

**DATE**

7/29/22

PRESENTING CLINICAL SIGNS**PATIENT**

Andy Diamond

History: On Andy's last abdominal ultrasound with Intrapet imaging 3/2022, concentric proximal colonic thickening was found with concern for colonic carcinoma vs lymphoma. He was scheduled for an upper/lower GI biopsy at VRC Malvern on 7/1/2022. The procedure was aborted because Andy was hypoglycemia. He is a diabetic. He historically has hyperthyroidism, renal disease, and pancreatitis. He also has a Grade 2 heart murmur. He was evaluated by a veterinary cardiologist with findings of mild left ventricular hypertrophy on 6/6.22.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

Current Medications: Methimazole (5 mg) 1 and 1/2 tab po in am and 1 tab in pm, Glargine 0.5 units sq bid, Vitamin b12 0.25 ml sq monthly, Diltiazem 30 mg tab, 1/4 tab once daily.

Lab Results: elevated glucose (historical diabetic), elevated BUN (suspect due to GI disease and renal disease), elevated spec FPL/ALT/ALP (historical pancreatitis/triaditis), cardiopet pro BNP (history of cardiac disease).

Date of Previous IntraPet Ultrasound: 3/18/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

AGE

10/28/05

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

6.43 Pounds

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.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **kidneys** presented multifocal slightly hypoechoic nodular changes, measuring up to 0.63 cm. Pyelectasia (0.6 cm) was present in the left kidney. Pyelectasia in the right kidney measured 0.16 cm. Medullary rim sign was noted in the left kidney. The left kidney measured 3.5 cm. The right kidney measured 3.76 cm with corticomedullary mineralization.

HOSPITAL NAME

Rock Spring VC

Adrenal Glands

The **right adrenal gland** was 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 0.56 cm.

REFERRING VET

Dr. Gibson

The region of the **left adrenal gland** revealed no evident pathology.

INVOICE

16606

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 moderate 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. The colonic mass noted on the prior sonogram is persistently present, mineralized and increased in size, measuring 5.4 cm x 2.5 cm with colonic wall thickening of 0.87 cm. The descending colon revealed a separate mass, measuring 2.09 cm. Slight areas of free fluid and reactive mesentery was noted, associated with the colon.

Pancreas

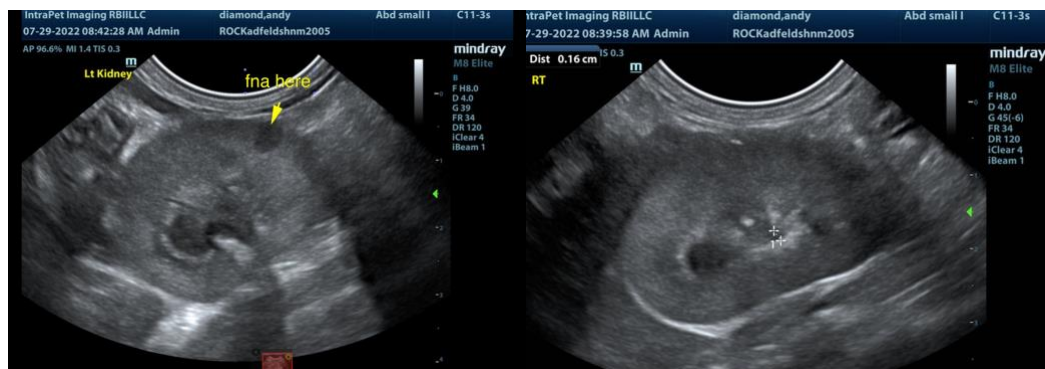
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

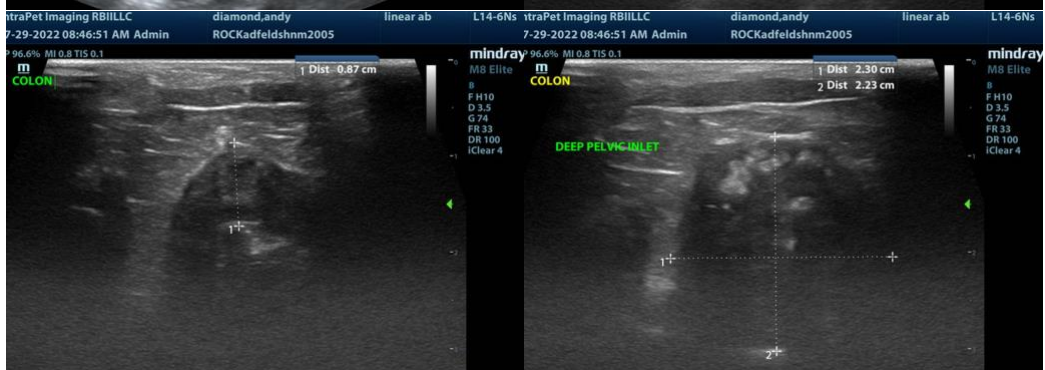
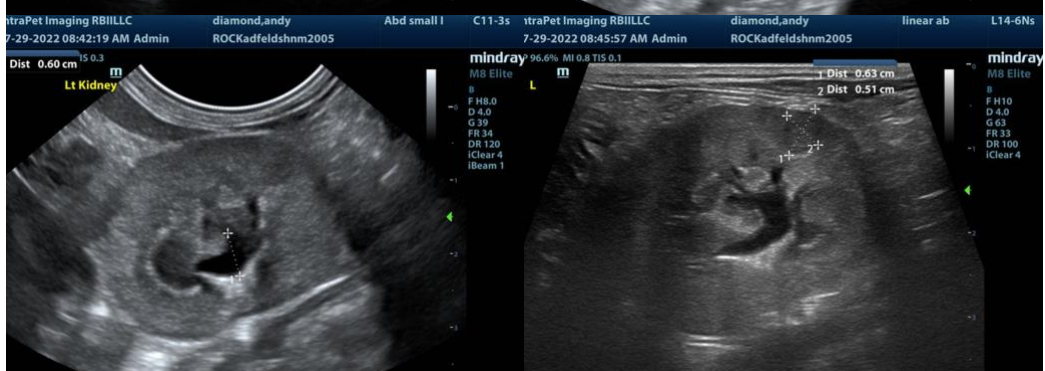
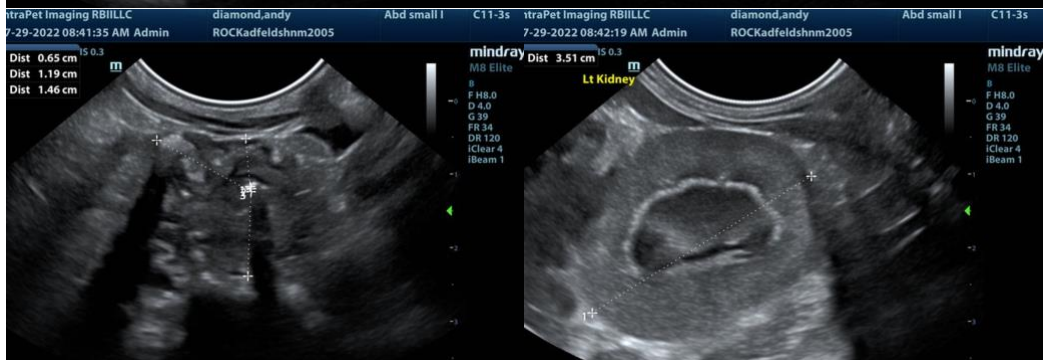
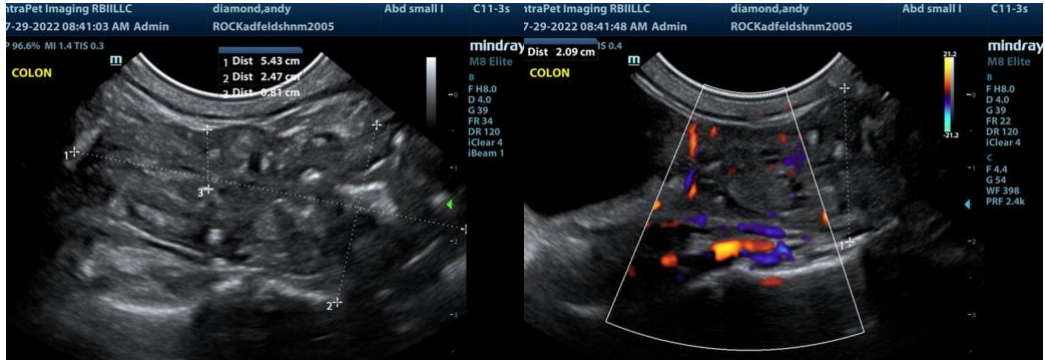
ULTRASONOGRAPHIC FINDINGS

- Persistent colonic mass with secondary mass in the descending colon in the pelvic inlet.
- Free fluid and reactive mesentery, associated with the colonic pathology
- Progressive degenerative renal disease
- Age-related pancreatic and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Granulomatous disease is possible, yet carcinoma is still suspected. Undefined renal cortical nodule, possible metastatic lesion-FNA indicated. Chest radiographs are warranted.







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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