

IMAGING PERFORMED BY

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Clinical Sonography & Telemetry

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE

3/24/22

PATIENT

Freddie Eisner

SPECIES

Feline

BREED

Balanese

SEX

Neutered Male

AGE

12/15/04

WEIGHT

7.82 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAME

Healing Paws

REFERRING VET

Dr. Levitsky

INVOICE

36457

PRESENTING CLINICAL SIGNS

Several week history of decreased appetite. 1.28lbs of weight loss in the last year. Intermittent vomiting over his lifetime. Treated with fluids and Cerenia and he did perk up and eat a bit better. O tried Mirtazapine and not sure if it is helping.

Current Medications: None.

Lab Results: WNL.

Radiographs: pending.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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. The left kidney measured 3.48 cm. The right kidney measured 3.15 cm.

Adrenal Glands

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 left adrenal gland measured 0.54 cm.

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.

Liver

The **liver** presented coarse architecture and increased portal markings. Slight amounts of free fluid noted between the liver lobes. The gallbladder presented a minor amount of sand accumulation and debris, non-obstructive.

Ringdown comet tail/shower curtain lung pattern noted through the diaphragm. Multifocal lung nodules noted up to 1.07 cm, strongly suggestive for lung neoplasia.

Gastrointestinal

The **stomach** itself was unremarkable. Variable intestinal thickening noted. Small intestinal detail loss noted, strongly suggestive for emerging round cell neoplasia such as mast cell disease or lymphoma.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. The left limb measured 0.76 cm. 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

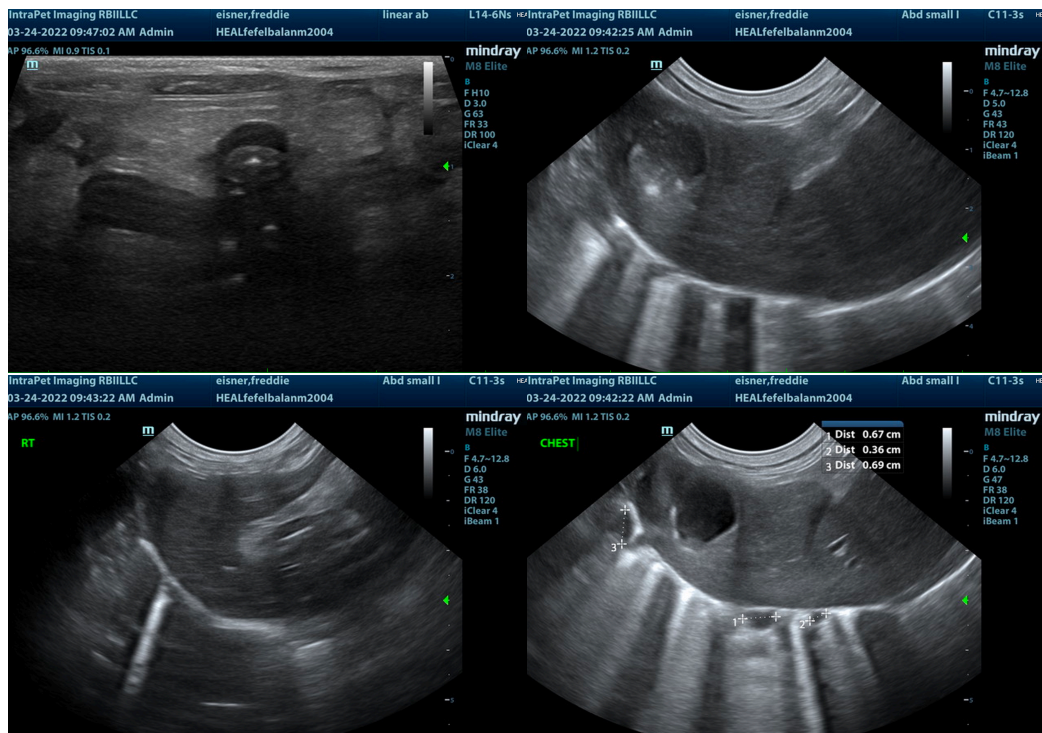
Variable mixed hypoechoic, rounded lymph nodes were noted in the abdomen, measuring up to 0.87 cm with reactive surrounding mesentery. Free fluid noted in the abdomen.

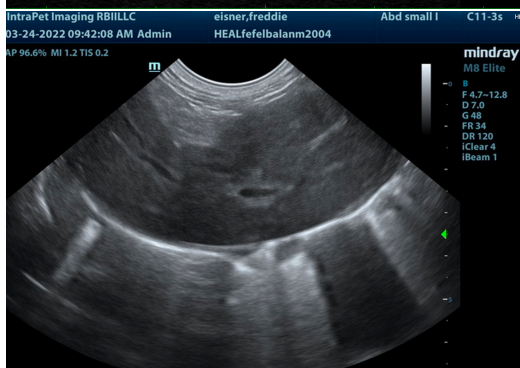
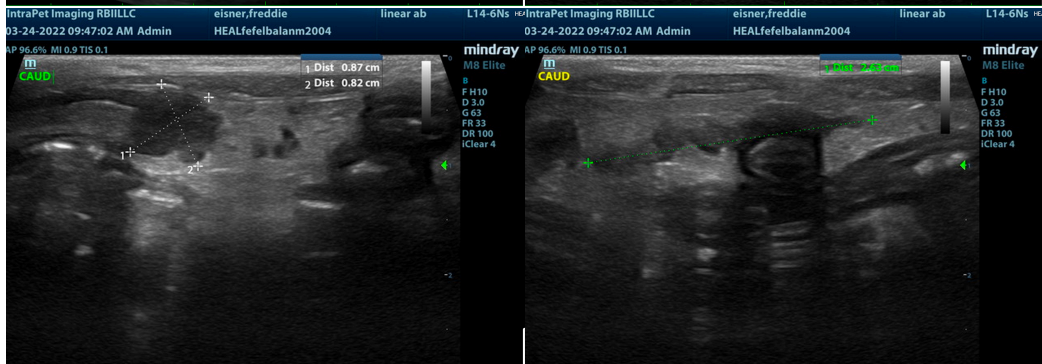
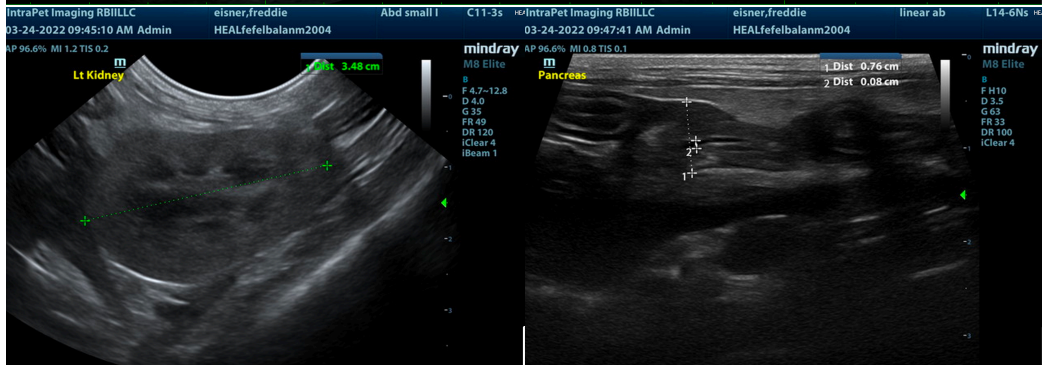
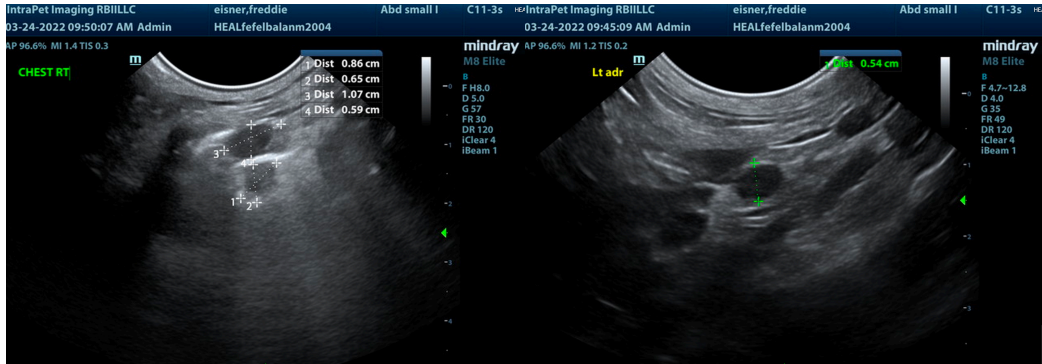
ULTRASONOGRAPHIC FINDINGS

- Infiltrative intestinal pattern with lymphadenopathy
- Gallbladder debris/sand
- Geriatric abdomen changes otherwise
- Multifocal pulmonary nodular changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mesenteric lymph nodes and lung nodules (if accessible) recommended. Prognosis is guarded to poor depending upon eventual responsiveness to therapy.





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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