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Clinical Sonography & Telecytology

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**DATE**

6/2/22

**PATIENT**

Jack Daniel

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5/29/13

**WEIGHT**

8.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Stephanie Pearce  
RDMS, RVT

**HOSPITAL NAME**

Bay Country VH

**REFERRING VET**

Dr. Poff

**INVOICE**

38319

**PRESENTING CLINICAL SIGNS**

Rapid weight loss, palpable abdominal mass.

Current Medications: Mirtazapine 7.5mg ¼ every 48 hrs.  
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 **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 3.91 cm. The left kidney measured 3.69 cm.

**Adrenal Glands**

The **left 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 left adrenal gland measured 0.48 cm.

The region of the **right adrenal gland** was unremarkable.

**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** 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**

Examination of the **gastrointestinal tract** revealed variable distal small intestinal thickening. Given the lymph node presentation, intestinal neoplasia likely/lymphoma. Some stasis noted and reactive mesentery. Luminal artifact obscured some visibility of the intestine.

A mesenteric lymph node mass was noted in this patient, distorted, hypoechoic, expansive tissue measuring 4.5 cm x 3.5 cm as a cluster, encompassing the mesenteric artery. Free fluid noted, likely owing to lymphatic congestion.

## Pancreas

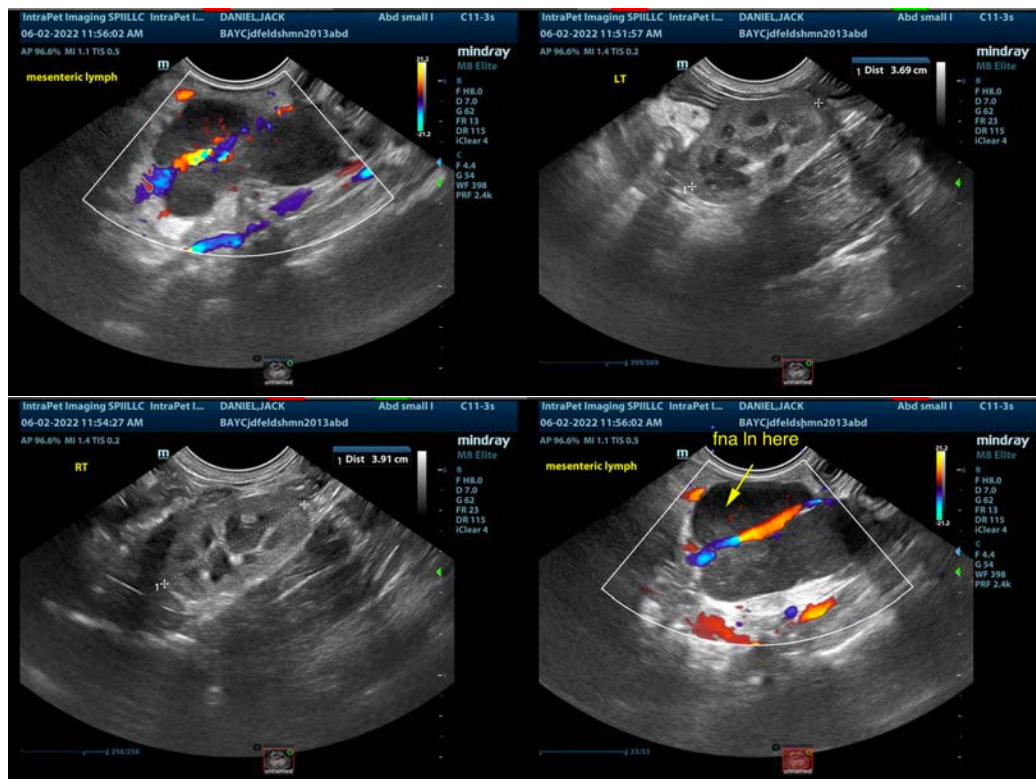
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Lymph node based lymphoma pattern with probable intestinal involvement and reactive mesentery
- Paraneoplastic effusion

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the accessible lymph nodes and immediate chemotherapeutic intervention recommended if lymphoma is confirmed. Lymphomatosis type presentation appears to be developing, as multiple other smaller lymph nodes are also enlarged with reactive mesentery.





**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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