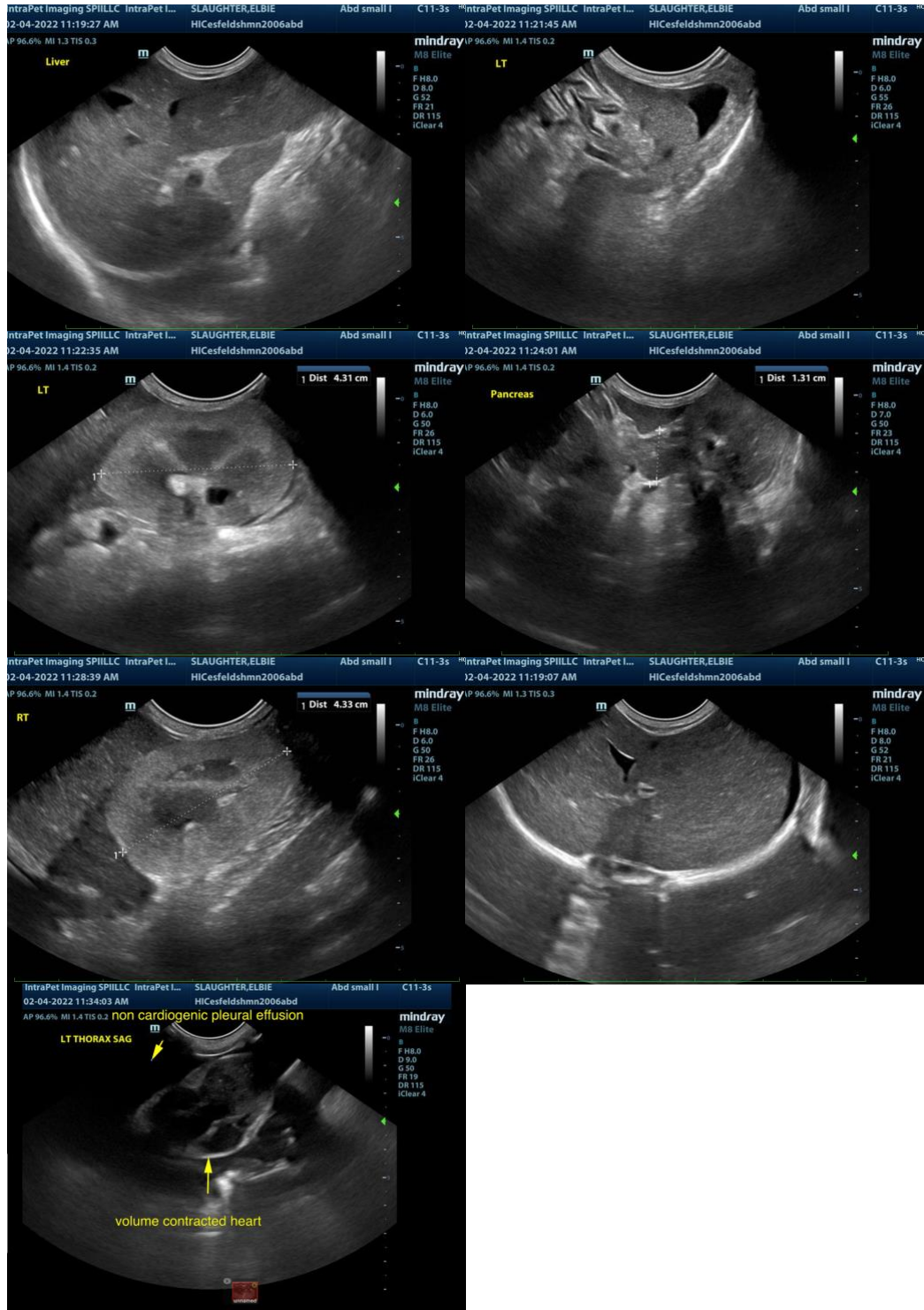
A large amount of pleural effusion was noted in this patient. The **heart** was volume contracted with normal contractility and structure. No evidence of cardiac disease.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative hepatic pattern, generalized hepatomegaly with scalloping contour
- Age-related pancreatic and splenic changes
- Chronic renal changes, interstitial nephrosis pattern with calculi
- Enlarged mesenteric lymph node
- Free fluid in various portions of the abdomen
- IBD pattern
- Noncardiogenic pleural effusion, likely owing to metastatic disease from the abdominal pathology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver, abdominocentesis and cytospin all indicated. Strong concern for lymphoma. Prognosis is guarded to poor, depending upon cytology results.



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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