

**DATE**

7/1/22

**PRESENTING CLINICAL SIGNS**

History: Presented today for ingrown nails but has lost 1 pound since 12/2021 and has been vomiting daily. Abdominal radiograph shows probable mid-abdominal mass as well as very small kidneys. also not sure if the stomach wall is thickened.

**PATIENT**

Nena Pacifici

Current Medications: gabapentin 50mg tid for arthritis discomfort.

Radiographs: See attached.

**SPECIES**

Date of Previous IntraPet Ultrasound: 9/18/18. See attached.

Feline

Sedation: Gabapentin PO.

Stat Report: Declined at this time.

**BREED**

DSH

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some moderate mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

**AGE**

4/1/03

**WEIGHT**

14.75 Pounds

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 3.84 cm. The left kidney measured 4.12 cm.

**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. 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 0.4 cm. The left adrenal gland measured 0.48 cm.

**HOSPITAL NAME**

Cat Sense Feline  
Hospital

**Spleen**

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

**REFERRING VET**

Dr. Sinclair

**Liver**

Nodular changes were noted in the **liver** with heterogenous parenchyma. The gallbladder and common bile duct were unremarkable.

**INVOICE****Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue

biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

### **Pancreas**

The **pancreas** was enlarged, irregular and nodular with dilated duct.

### **Free Abdomen**

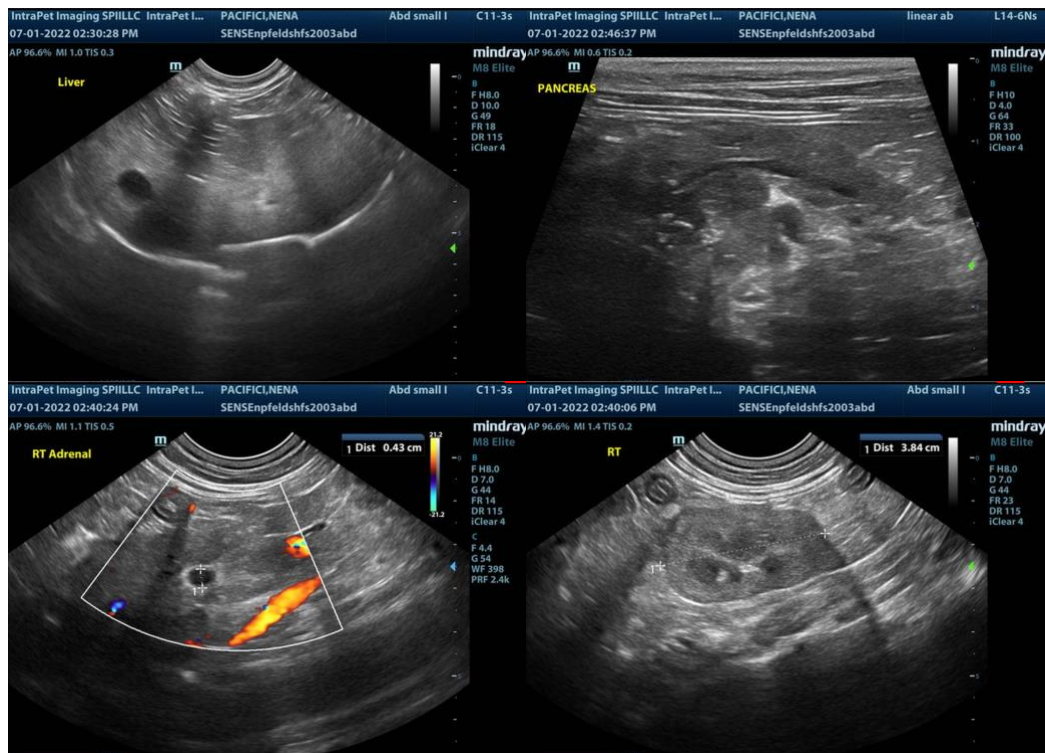
An undifferentiated **mass** was noted in the region of the pancreas, measuring approximately 5.0 cm, suspect pancreatic origin. Carcinoma is suspected.

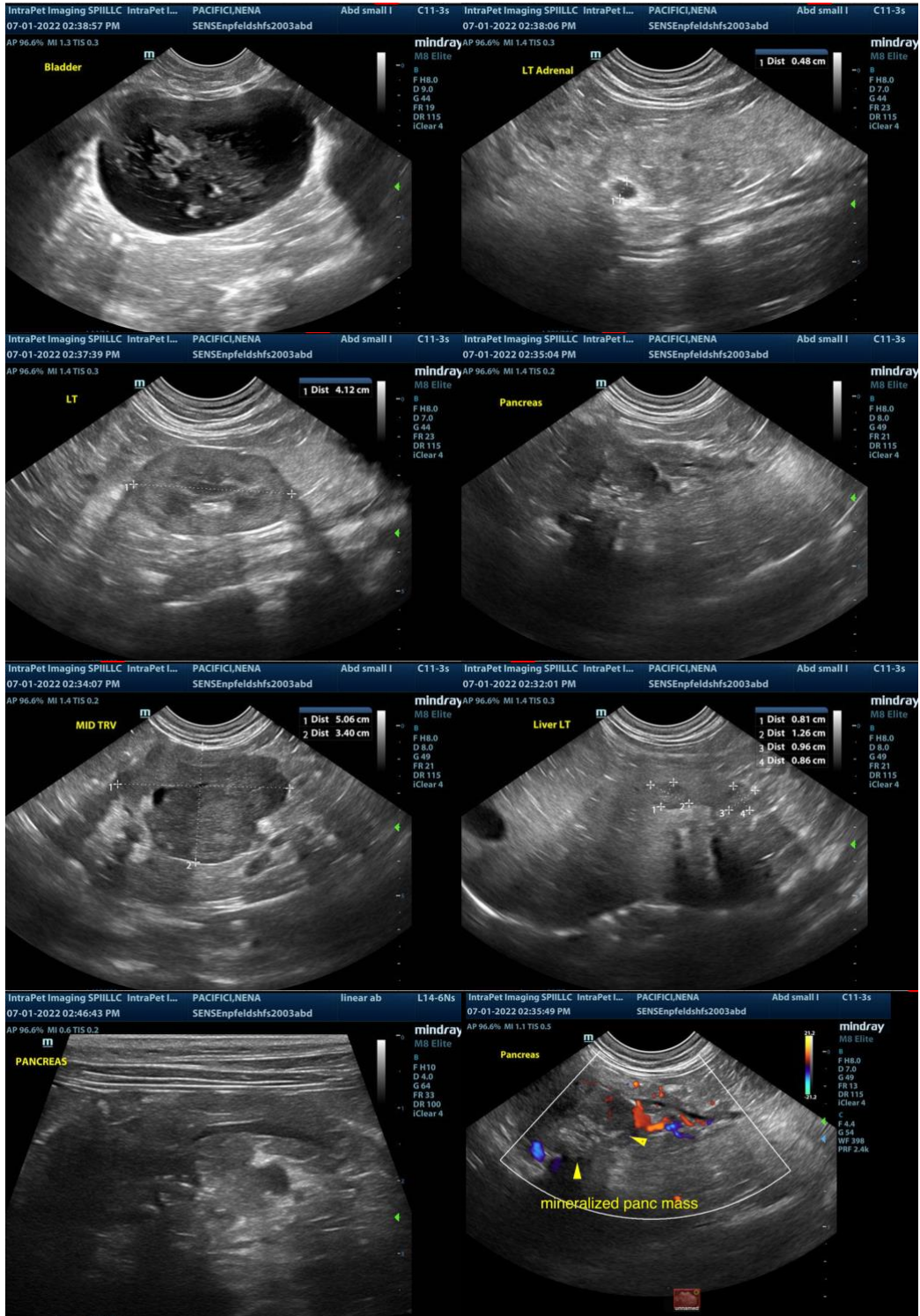
### **ULTRASONOGRAPHIC FINDINGS**

- Undifferentiated mass in the region of the pancreas, suspect carcinoma
- Multiple hepatic nodules
- Minor IBD GI pattern
- Age-related renal changes
- Urinary bladder debris
- Volume contracted spleen

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Suspect metastatic disease. FNA of the pancreas and liver nodules recommended for further definition.





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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