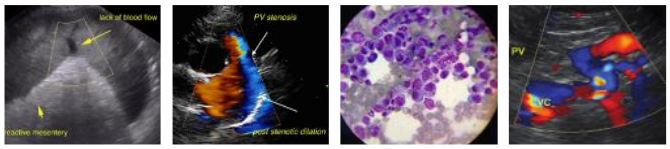
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Felix Flannigan

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
12 Years

WEIGHT
5 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Chadbourne

INVOICE
15884

DATE
6/3/22

PRESENTING CLINICAL SIGNS

History: Weight loss, diarrhea, vomits if not on Cerenia. Eating, but not as well. Hyperthyroid, on Methimazole (transdermal).

Abnormal PE/Chem/CBC/UA Results: PE: palpably thickened loops of intestine and small mass in mid-abdomen. Thyroid slip +. BCS 1-2/9 with severe muscle wasting. BW: Hct 28%, Creat 0.7, BUN 27. Alb 3.1, TP 6.1. T-4 3.6 N. UA: Sg 1.025.

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. This is a moderate change. The right kidney measured 4.03 cm. The left kidney measured 3.87 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.

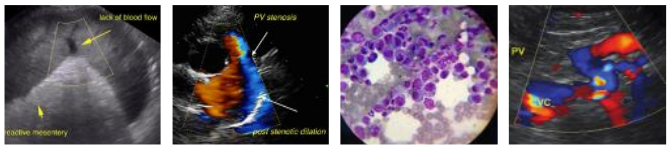
Liver

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 tracts were of normal volume and no evidence of congestion was noted. The hepatic lymph nodes were unremarkable. Lobar biliary mineralization noted, as well as a minor amount of gallbladder sand, nonobstructive.

Gastrointestinal

The **stomach** itself was unremarkable. Variable intestinal thickening was noted with areas of loss of mural detail, up to 0.55 cm in thickness.

Pancreas



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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

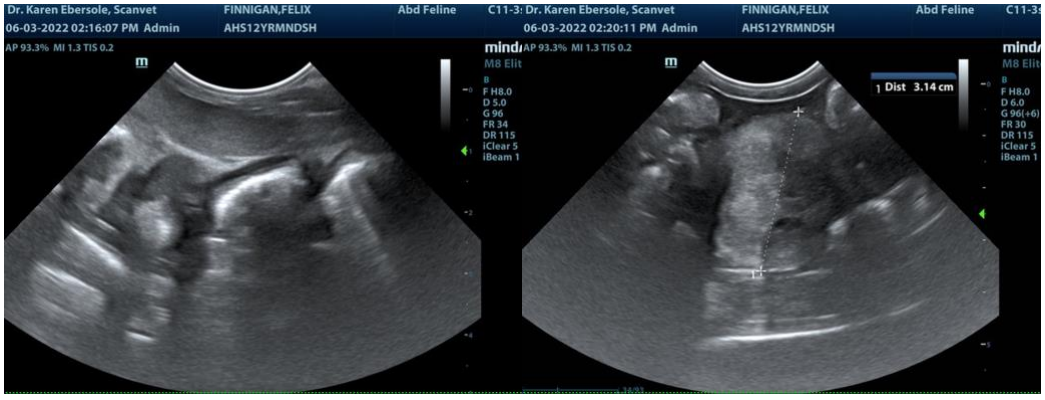
A mesenteric **lymph node** mass measured 3.14 cm noted. Free fluid was noted, likely owing to lymphatic obstruction.

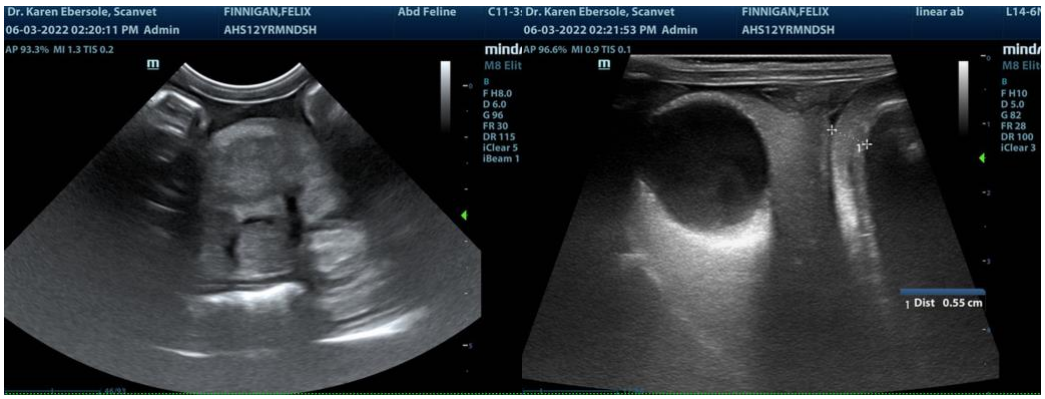
ULTRASONOGRAPHIC FINDINGS

- Chronic interstitial nephrosis
- Mesenteric lymph node mass
- Variable intestinal thickening, strong concern for underlying lymphoma, emerging lymphomatosis
- Age-related pancreatic changes
- Age-related hepatic changes with lobar biliary mineralization and nonobstructive gallbladder sand

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mesenteric lymph node indicated + cytology and culture or GI and lymph node biopsies from a surgical perspective. Prognosis is guarded to poor long term.





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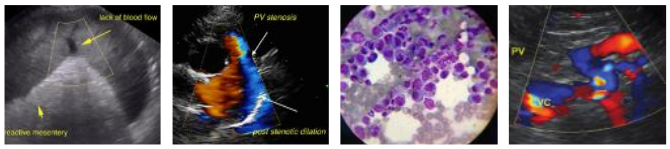

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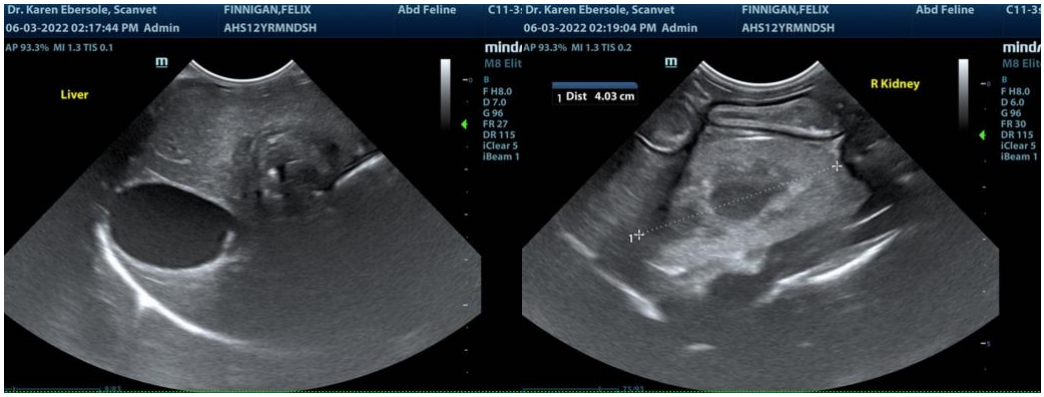

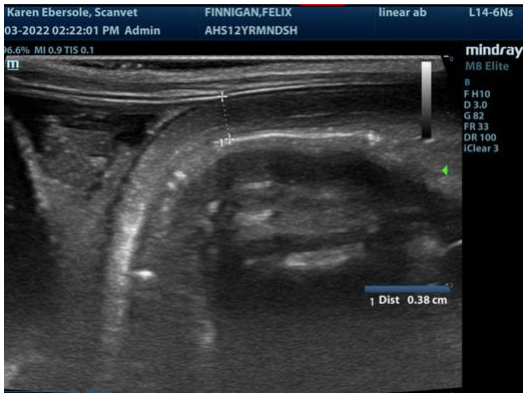

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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