

**DATE**

4/29/22

PRESENTING CLINICAL SIGNS

Lethargic, losing weight.

Current Medications: None listed.

PATIENT

Radiographs: Decreased serosal detail.

Lawrence Barker

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Domestic Shorthair

SEX

Neutered male

AGE

1/1/09

WEIGHT

7.8 lbs

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

Slight subcapsular halo was developing in both **kidneys**. The right kidney measured 4.82 cm. Hyperechoic irregular cortices noted in the right kidney. The left kidney revealed cortical infarct and collapse with pinpoint mineralization. The left kidney was enlarged, measuring 4.46 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 **stomach** itself was unremarkable. Multifocal intestinal masses were noted in this patient, measuring up to 1.7 cm. Regional inflammation noted associated with the intestinal pathology. Other Variable intestinal thickening noted that meets neoplastic criteria. A 3.0 + cm infiltrative intestinal mass was also noted, in addition to the other thickenings.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat.

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Brockett

INVOICE

14978

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

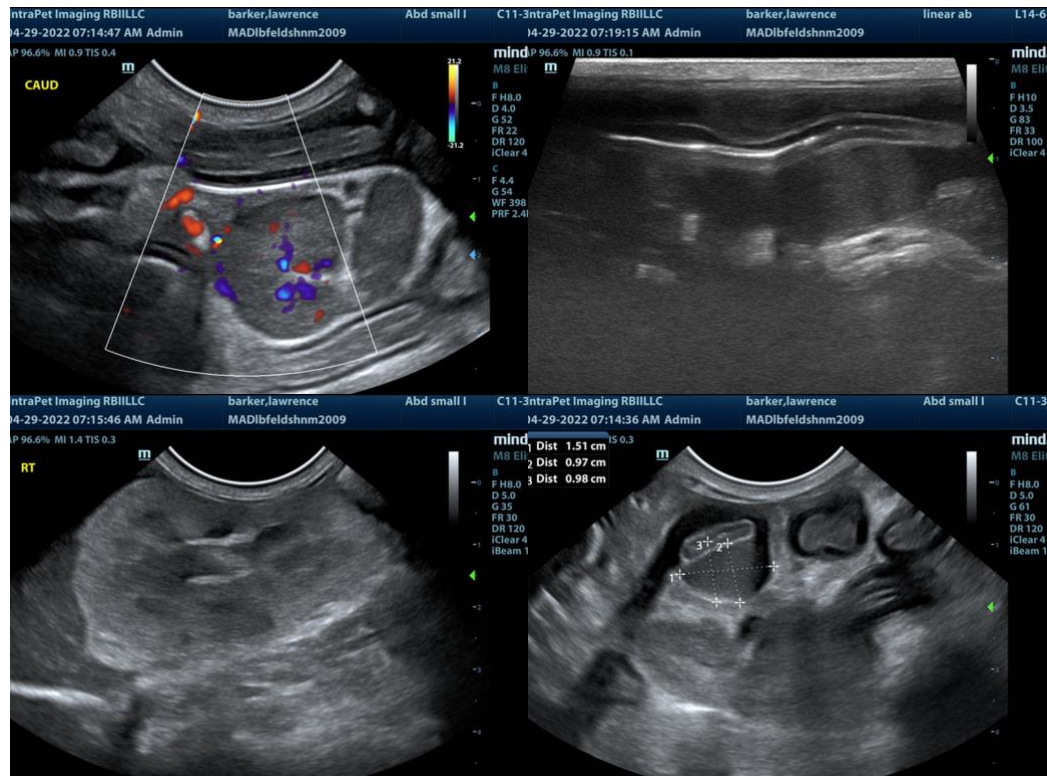
Reactive mesentery noted throughout the mid abdomen. Regional lymphadenopathy was present. Lymph nodes measured up to 1.5 cm.

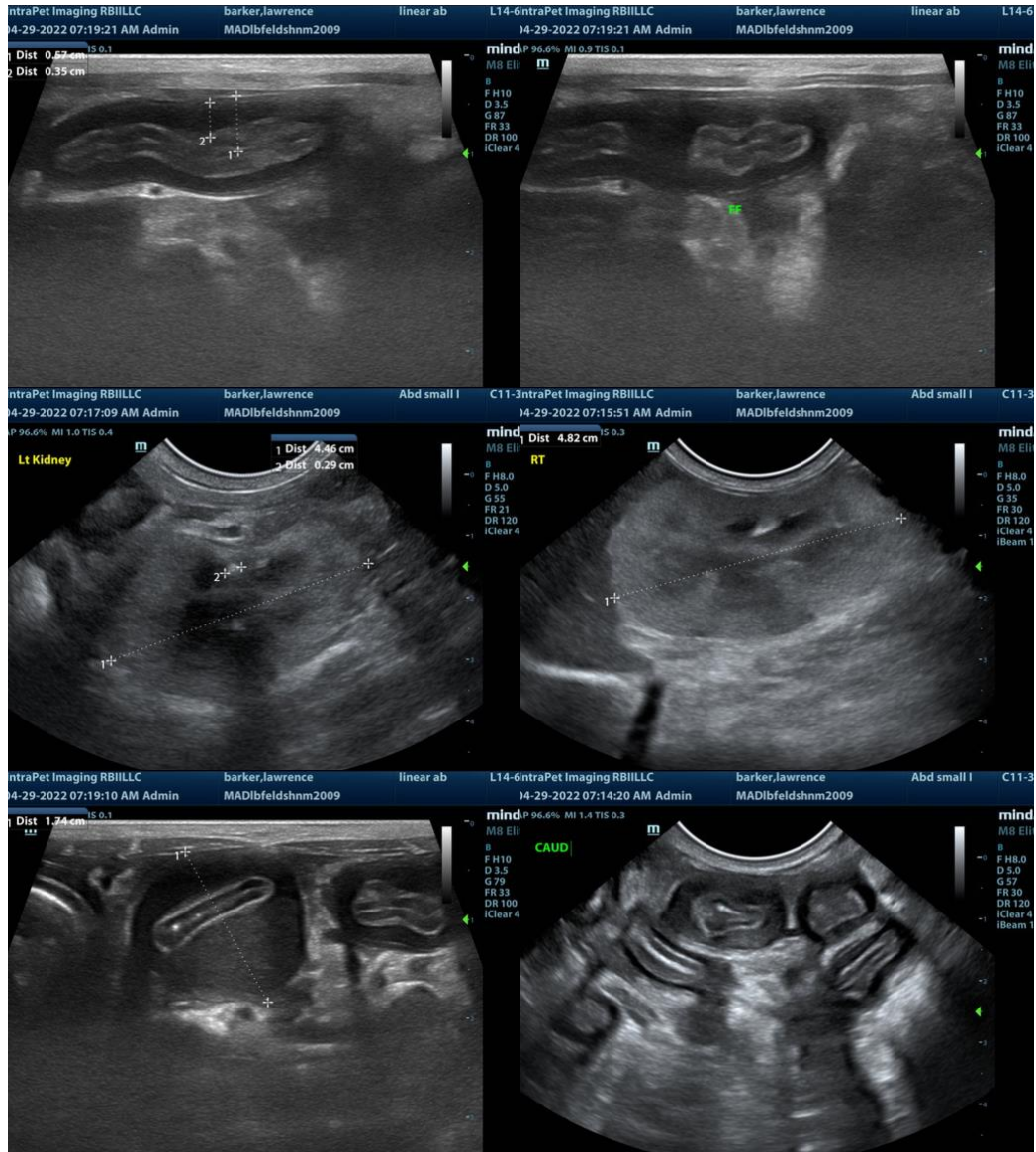
ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening and multiple masses
- Regional lymphadenopathy
- Strong suspicion for emerging renal infiltrative neoplasia/lymphoma
- Age-related hepatic and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lymph nodes, intestinal mass and kidneys all indicated with immediate chemotherapeutic intervention. Prognosis is guarded to poor, depending upon type of the suspected round cell neoplasia and ability to respond to chemotherapy.





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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