

**DATE**

5/16/22

PRESENTING CLINICAL SIGNS

History: Second opinion. Rule out abdominal mass due to lab results. DVM did not palpate a mass.

PATIENT

Boots Mahoney

Current Medications: None listed.

Lab Results: High WBC count, Low lymphocytes.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11/5/2007

WEIGHT

6.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Glen Burnie AH

REFERRING VET

Dr. Shah

INVOICE

15226

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.97 cm. The left kidney measured 4.21 cm.

Adrenal Glands

The **adrenal glands** were mineralized. The right adrenal gland measured 0.37 cm. The left adrenal gland measured 0.4 cm.

Spleen

The **spleen** was mildly enlarged, measuring 0.9 cm.

Liver

The **liver** revealed slight coarse architecture. A trace amount of free fluid was noted between the liver lobes. tortuous cystic duct noted. The common bile duct was slightly enlarged, measuring 0.5 cm at maximum width. This may be an age-related issue.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The **pancreas** revealed undulating contour, measuring the upper limits of normal size at 0.71 cm. Minor duct dilation noted.

Free Abdomen

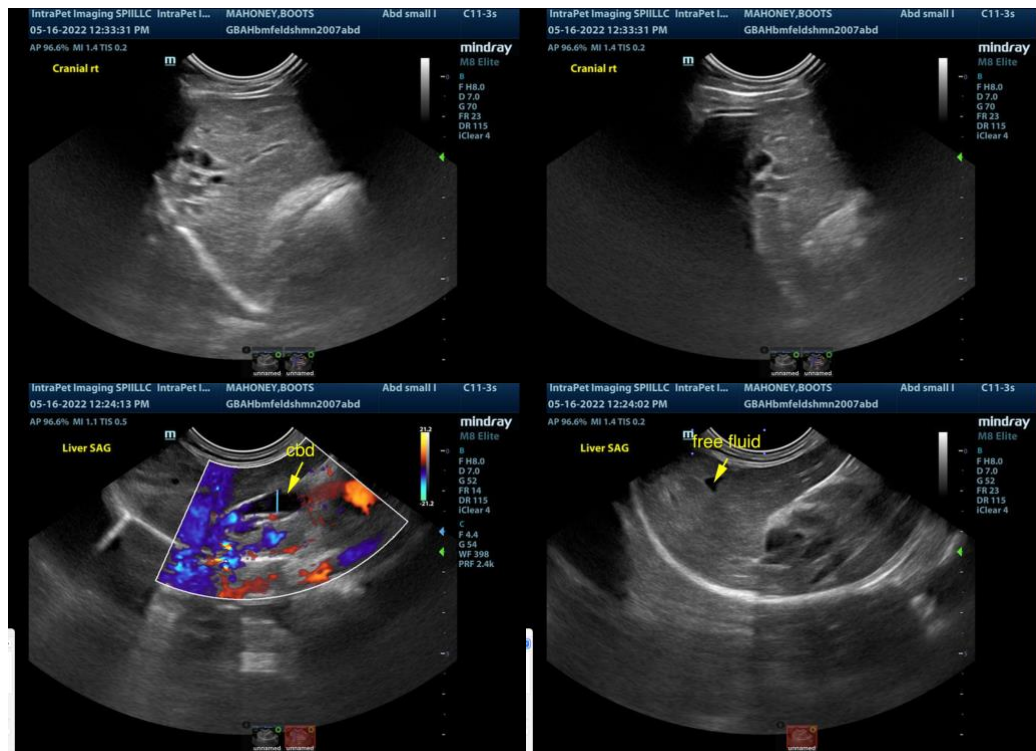
The mesenteric **lymph nodes** (up to 0.83 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

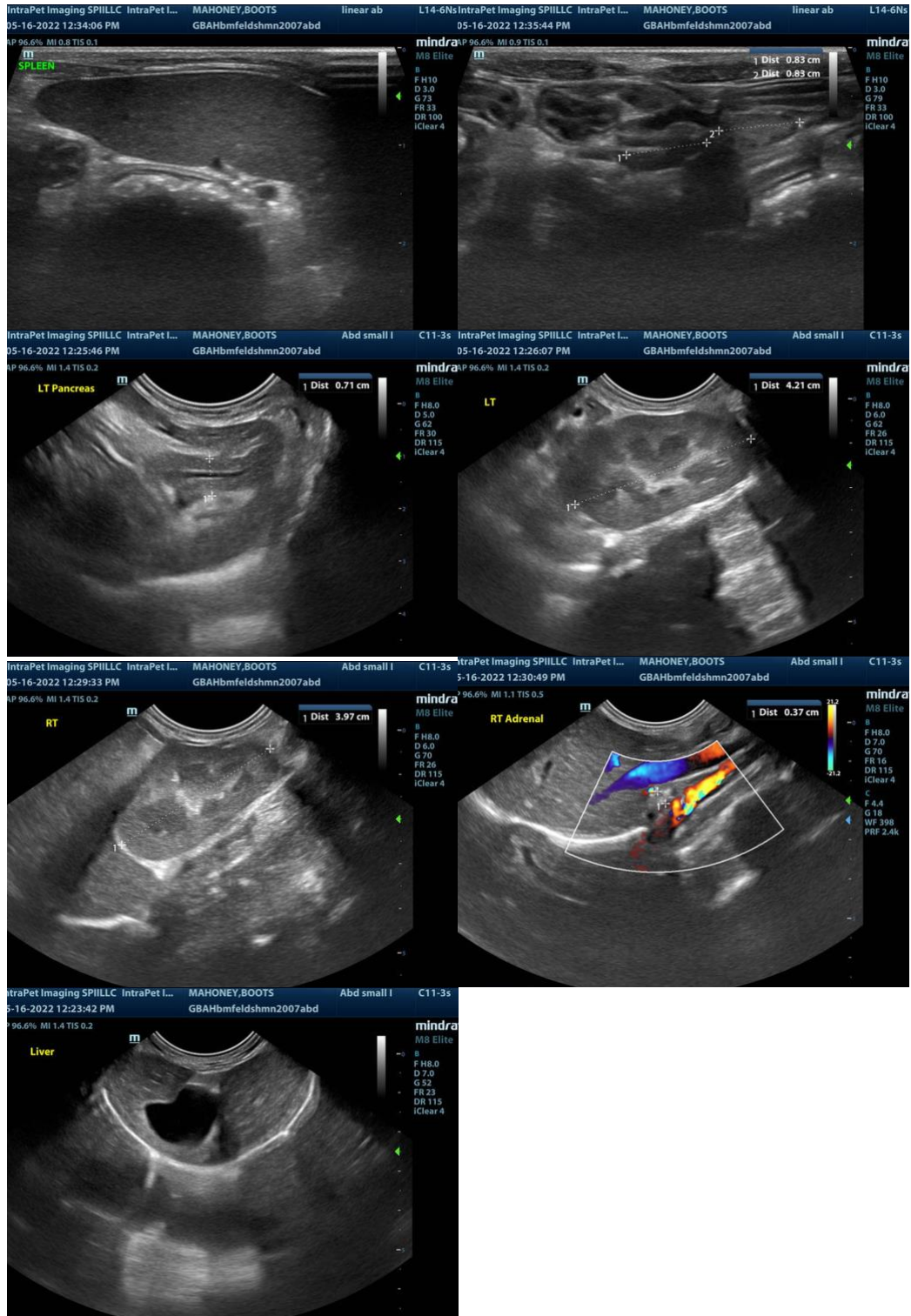
ULTRASONOGRAPHIC FINDINGS

- Minor splenohepatic enlargement, nonspecific
- Enlarged common bile duct and tortuous cystic duct
- Prominent pancreas
- Mineralized adrenal glands
- Free fluid
- Age-related renal changes
- Reactive lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver recommended to rule out underlying round cell neoplasia and ensure only a reactive or inflammatory state. If an inflammatory state is present, then definition of cell type is essential for long term management. Triad disease versus emerging lymphoma. Prognosis is guarded depending upon cytology results. The minor amount of free fluid is concerning as to potential infiltrative events. This may be a transitioning issue from cholangitis to round cell neoplasia.





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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