

**DATE PRESENTING CLINICAL SIGNS**

4/14/23

**PATIENT**

Astro Elliot

History: Cat Started Vomiting A Lot About A Week Ago. Now He Is Not Really Eating Or Drinking And Has Noticeably Lost Weight. He Was Vomiting Multiple Times A Day And There Was Food In It. Now If He Vomits It Is Once Or Twice A Day And Is Either Yellow Or Foamy And White. ATO P has a hx of regurg but had now started vomiting, pet is hiding, lethargic, not eating as much, no diarrhea. Unsure of Ps previous wt but O suspects wt loss, hasn't been to the vet in awhile; second cat in the house seems fine - FELV/FIV status unknown

**SPECIES**

Feline

Current Medications: Cerenia, Gabapentin.

Lab Results: See attached.

**BREED**

DSH

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**SEX**

Neutered Male

Stat Report: STAT requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

6/10/12

**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**

10.7 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 3.69 cm. The left kidney measured 4.04 cm.

**INTERPRETED BY**Eric 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 0.53 cm.

**HOSPITAL NAME**Animal Emergency  
Hospital

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

**REFERRING VET**

Dr. Hicks

**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.

**INVOICE**

21976

**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***

The **stomach** itself was unremarkable. A 5.1 cm x 2.0 cm intestinal mass was noted with loss of mural detail. Reactive surrounding mesentery was noted. A separate intestinal mass (appeared to be at the ileocecal junction) was noted, measuring 4.6 cm x 2.5 cm. A third hypoechoic and irregular mesenteric lymph node mass was noted, measuring 3.5 cm. Other smaller lymph nodes were also enlarged. Variably other small intestinal thickening was noted throughout the GI tract.

### ***Pancreas***

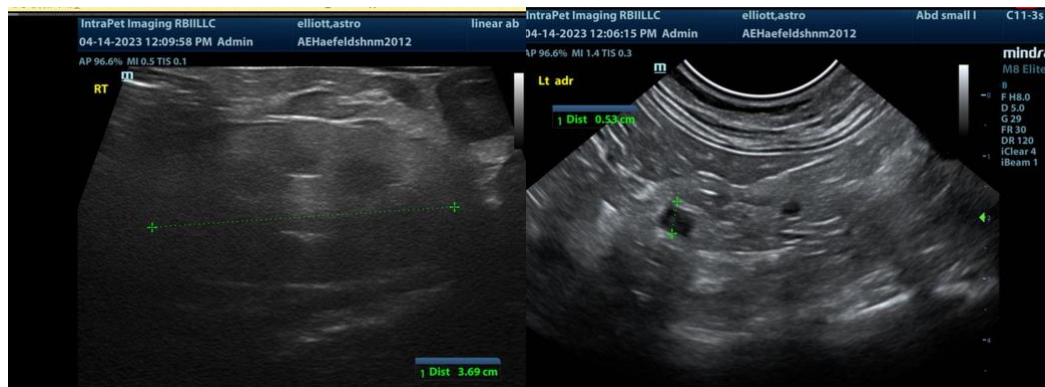
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

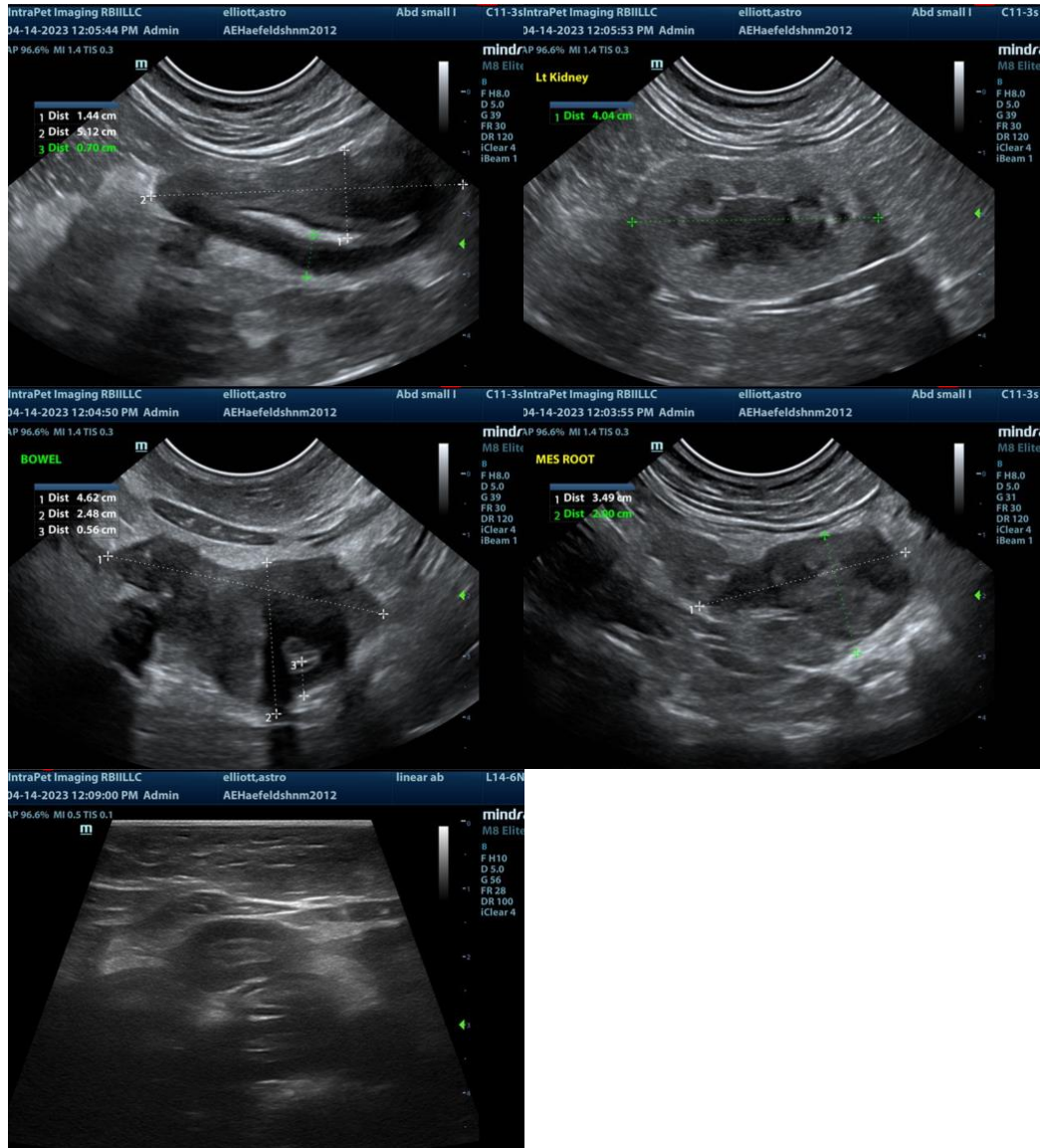
## **ULTRASONOGRAPHIC FINDINGS**

- Multicentric neoplasia/round cell neoplasia pattern involving multiple intestinal masses and lymph nodes. Variable areas of infiltrative patterns were noted throughout the intestinal tract otherwise.
- Age-related renal changes

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of either intestinal mass and lymph node mass is recommended with immediate chemotherapeutic intervention. No obvious organ metastasis yet micrometastasis cannot be completely ruled out.





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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