

**DATE**

05/09/2022

PRESENTING CLINICAL SIGNS

History of frequent GI upset. Poor appetite and weight loss over the last few weeks. Underweight. Lost over 1 pound. Intestines feel thickened.

PATIENT

Bandit Skippy Suter

Current Medications: Methimazole 2.5mg BID for 5 years.

Lab Results: CBC/Chem WNL, FPL 3.6, T4 0.9.

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

Urinary System**SEX**

NM

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.

AGE

13 years

The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with moderate 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.

WEIGHT

7 lbs

The left kidney measured 3.44 cm in length. The right kidney measured 3.55 cm in length.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed.

HOSPITAL NAME

Parkville Animal
Hospital

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.

REFERRING VET

Dr. Suter

Liver**INVOICE**

10555ag

The liver revealed a hyperechoic microcystic 2.7 cm cystadenoma in the left liver. Separate 2.11 cm and 1.87 cm cystadenoma type lesions were noted elsewhere in the liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

The gastrointestinal presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal mucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic

inflammation. Intestinal wall thickness measured 0.42 cm in width. Some areas of inversion of the muscularis/mucosal ratio were noted in the small intestine. No significant lymphadenopathy was visible. Areas of reactive, hyperechoic, ill-defined mesentery were noted associated with the intestinal tract. This is indicative of regions of acute inflammation associated with the intestinal pathology. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy would be necessary to rule out this possibility with focus on regions of reactive mesentery for accurate biopsy reflecting the more dramatic pathology that will not be overtly evident to the surgical eye.

Pancreas

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.

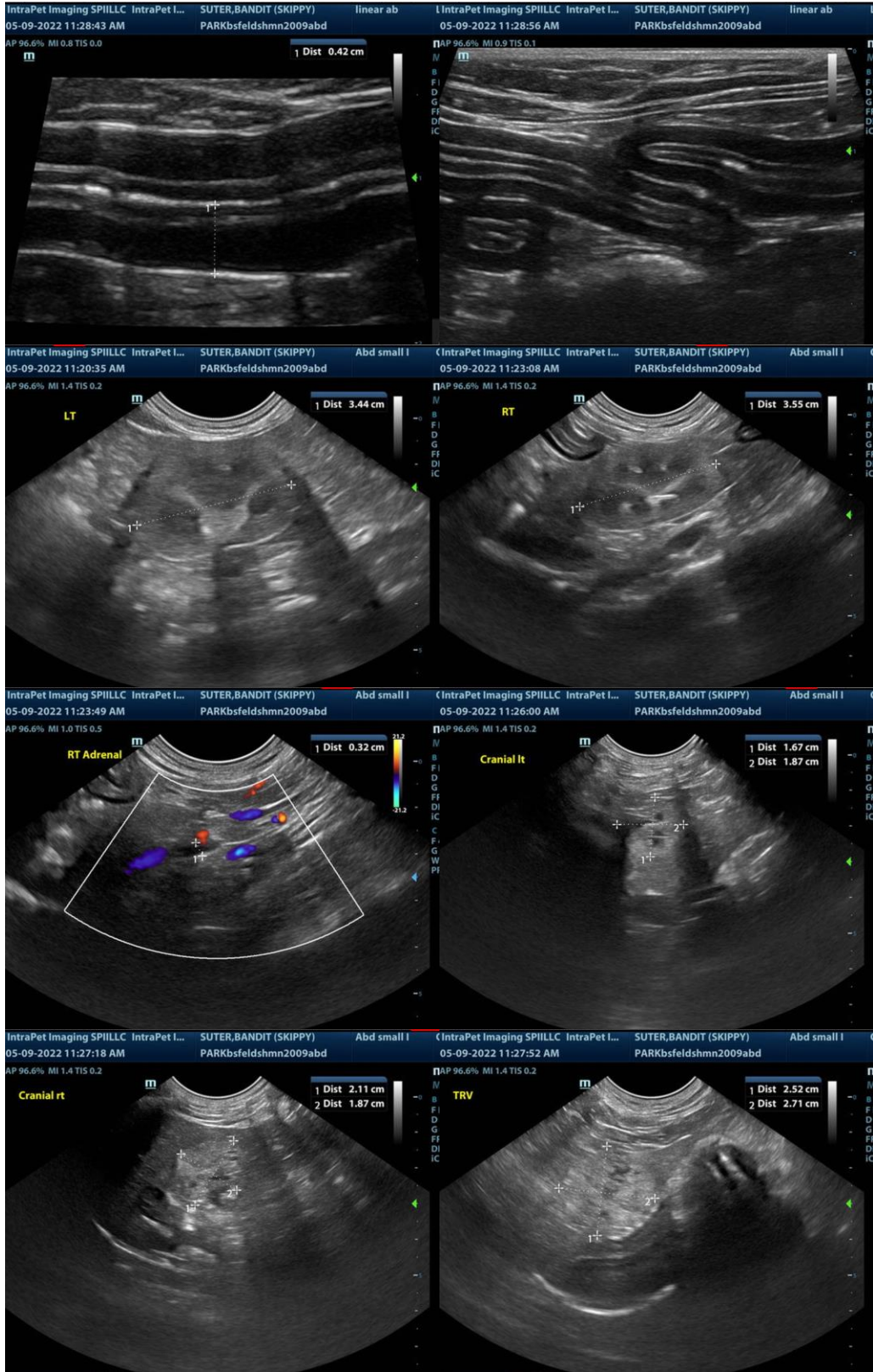
ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with hypertrophied muscularis-complete neoplastic criteria is not present however emerging GI lymphoma cannot be ruled out
- Age related renal and hepatic changes with multifocal hepatic cystadenomas-minor potential for biliary carcinoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness GI biopsies ideally gathered by intraoperative ultrasound would be warranted. A liver biopsy could be performed at the time of surgical GI biopsies for further definition. Malassimilation of nutrients and neoplasia elsewhere in the body should be considered as a cause of weight loss.





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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