

**DATE**

7/15/22

PRESENTING CLINICAL SIGNS

History: Owner concerned about apparent weight loss and decreased musculing over the past few months. Also has had intermittent vomiting and spotty appetite. Hx of pancreatitis in October and December 2021. Previous Hx of food sensitivities. PE unremarkable except for 1 lb. weight loss since 3/22/22, and generalized loss of muscle mass

PATIENT

Nora McMillion

Current Medications: None listed.

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Feline

Sedation: IV Torb.

Stat Report: Not requested.

BREED

Imaging Performed By: Rachel Brillhart, RDMS.

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Spayed Female

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.

AGE

6/5/07

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.

WEIGHT

10 oz

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 3.33 cm. The left kidney measured

INTERPRETED BY**Adrenal Glands**Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.48 cm. The left adrenal gland measured 0.48 cm.

HOSPITAL NAME**Spleen**

Cat Sense AH

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.

REFERRING VET

Dr. Sinclair

Liver**INVOICE**

16660

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

The **stomach** itself was unremarkable. A jejunal mass was noted, measuring 2.35 cm x 0.46 cm. The jejunal mass appeared stricturing. The colon revealed a separate mural mass, measuring 0.67 cm x 1.0 cm in wall thickness with loss of structural detail. The colonic mass tapers distally to the extent of approximately 3.0 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor 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. Duct dilation was noted in the pancreas, measuring 0.24 cm.

Free Abdomen

The mesenteric **lymph nodes** (up to 1.02 cm x 0.54 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

Other

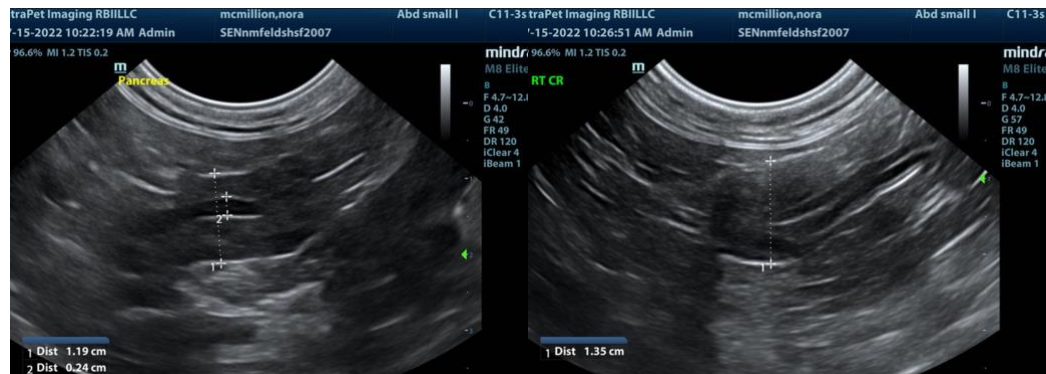
B-lines were noted through the **diaphragm**. Radiographic assessment recommended to assess for metastatic disease.

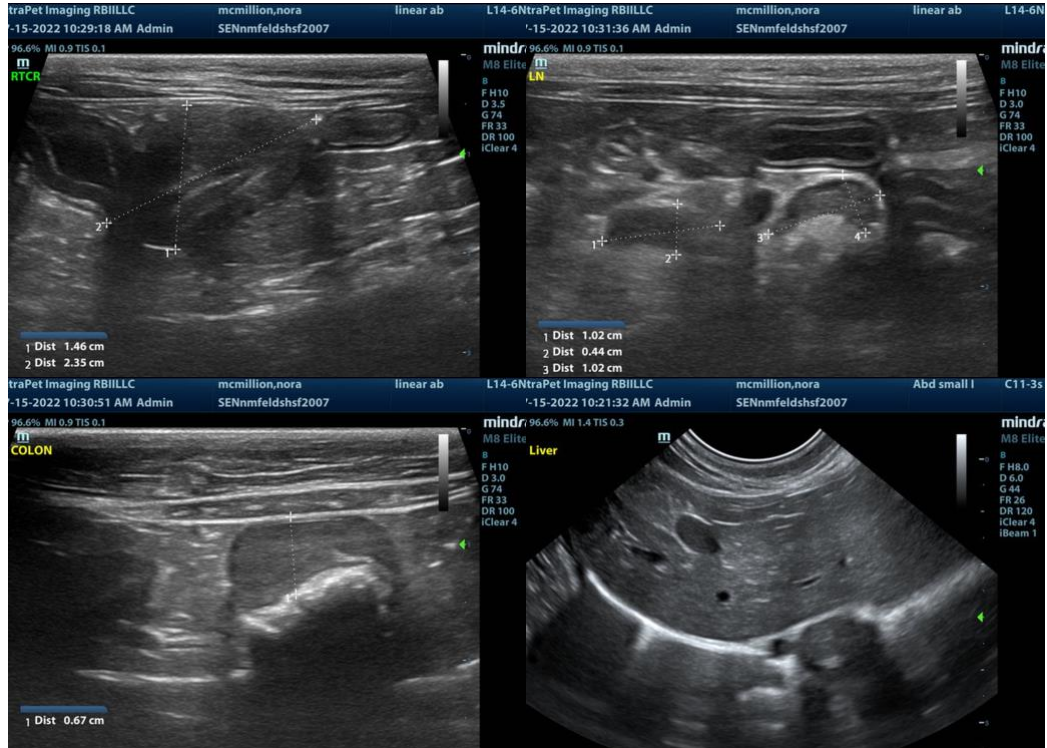
ULTRASONOGRAPHIC FINDINGS

- Prominent irregular pancreas
- Jejunal mass and separate colonic mass
- Reactive mesenteric lymph nodes
- B-lines in the diaphragm
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the colonic mass and jejunal mass recommended +/- the pancreas for further definition. Suspect multicentric GI neoplasia/lymphoma. Prognosis is guarded, depending upon responsiveness to chemotherapy.





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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