

IMAGING PERFORMED BY

IntraPet.com



DATE

6/30/22

PRESENTING CLINICAL SIGNS

1lb weight loss since February with owner reporting pt recently vomiting food 1x/day and increased frequency of diarrhea. Owner also complains of not himself- lethargy, <appetite/thirst.

PATIENT

Magic Agro

Current Medications: None.

Lab Results: 6/15/22- Lymphs 1122, rest normal (T4 2.1).

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

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.

SEX

Neutered Male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Slight pyelectasia noted in the left kidneys at 0.16 cm. The left kidney measured 3.71 cm. The right kidney measured 4.26 cm.

AGE

1/1/08

WEIGHT

10 lb 6 oz.

Adrenal Glands

Both **adrenal glands** were 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 right adrenal gland measured 0.49 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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.

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Alexander

Gastrointestinal

Examination of the **gastrointestinal tract** revealed diffuse intestinal wall thickening with areas of loss of mural detail. Regional lymph nodes were disruptive, hypoechoic and irregular. Reactive mesentery noted associated with the lymph nodes and intestinal tract. A larger lymph node measured 2.23 cm x 1.9 cm. An epigastric lymph node measured 0.76 cm.

INVOICE

39163

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.

PRIMARY FINDINGS

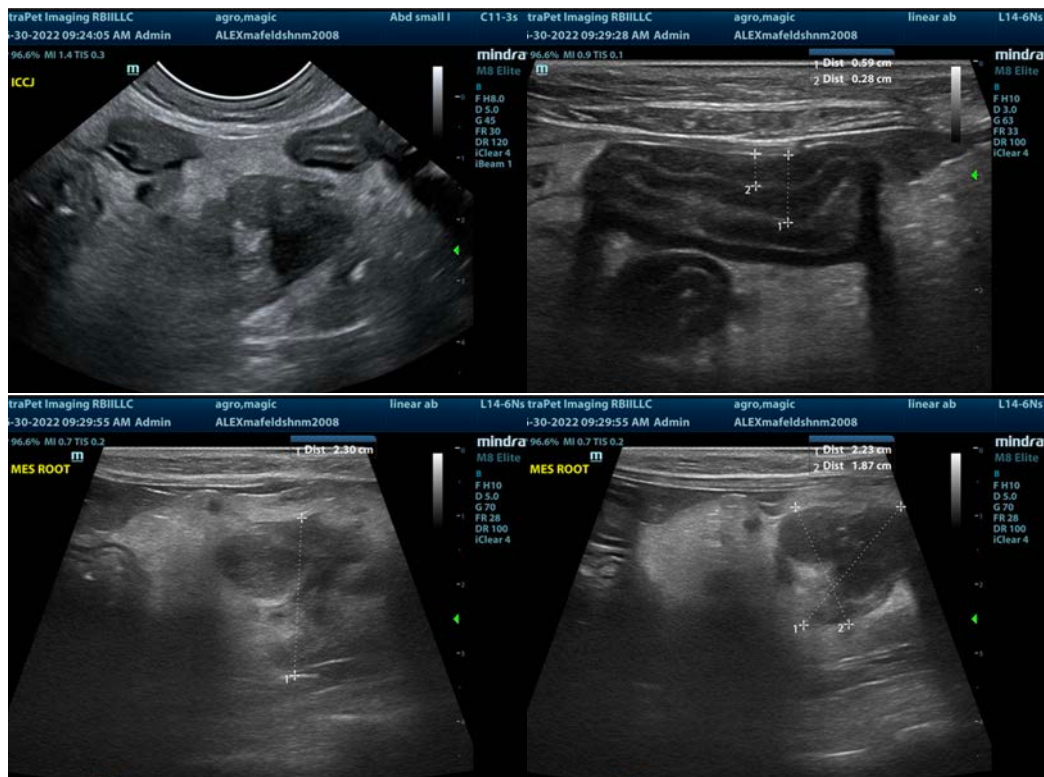
- Diffuse infiltrative intestinal pattern with lymph node involvement and regional peritonitis

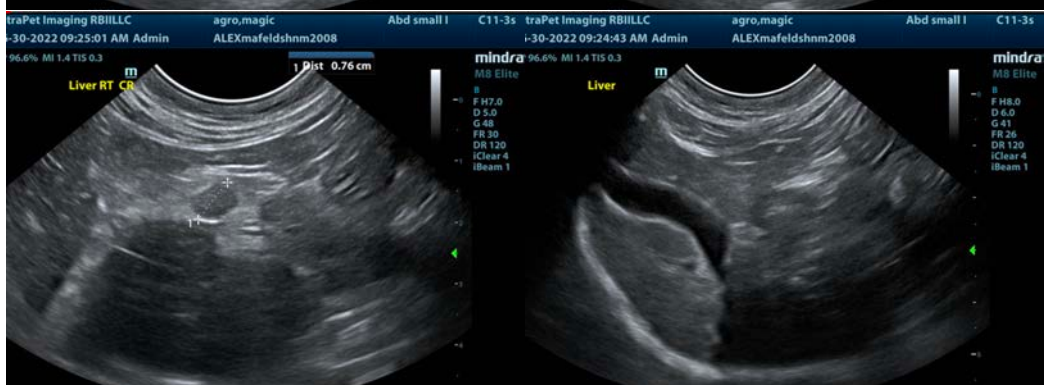
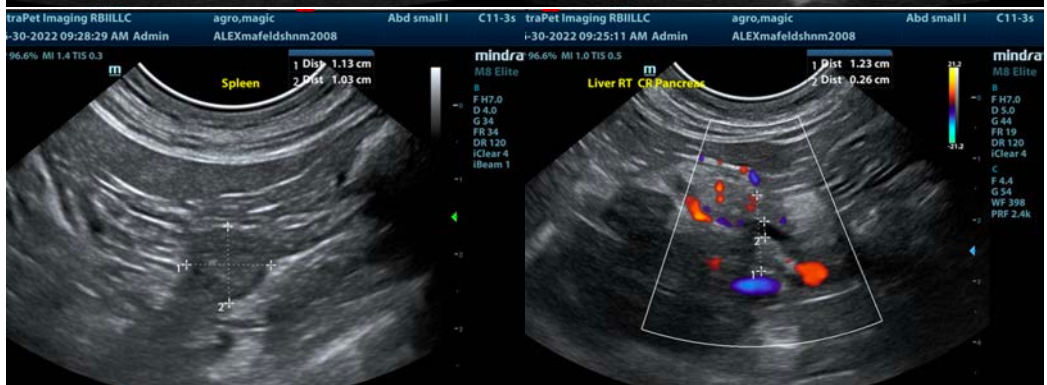
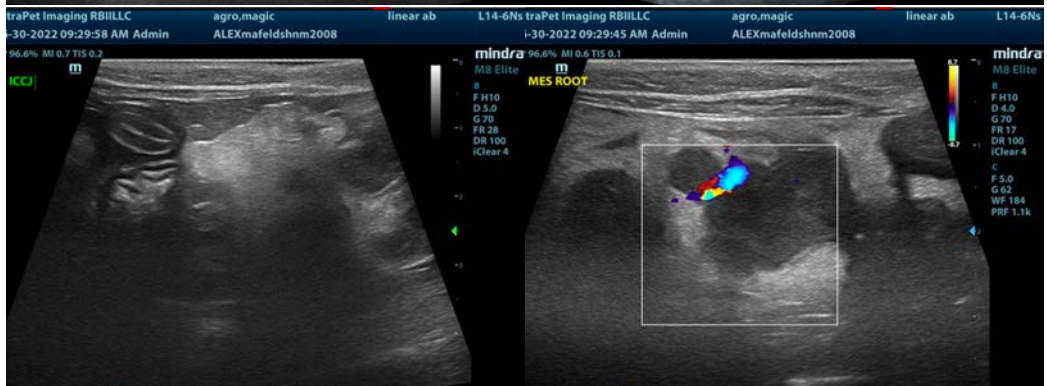
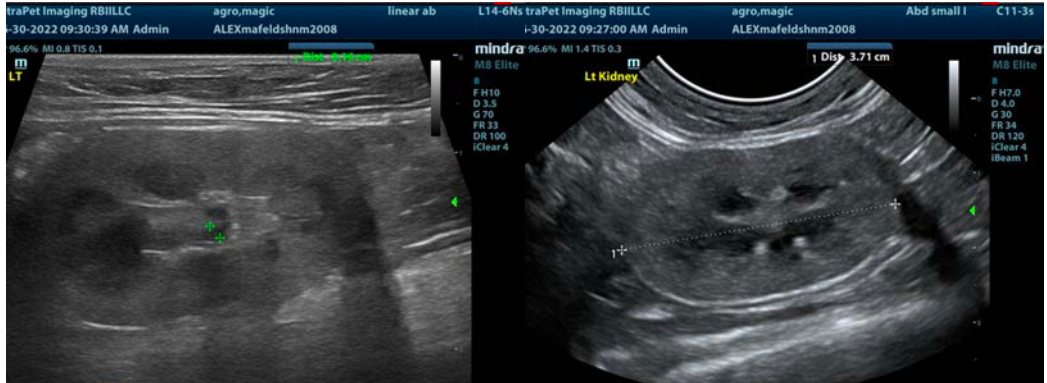
SECONDARY FINDINGS

- Age related renal, hepatic and pancreatic changes
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Round cell neoplasia suspected. Ultrasound guided FNA of the accessible intestine and lymph nodes recommended.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com