

**DATE**

5/13/22

PRESENTING CLINICAL SIGNS

History: Lorveth is 7 y/o MN Norwegian who presents for possible seizure - hx of IBD, on a raw diet - presented to RDVM on Tuesday for decreased appetite - Full BW/UA unremarkable - last night restless, bumping into walls, around 6 am O found shoved between furniture paddling, did not seem aware, started on metronidazole yesterday

PATIENT

Lorveth Funk

SPECIES

Feline

BREED

Norwegian Forest

SEX

Neutered Male

AGE

5/13/15

WEIGHT

12.9 Pounds

Current Medications: Metronidazole.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Valium given for seizure activity.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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.

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 right kidney measured 4.19 cm. The left kidney measured 4.27 cm.

Adrenal Glands

The **right 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 right adrenal gland measured 0.34 cm.

The region of the **left adrenal gland** 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** itself was largely normal, however, the undifferentiated pancreatic changes appeared to enter into the portal hilus. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **cecum** revealed a focal 1.5 cm mass with undifferentiated tissue.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Thompson

INVOICE

15177

Pancreas

The right **pancreatic limb** revealed a 1.7 cm x 2.5 cm undifferentiated mass as well. Minor heterogeneous changes noted elsewhere.

Free Abdomen

A mesenteric **lymph node** mass was noted, measuring 4.3 cm x 2.0 cm, hypoechoic with regional inflammation. A separate colic lymph node enlargement noted, measuring 1.6 cm x 1.61 cm. A pelvic lymph node was also enlarged, measuring 1.2 cm x 1.09 cm. Regional inflammation was present.

Other

A slight amount of **pleural effusion** was noted through the diaphragm.

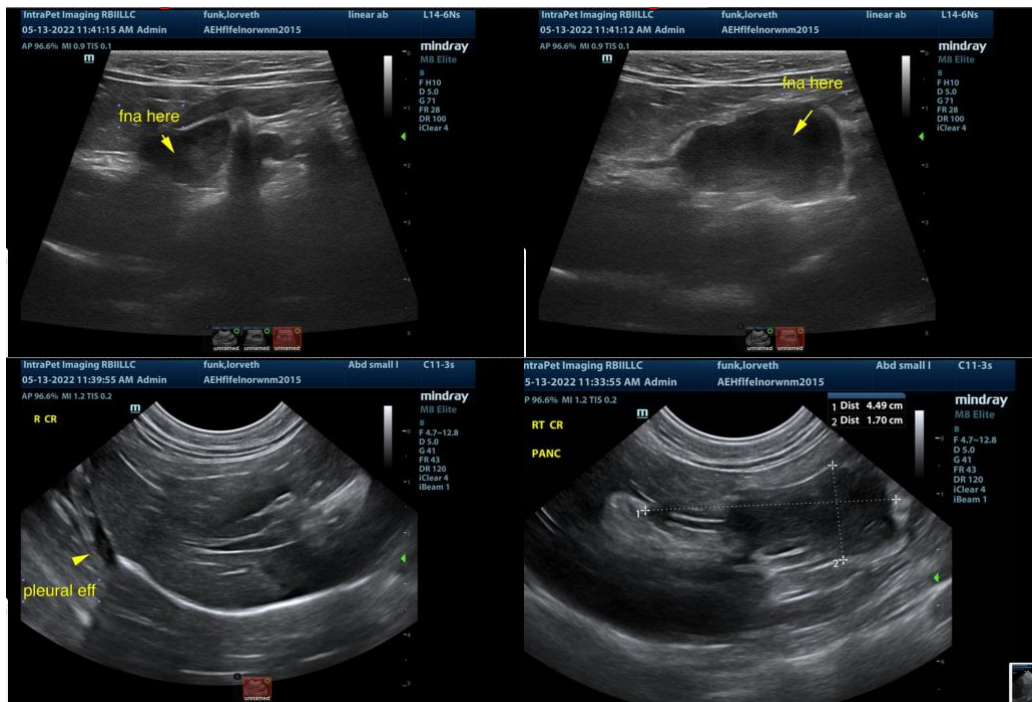
A rapid view of the **heart** revealed no evident pathology.

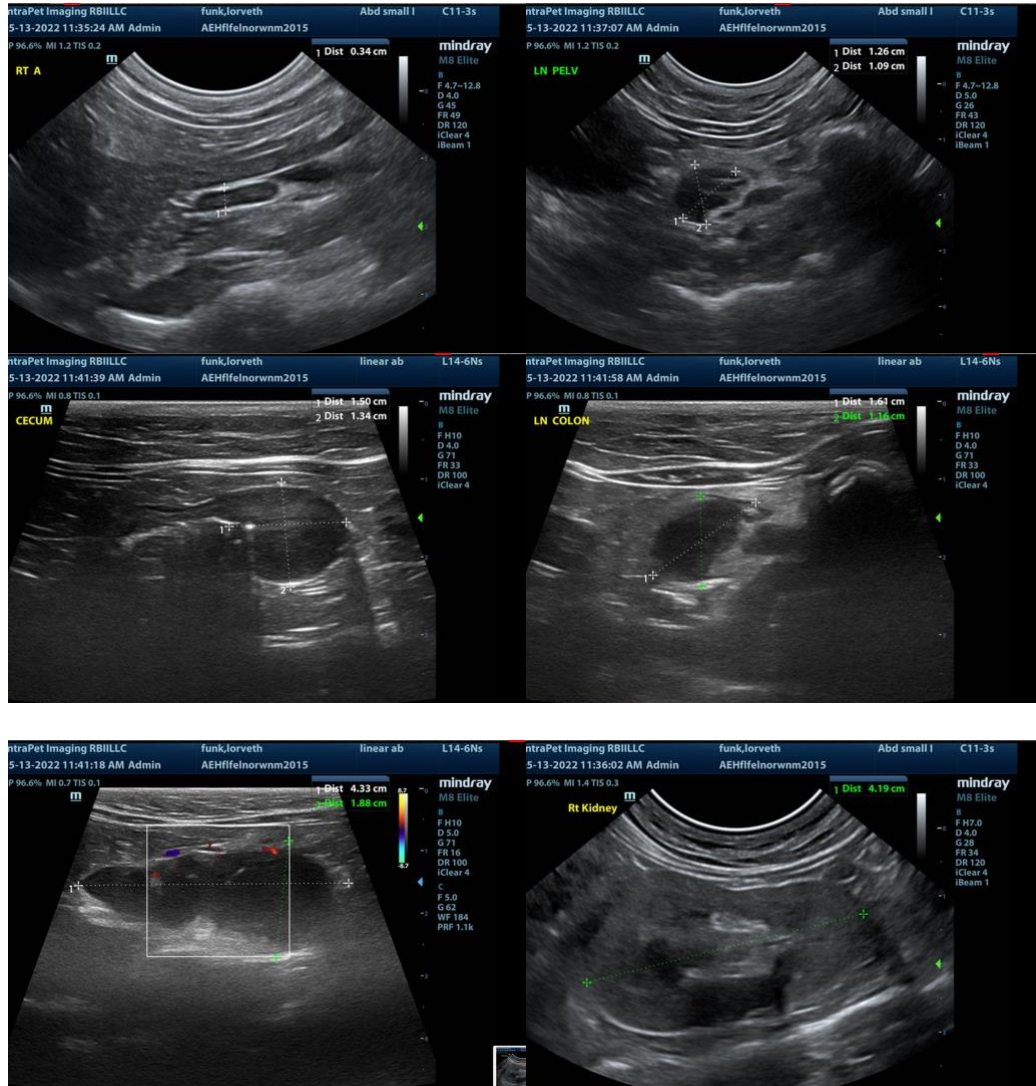
ULTRASONOGRAPHIC FINDINGS

- Multifocal undifferentiated masses involving the pancreas, cecum and lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of all lesions recommended. round cell neoplasia versus dry form FIP are primary differentials. The lesions in the area of the pancreas may represent undifferentiated overlying lymph nodes as the tissue is so undifferentiated and continues into the epigastric lymph node. The undifferentiated presentation did not allow for exact origin, whether pancreatic or lymph node derivation.





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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