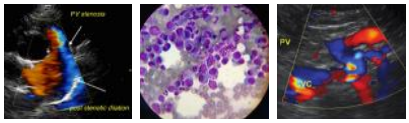
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
7/26/22

PATIENT
Doodle Miller

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
7/26/07

WEIGHT
6 Pounds 12 Ounces

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Cat Sense Feline Hospital

REFERRING VET
Dr. Sinclair

INVOICE
16554

PRESENTING CLINICAL SIGNS

History: Starting last night, not eating, very lethargic and staggering. No known problems prior. She has lost 2 pounds since she was seen in January 2022. She is hypothermic at 97.5 degrees. She's mildly ataxic, mildly icteric, moderately dehydrated. Her liver values are moderately elevated, her BG was 29 and verified by ear prick at 21!! She also has a mild increase in her Na level.

Current Medications: Starting on Dex and IV fluids.
Lab Results: Glu- 29mg/dL, CREA- 2.5mg/dL, BUN- 39mg/dL, ALT-361U/L, ALKP- 204 U/L, GGT- 23U/L, TBIL-2.7mg/dL, Na- 168 mmol/L
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested/Approved.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 and no evidence of pelvic dilation was present. Mineralization was present in the kidneys. The right kidney measured 3.01 cm. The left kidney measured 2.89 cm.

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 0.44 cm. The left adrenal gland measured 0.27 cm.

Spleen

The **spleen** was heterogeneous and irregular with expansive contour with isoechoic nodules. The nodules measured up to 1.0 cm.

Liver

The **liver** was swollen with irregular contour. Coarse architecture and portal markings were noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas
The **pancreas** was heterogeneous and irregular with hypoechoic parenchymal changes and enhanced surrounding mesentery.

Free Abdomen
A hypoechoic and irregular mesenteric **lymph node mass** was noted, measuring 4.0 cm x 1.8 cm. Disrupted architecture with hyperechoic surrounding fat was noted, suggestive for inflammation.

A hepatic lymph node was also enlarged and heterogeneous, yet length to width ratio was maintained at 2.5 cm x 1.0 cm.

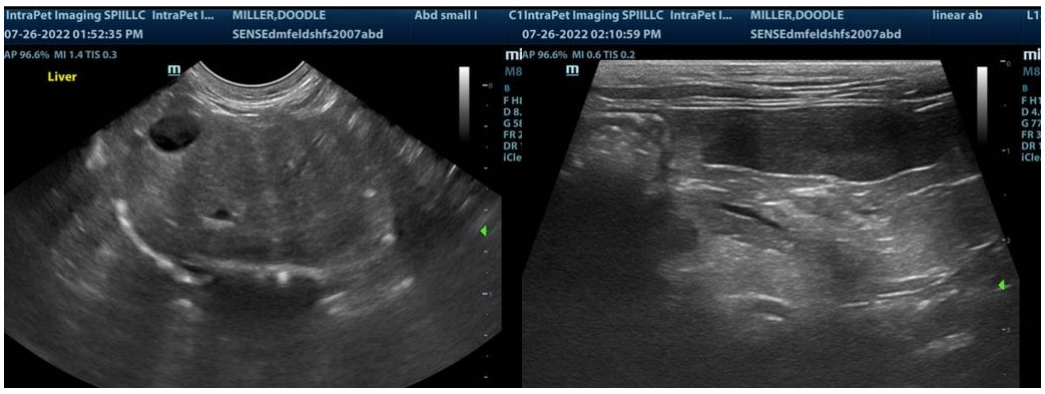
Other
A rapid view of the **heart** revealed no evident pathology.

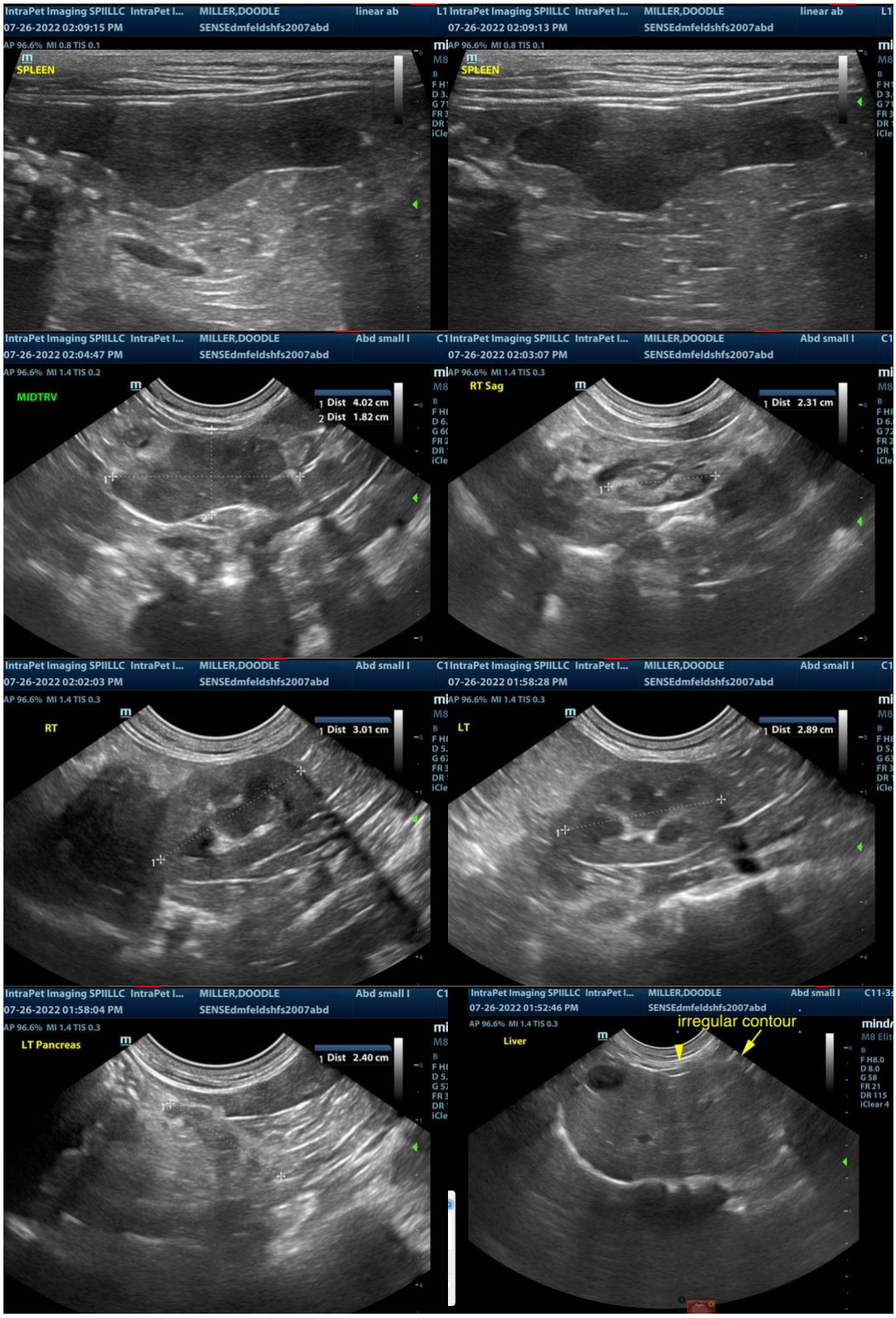
ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymph node mass with infiltrative splenohepatic pattern, strong concern for round cell neoplasia
- Acute on chronic pancreatitis
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend FNA of the spleen, liver and lymph node mass. Lymphadenitis, splenitis, cholangiohepatitis are possible yet less likely. The azotemia is likely more prerenal or paraneoplastic, as the kidneys appear to have only minor degenerative changes. Prognosis is very guarded, depending upon cytology results.




IntraPet Imaging SPIILLC IntraPet I... MILLER,DOODLE linear ab
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AP 96.6% MI 0.8 TIS 0.1
SPLEEN
IntraPet Imaging SPIILLC IntraPet I... MILLER,DOODLE linear ab
07-26-2022 02:09:13 PM SENSEdmfeldshfs2007abd
AP 96.6% MI 0.8 TIS 0.1
SPLEEN
IntraPet Imaging SPIILLC IntraPet I... MILLER,DOODLE Abd small I
07-26-2022 02:04:47 PM SENSEdmfeldshfs2007abd
AP 96.6% MI 1.4 TIS 0.2
MIDTRV
1 Dist 4.02 cm
2 Dist 1.82 cm
IntraPet Imaging SPIILLC IntraPet I... MILLER,DOODLE Abd small I
07-26-2022 02:03:07 PM SENSEdmfeldshfs2007abd
AP 96.6% MI 1.4 TIS 0.3
RT Sag
1 Dist 2.31 cm
IntraPet Imaging SPIILLC IntraPet I... MILLER,DOODLE Abd small I
07-26-2022 02:02:03 PM SENSEdmfeldshfs2007abd
AP 96.6% MI 1.4 TIS 0.3
RT
1 Dist 3.01 cm
IntraPet Imaging SPIILLC IntraPet I... MILLER,DOODLE Abd small I
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AP 96.6% MI 1.4 TIS 0.3
LT
1 Dist 2.89 cm
IntraPet Imaging SPIILLC IntraPet I... MILLER,DOODLE Abd small I
07-26-2022 01:58:04 PM SENSEdmfeldshfs2007abd
AP 96.6% MI 1.4 TIS 0.3
LT Pancreas
1 Dist 2.40 cm
IntraPet Imaging SPIILLC IntraPet I... MILLER,DOODLE Abd small I
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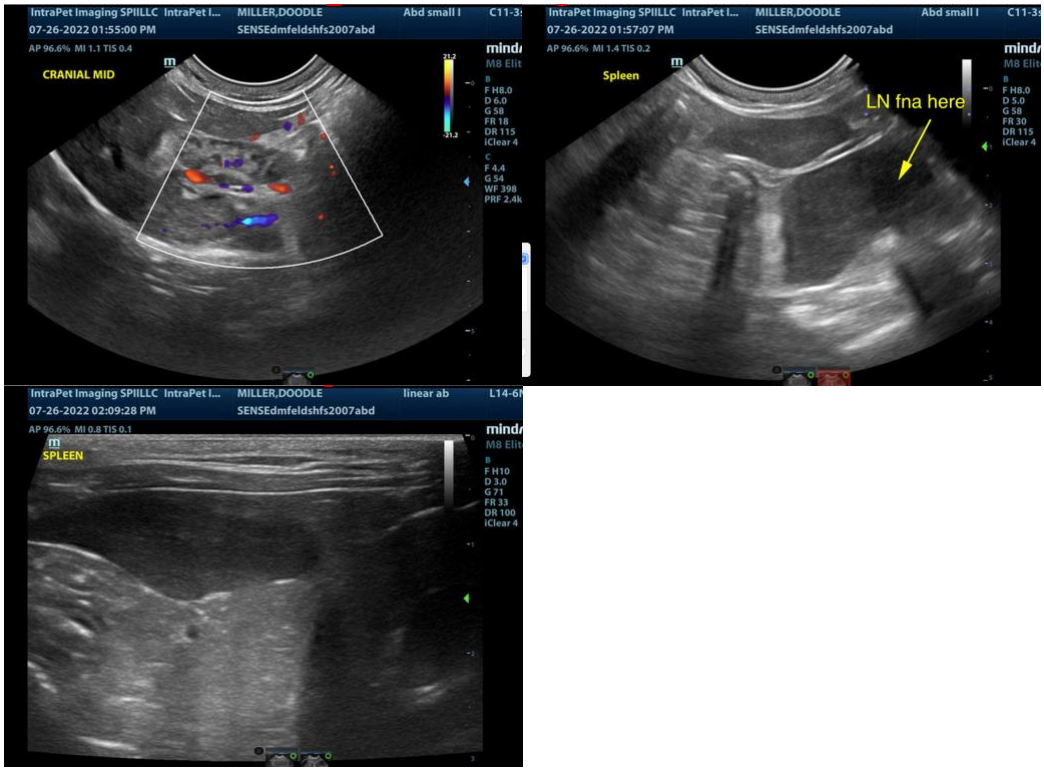
AP 96.6% MI 1.4 TIS 0.3
Liver
irregular contour



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
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