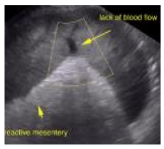
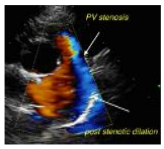
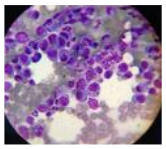
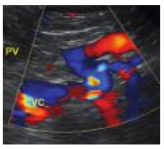
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Romeo Albert

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. McMullin

INVOICE

15782

DATE

5/27/22

PRESENTING CLINICAL SIGNS

History: Weight loss, muscle wasting and constipation. Appetite good per owner. Acting normal otherwise. Weight loss of 3.7 lb in past 9 months. Sedated with Gabapentin PO.

Abnormal PE/Chem/CBC/UA Results: PE: generalized muscle atrophy. BW: TP 5.6, Alb 2.4, ALP 66, ALT 20. UA: Prot 2+ with quiet sediment. UPC: 0.2 (borderline proteinuric) T-4, ProBNP and triple SNAP: WNL.

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 mild 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 left kidney measured 3.68 cm. The right kidney measured 3.4 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

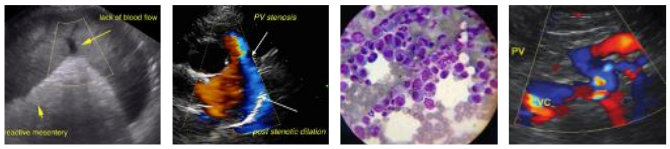
The **liver** was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable. This change is most consistent with lipidosis. However, FNA indicated given the intestinal presentation to ensure micrometastasis is not an issue.

Gastrointestinal

The **stomach** itself was empty and unremarkable. A partially obstructive intestinal mass was noted in this patient (appears to be in the ileum and continues into the cecum and proximal colon), measuring approximately 7.0 cm in length, wall thickness measured 1.14 cm with luminal shadowing material and stasis. The remaining intestine was unremarkable. Regional lymph nodes were enlarged, measuring up to 1.0 cm- 1.5 cm.

Pancreas

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Romeo Albert

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. McMullin

INVOICE

15782

DATE

5/27/22

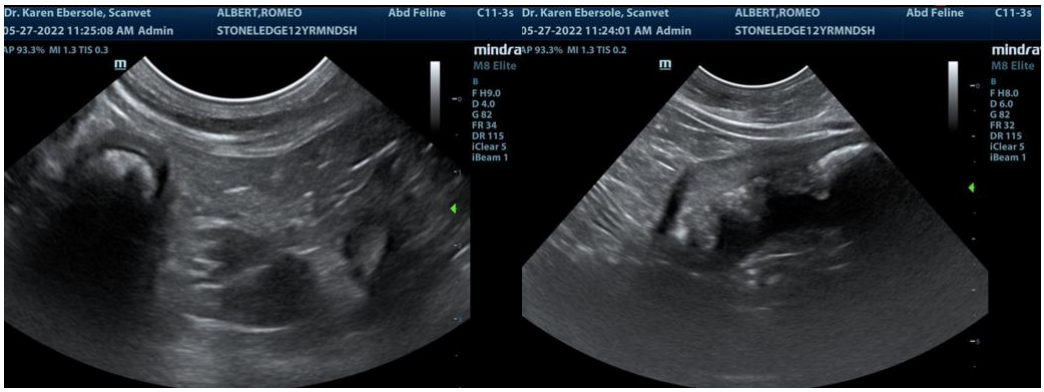
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

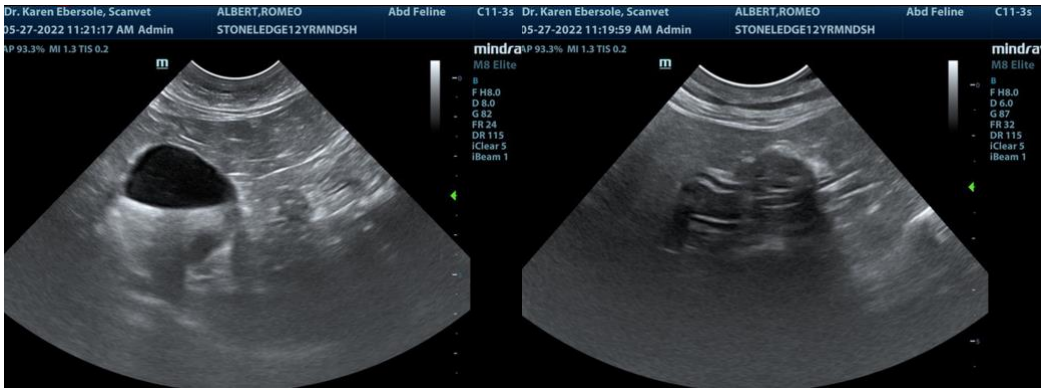
ULTRASONOGRAPHIC FINDINGS

- Ileocecal colic infiltrative pattern with embedded stool or foreign matter with regional inflammation. Strong concern for underlying lymphoma, carcinoma possible. Nonneoplastic granulomatous dysfunctional bowel also possible.
- Hyperechoic liver, most consistent with lipidosis
- Age-related renal changes

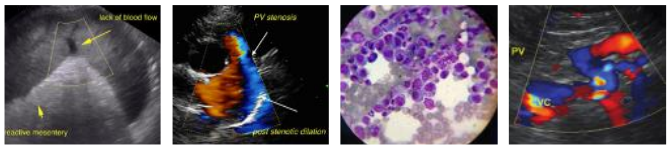
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sampling is essential. Either surgical resection anastomosis with lymph node removal or attempted FNA of the wall thickening as well as the regional lymph nodes could also be considered. FNA of the liver warranted, especially if any liver enzyme elevations occur.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Romeo Albert

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

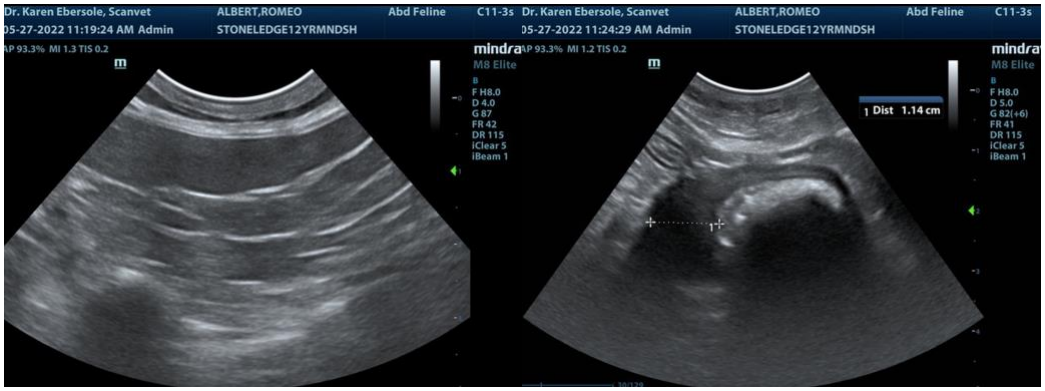
Dr. McMullin

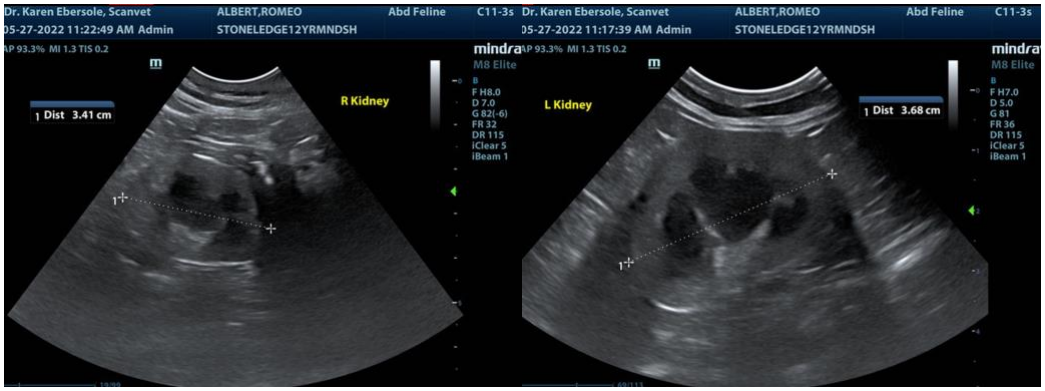
INVOICE

15782

DATE

5/27/22





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com