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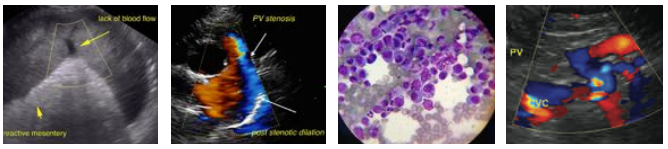

PATIENT

Mouse Feeney

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

6.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Kinney

INVOICE

96628

DATE

3/8/22

PRESENTING CLINICAL SIGNS

History: Mouse is a 10.5 year old female NOT SPAYED indoor only DSH who presented on 1-27-22 for rabies vaccination. Owner reported Mouse was vomiting but had stopped. She would vomit after eating and the vomit had cat nip in it. Owner was concerned about the vomiting being caused by a different flavor of cat food or some grass that had bugs in it that was purchased at a local grocery store. Owner reported that Mouse's stomach was "noisy/gurgling". Mouse eats Purina One and Fancy feast and gets dental treats. Physical exam revealed gas filled intestines. Mouse was noted to be slightly thin, and had a 2.1# weight loss since 10/2020. Owner reported that Mouse goes into heat 2x a year and no discharge has been observed. We were unable to collect blood sample due to Mouse's due to temperament so gabapentin was dispensed and she returned for bloodwork on 3-1-22. The main concerns noted on the blood work were elevated ALT (434) and AST (152), a mild decrease in total protein(5.8), increased monocytes were noted, see lab results for complete results. An AUS was recommended due to elevated hepatic enzymes, weight loss, vomiting, and not being spayed (if possible assess reproductive tract). A UA was not done due to temperament but perhaps a sample can be collected at the time of AUS and we can ask/recommend doing a UA.
Abnormal PE/Chem/CBC/UA Results: see attached pdf for full lab results

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 was noted. Ureteral papillae were normal.

The uterus was microcystic with slight areas of luminal fluid. The uterus was thickened and measured 0.6 cm.

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 right kidney measured 4.01 cm. The left kidney measured 3.69 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 0.34 cm. The right adrenal gland was slightly irregular and measured 0.87 x 0.8 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 was noted.

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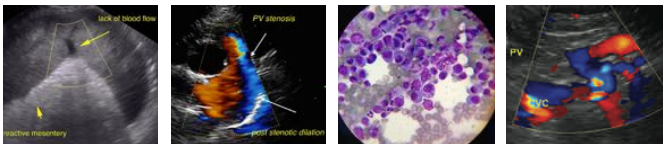

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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The ileocecal junction created a mass with regional inflammation. The mass measured 3.0 cm and was comprised of intestine and lymph node. Variable small intestinal thickening was noted elsewhere. The mesenteric lymph node was enlarged and rounded measuring 1.5 cm.

Pancreas

Heterogenous **pancreatic** changes were noted.

Free Abdomen

A slight amount of pleural effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Ileocecal junction mass with variable intestinal thickening.

Heterogenous pancreatic changes.

Regional free fluid and pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the pleural effusion I am concerned for metastatic disease to the chest. FNA of the ileocecal junction mass is warranted for further definition. I suspect carcinoma with a minor potential for granulomatous disease. Lymphoma is also a potential.

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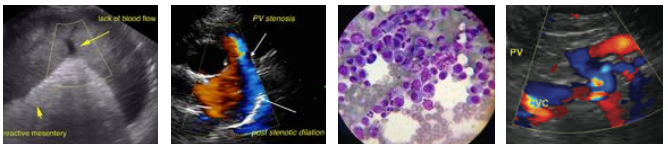

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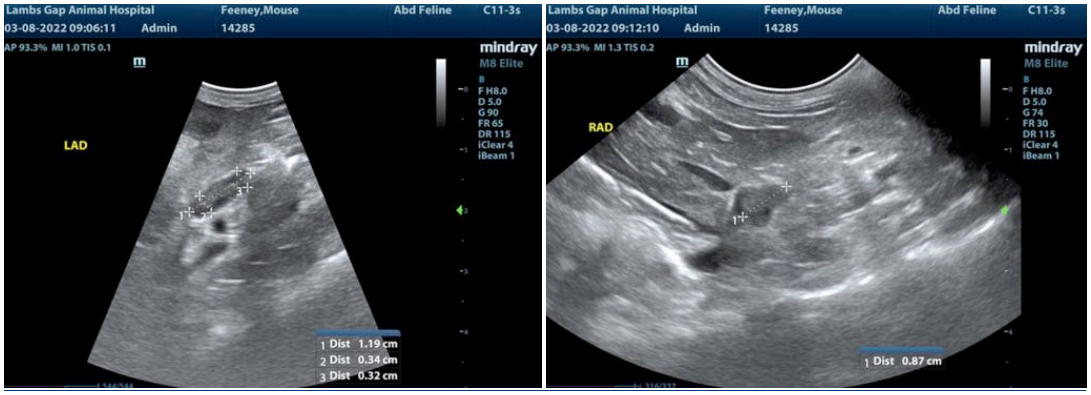

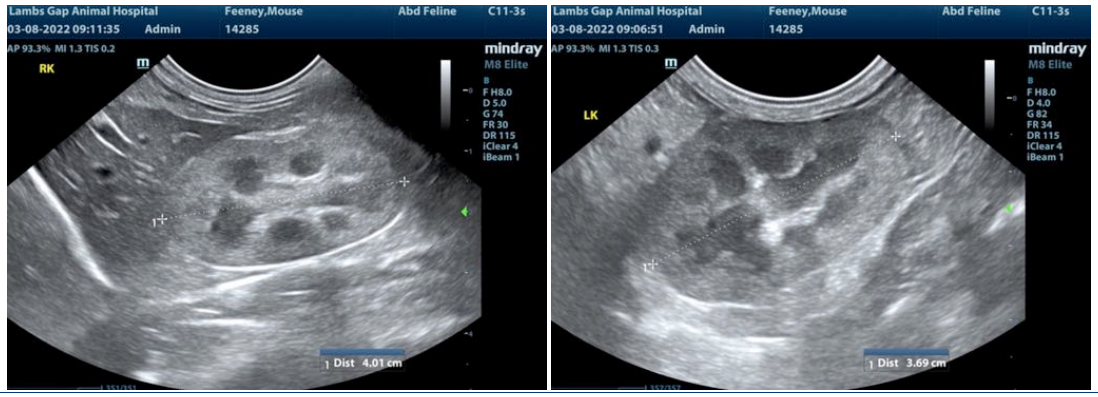

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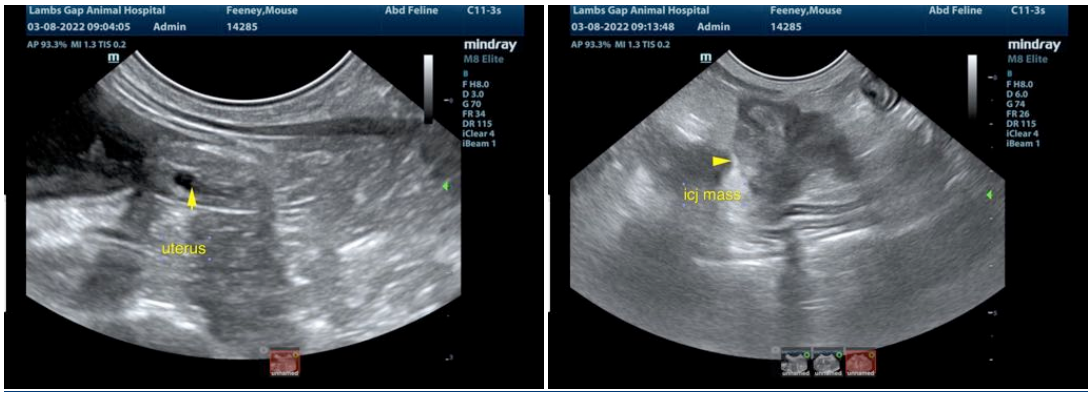

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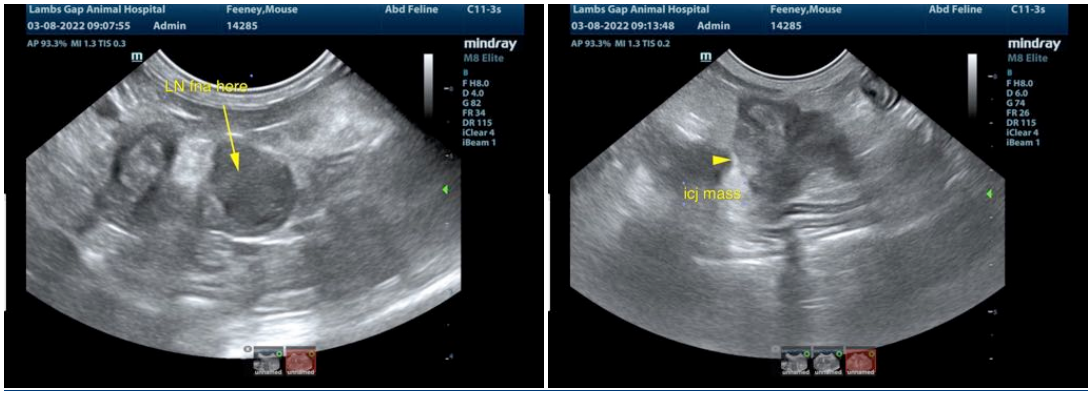

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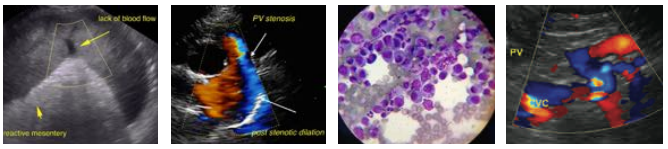

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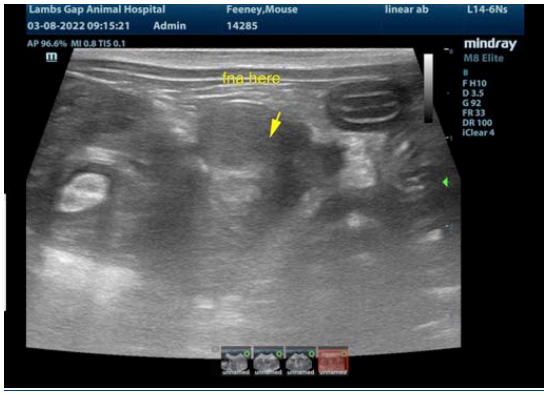

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com