

**DATE**

5/3/22

PATIENT

Leo Vandrey

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/1/10

WEIGHT

14.3 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. King

INVOICE

37335

PRESENTING CLINICAL SIGNS

Seen 4/29 for vomiting at RDVM, had lateral rads, full labwork and UA Urine was active, got Convenia, Cerenia and subq fluids has urinated only twice drank a little water, but not eating no further vomiting seems very lethargic did get a new diet introduced the night before started-- c/d (had been given by family member) Hx of facial twitching-- owner stated happens daily. -- considering a neuro referral

Current Medications: Buprenorphine, Lasix, Zeniquin, Cerenia, Protonix, Elura.

Lab Results: See attached.

Radiographs: stomach empty, SI- thickened, fluid filled, but uniform. large intestine is filled with what appears to be diarrhea coming.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 **right kidney** was subnormal in size at 2.85 cm. Slight pyelectasia noted at 0.54 cm. Minor hydronephrosis also noted.

The **left kidney** present minor pyelectasia and mild degenerative changes.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. It was folded upon itself. 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.

Liver

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** was empty. The pylorus was patent. Variable intestinal thickening noted with loss of mural detail. Stasis noted in the cecum. Stool noted in the colon. Mesenteric lymph nodes were distorted, hypoechoic and irregular with peripheral inflammation, measuring up to 4.15 cm x 1.0 cm. Other lymph nodes noted, one measuring 1.8 cm x 1.2 cm. The lymph nodes were typically rounded. Reactive mesentery noted associated with the small intestine with areas of free fluid.

Pancreas

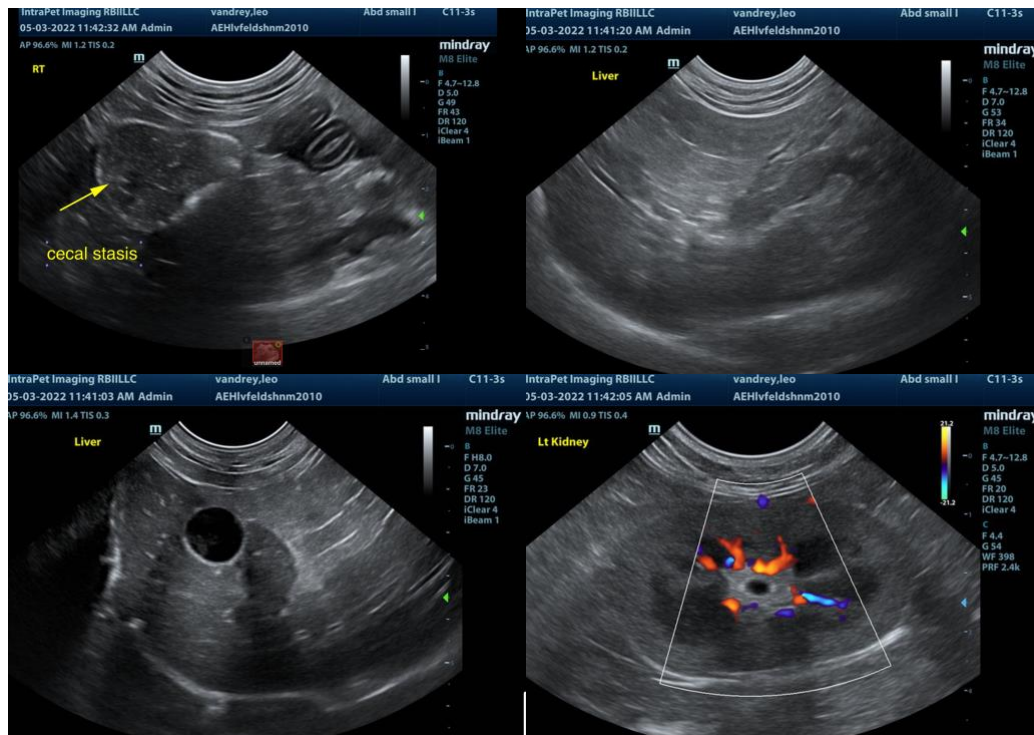
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

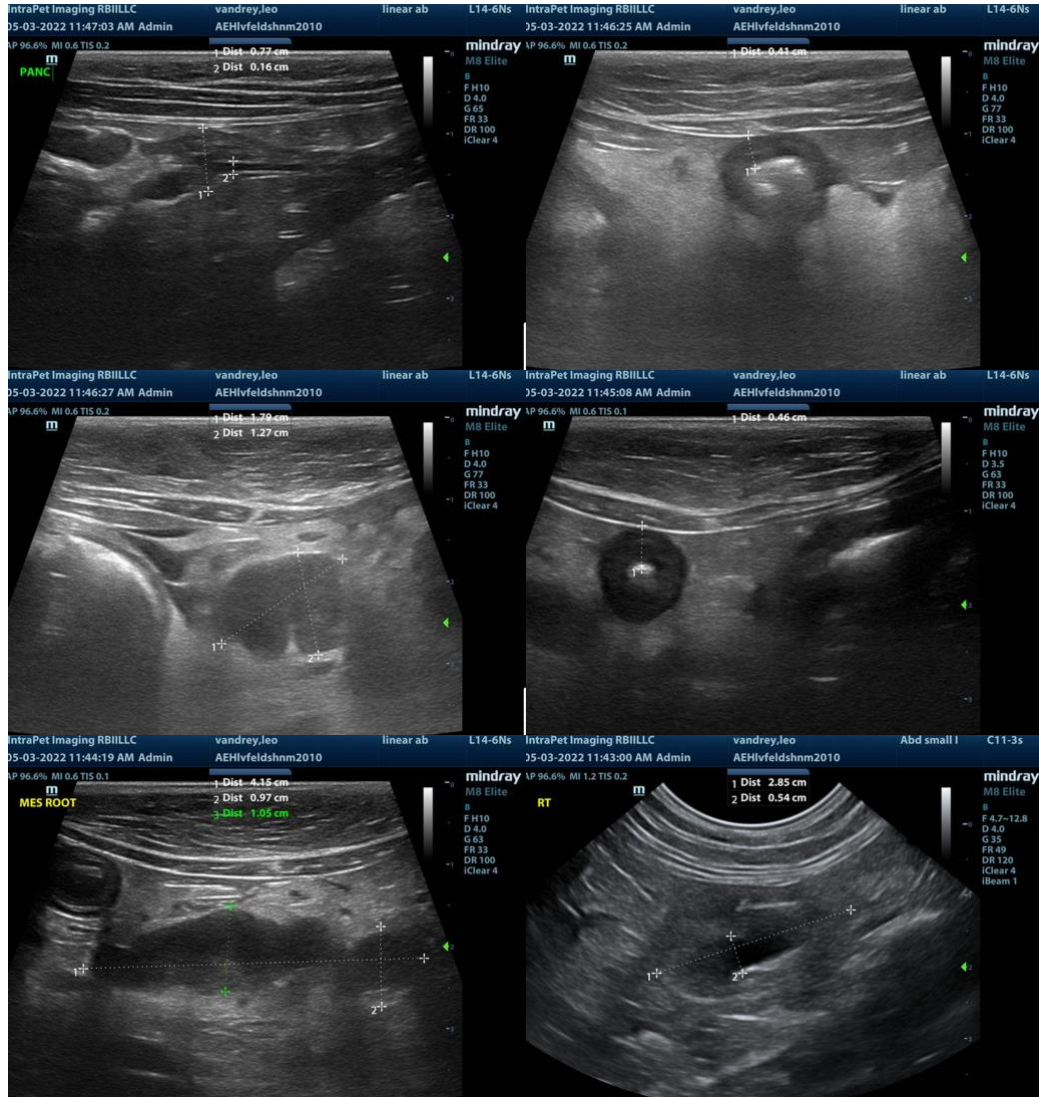
ULTRASONOGRAPHIC FINDINGS

- Variable infiltrative intestinal pattern
- Regional distorted lymphadenopathy – strongly suggestive for infiltrative disease.
- Strictured right ureter with chronic degenerative right kidney, mild degenerative left renal changes
- Free fluid with reactive mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the accessible lymph nodes and spleen recommended to confirm suspicion of round cell neoplasia.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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