

**DATE**

3/7/22

PRESENTING CLINICAL SIGNS**PATIENT**

History: Patient presented for annual exam, with some recent issues with GI upset- diarrhea. HX: hyperthyroidism- unable to give oral/transdermal medications to has been on YD diet. HX: weight loss over time (prev. hx around 15lbs). PE- pale MM, CRT <3 oral: 3/4 . HX: murmur (previous exams)- was not detected with most recent exam.

Macy Qualey

SPECIES

Feline

Current Medications: Y/D diet. Will be on Gabapentin for scan.

Lab Results: CBC- marked regenerative anemia. Chem/FPL/UA/ Fecal- NSF. Feline anemia PCR panel negative. Bloodsmear evaluation. T4 levels are "WNL". Hyperthyroidism is treated with YD diet.

Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ADBOMEN**AGE**

12/5/06

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.

WEIGHT

10.6 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. The left kidney measured 3.77 cm. The right kidney measured 3.73 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **left 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 left adrenal gland measured 0.67 cm.

HOSPITAL NAME

Noah's Ark V & BR

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

REFERRING VETDr. Martinez-
Hernandez**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with minor 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.

INVOICE

14238

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.

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. Some mild 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

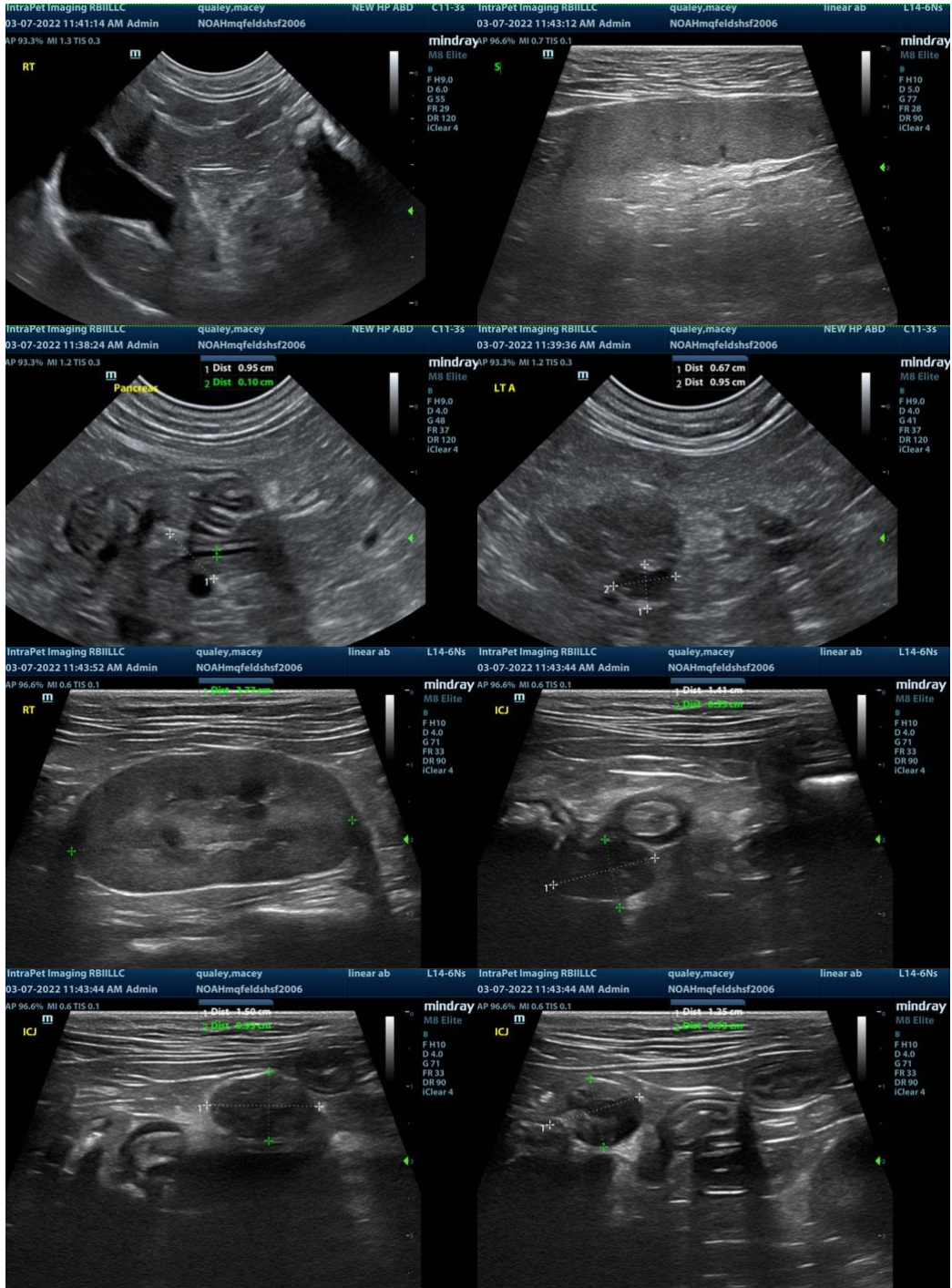
A mesenteric **lymph node** was rounded and hypoechoic, measuring 1.25 cm x 0.93 cm with reactive surrounding mesentery. A separate lymph node measured 1.4 cm x 0.93 cm. Other smaller lymph nodes were mildly enlarged. Slight free fluid was noted adjacent to the mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening
- Mesenteric lymphadenopathy
- Mild chronic pancreatic, renal and hepatic changes
- Scalloping spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mesenteric lymph node, cytology +/- culture +/- PCR for lymphoma warranted. Otherwise, full thickness GI and lymph node biopsies would be indicated from a surgical approach. Good to guarded prognosis 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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