



DATE	PRESENTING CLINICAL SIGNS
4/17/23	History: Client Form: Very Concerned He May Be Blocked. He Is Very Subdued And When He Goes To Litter Box Nothing Comes Out. This Has Been Going On Over 24 Hours. ATO - P has been abnormal for the past 24-48 hours, normally very active but has been laying around a lot, seems very subdued O cleans the boxes twice a day and hasn't noticed as much urine, very small litter clumps noted Today P postured to urinate in front of O on rug - nothing came out. Hx of conjunctivitis and "wheezy" sounds - no treatment at rDVM. Sept 2022 Conjunctivitis PCR at PHAH - Calicivirus: Positive - Mycoplasma Felis: Positive - Chlamydia Felis: Negative - Herpesvirus: Negative - Influenza A: Negative
PATIENT	
Ragnar McNicholas	
SPECIES	
Feline	Current Medications: None listed.
BREED	Lab Results: See attached.
DSH	Date of Previous IntraPet Ultrasound: No previous.
SEX	Sedation: Not required to complete full diagnostic ultrasound.
Neutered Male	Stat Report: STAT requested.
	Imaging Performed By: Rachel Brillhart, RDMS.
	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE	Urinary System
8.2 Pounds	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	
6/1/22	The kidneys revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.78 cm. The right kidney measured 3.98 cm.
INTERPRETED BY	Adrenal Glands
Eric Lindquist, DMV DABVP, Cert. IVUSS	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 right adrenal gland measured 0.4 cm.
HOSPITAL NAME	The left adrenal gland measured 0.4 cm.
Animal Emergency Hospital	Spleen
REFERRING VET	The spleen was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with 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. Minor micronodular reticular pattern was also noted in the spleen.
Dr. Hicks	
INVOICE	Liver
22028	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. The descending colon presented concentric thickening, up to 0.43 cm. Some loss of structural detail was noted in the descending colon. Concentric thickening in the colon blossomed into an overt mass, measuring 2.5 cm, partially obstructive. Stool impaction was noted prior to the stricturing colonic lesion. The colonic lesion initiated approximately at the level of the cystourethral junction and pelvis.

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.

Free Abdomen

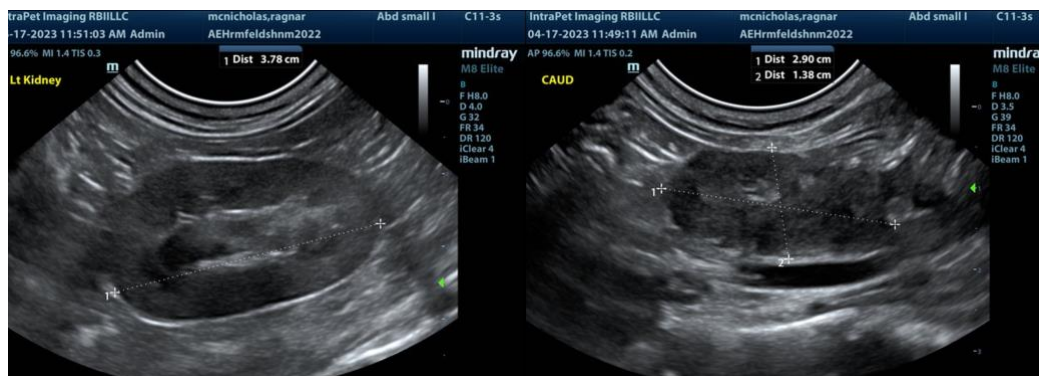
A mesenteric **lymph node** was enlarged, irregular and heterogenous, measuring 2.9 cm x 1.38 cm.

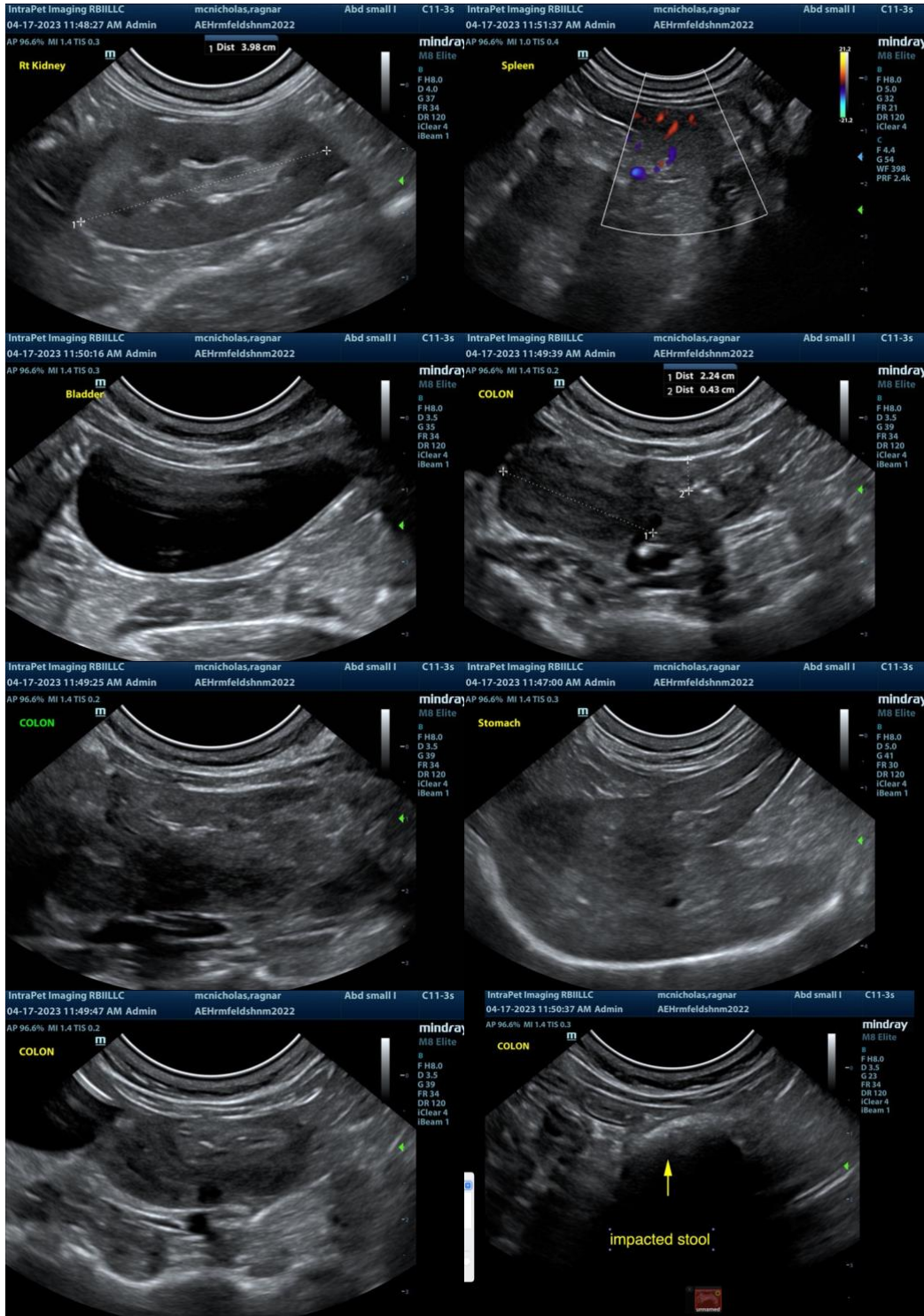
ULTRASONOGRAPHIC FINDINGS

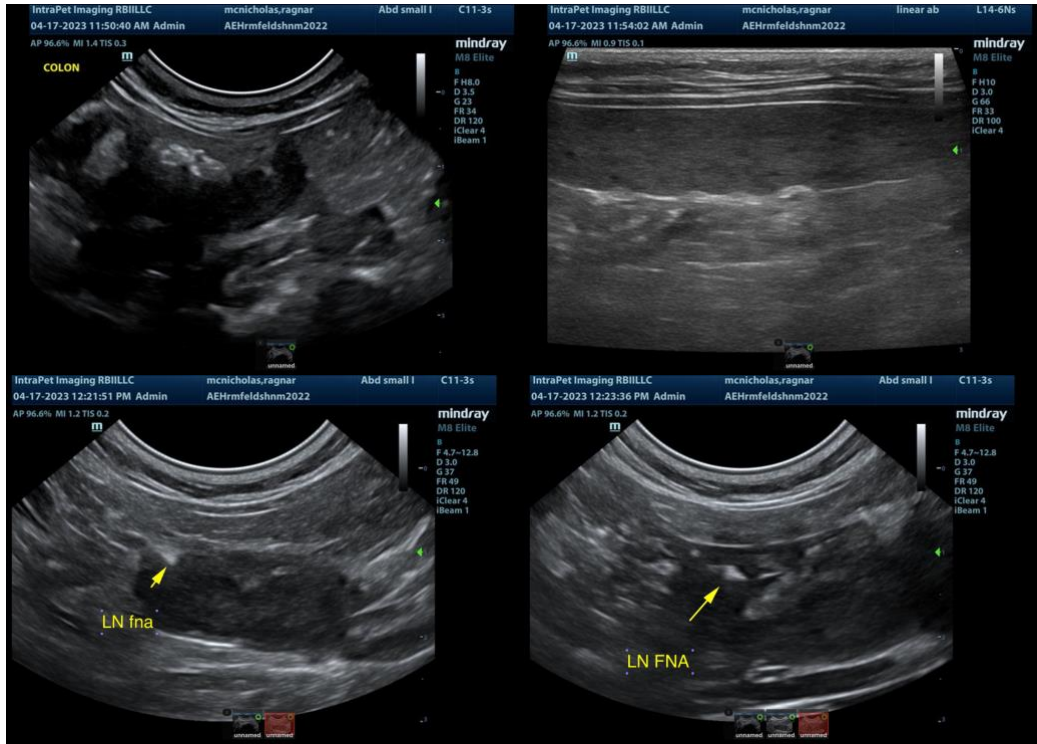
- Concentric annular colonic thickening
- Mesenteric lymphadenopathy/obstructive colonic mass
- Scalloping spleen and micronodular reticular pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Granulomatous disease, carcinoma, lymphoma are all possible. Dry form FIP is a potential in this patient with mesenteric lymphadenopathy/lymphadenitis or round cell neoplasia. Chest radiographs are warranted to assess for comorbidities/metastatic disease. Colonic FNA could also be considered to match with the cytology associated with the lymph node. Prognosis is extremely guarded. The colonic pathology is unlikely to be resectable given the lymph node involvement, however, the next approach would be based on cytology results. Given the anemia, this may be owing to blood loss through the colon, however, concurrent bone marrow disease may be an issue. CBC path review is indicated +/- bone marrow aspirate.







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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