

**DATE PRESENTING CLINICAL SIGNS**

6/3/22

History: Chronic diarrhea, recently not controlled. Has been on GI diet or hypoallergenic diet for years.

PATIENT

Bandit Robbins

Current Medications: None listed.

Lab Results: See attached.

Radiographs: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Declined.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/16/11

WEIGHT

9.4 Pounds

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. A hyperechoic medullary rim sign was noted. The right kidney measured 3.76 cm. The left kidney measured 3.69 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal**INTERPRETED BY**

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Companion Animal
Care Center

REFERRING VET

Dr. Johnston

INVOICE

15894

The **gastrointestinal tract** revealed variable areas of intestinal thickening with loss of mural detail, up to 0.36 cm. Regional hypoechoic rounded lymph nodes were present, measuring up to 2.0 cm x 1.7 cm. The patterns were multifocal and nonresectable.

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.

Free Abdomen

A sublumbar **lymph node** was enlarged, measuring 1.7 cm x 1.0 cm.

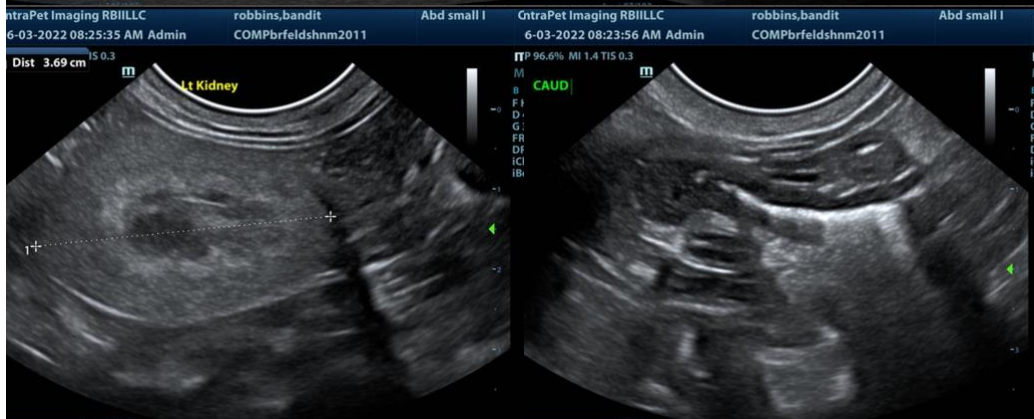
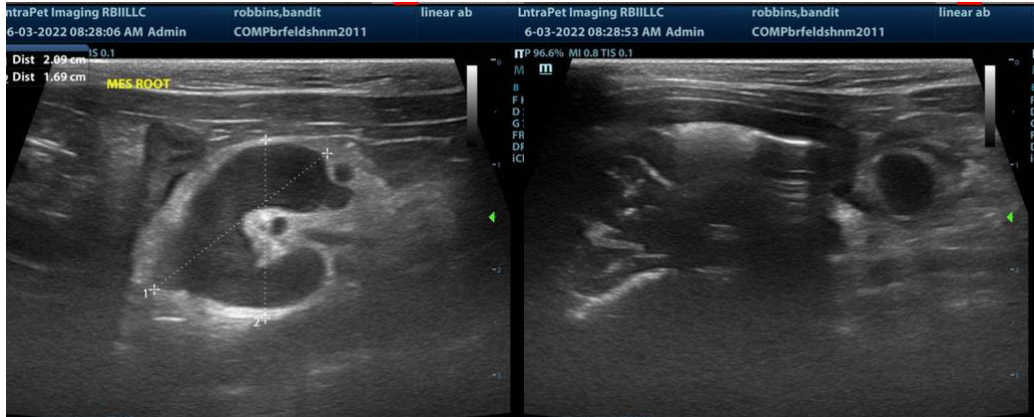
ULTRASONOGRAPHIC FINDINGS

- Variable infiltrative intestinal pattern with regional lymphadenopathy
- Chronic interstitial nephrosis
- Age-related hepatic and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for underlying emerging lymphoma. Dry form FIP is a minor potential. Minor potential for complicated inflammatory bowel with lymphadenitis. FNA of the accessible intestinal thickening and regional lymph nodes recommended. Cytology +/- PCR or PAR would all be appropriate. Prognosis is very guarded.





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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