

**DATE**

2/4/22

**PRESENTING CLINICAL SIGNS**

History: Significant weight loss and decreased appetite over about 6 months, significantly worse over past few weeks according to owner. Lethargic. Kidneys feel large on palpation. No vomiting or diarrhea observed, but owner has an automatic litter box. Mildly anemic, mild lymphopenia, low TP and albumin, low ALT, low normal ALP and AST.

**PATIENT**

Snickers Holtsinger

**SPECIES**

Feline

Lab Results: Mildly anemic, mild lymphopenia, low TP and albumin, low ALT, low normal ALP and AST. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**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.

**AGE**

1/23/13

The **kidneys** were bilaterally enlarged. The right kidney measured 5.34 cm with subcapsular halo and loss of structural detail. The left kidney revealed similar changes, measuring 5.05 cm. Swollen irregular contour and enhanced pericapsular fat were noted in the left kidney.

**WEIGHT**

9.62 Lbs.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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 were noted.

**HOSPITAL NAME**

Greenbriar VC

**Liver**

The **liver** was swollen and hypoechoic with heterogeneous parenchymal changes and scalloping contour. Concern for emerging hepatic neoplasia. The gallbladder and common bile duct were unremarkable.

**REFERRING VET**

Dr. Whitfield

**Gastrointestinal**

The **upper gastrointestinal tract** was unremarkable. The ileocecal junction revealed an infiltrative mass, measuring 2.55 cm with wall thickness measuring 1.5 cm. Regional inflammation was noted.

**INVOICE**

13795

**Pancreas**

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

### Free Abdomen

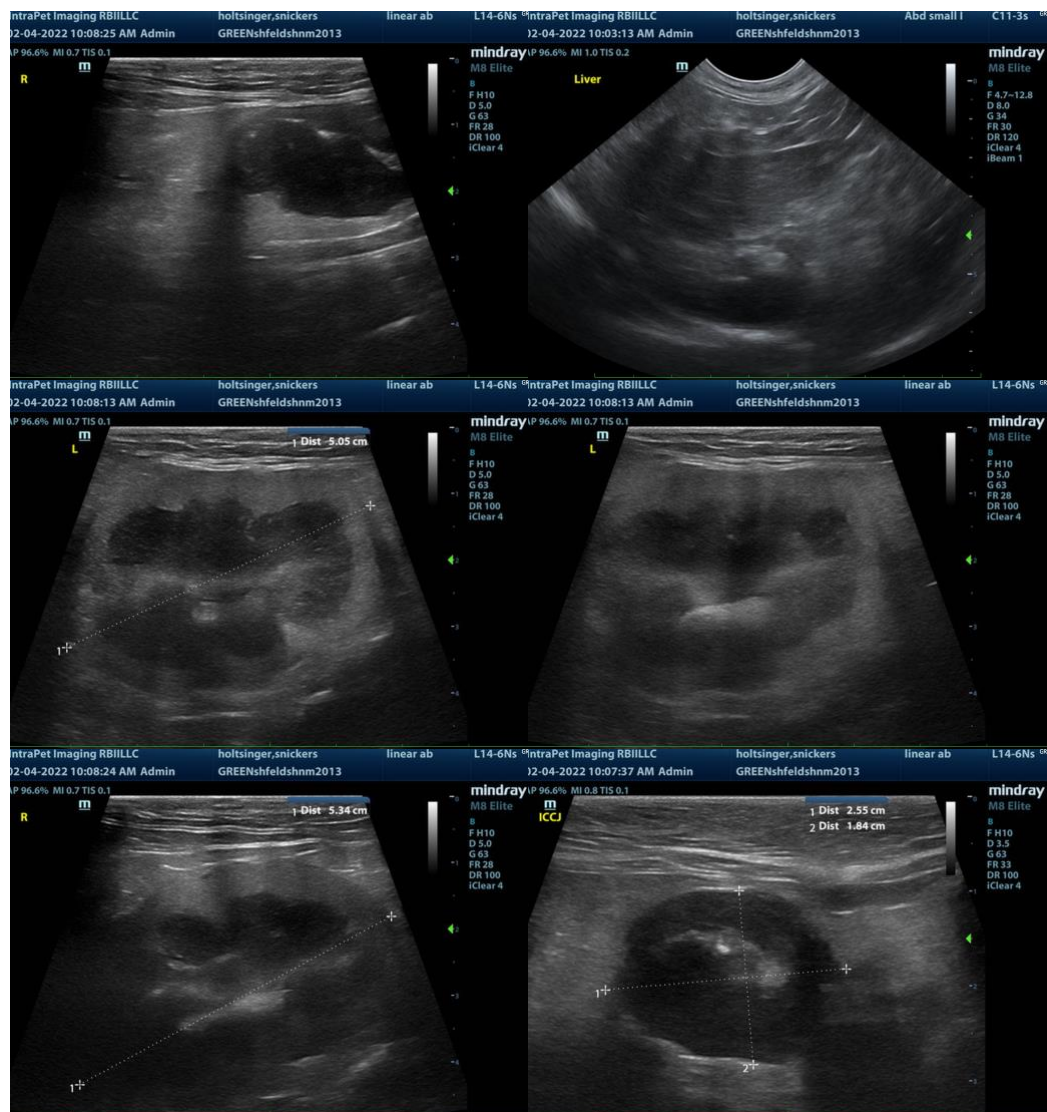
Regional **lymph nodes** were also enlarged in the mesenteric root, measuring up to 1.0 cm.

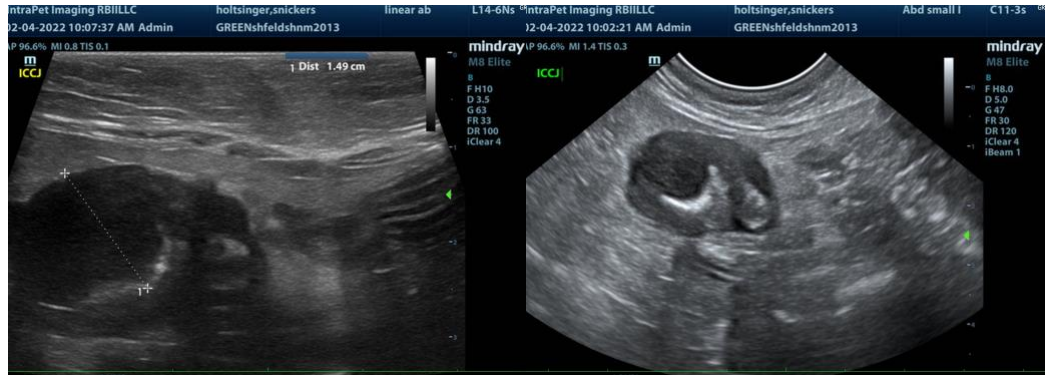
### ULTRASONOGRAPHIC FINDINGS

- Intestinal and renal lymphoma pattern

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of either kidney and intestinal mass recommended +/- liver.





**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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