

**DATE**

8/12/22

PRESENTING CLINICAL SIGNS

This AM: saw patient have diarrhea with blood - owner noted that she has been seeing bloody feces in the litterbox but didn't know who it belong to. Has been a known vomiter that was worked up with rdvm, discussed it likely being associated with thyroid - got radiotherapy around 1 month ago. Last night: owner found vomit with blood and believes it is from patient - noted the other cats in the hosuehold don't typically vomit Yesterday AM: was not interested in canned food -continued into today Owner noted that she only ate 1 treat today Not a typical eater of things - owner noted that she did have veggie and fruit remnants out last night - did not appear to be chewed on

PATIENT

Vivian Hiera

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10/31/07

WEIGHT

12.2 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Nacke-Horney

INVOICE

16827

Current Medications: maropitant, metronidazole, buprenorphine, proviable, sucralfate, B12 injection, omeprazole.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 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 4.1 cm. The left kidney measured 4.13 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** revealed micronodular changes with irregular contour.

Liver

The **liver** presented extensive parenchymal and cystic masses. The liver mass occupied the majority of the left liver and impinged upon and invaded the right medial liver with associated lymphadenopathy. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. 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. Intestinal wall thickness measured up to 0.4 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

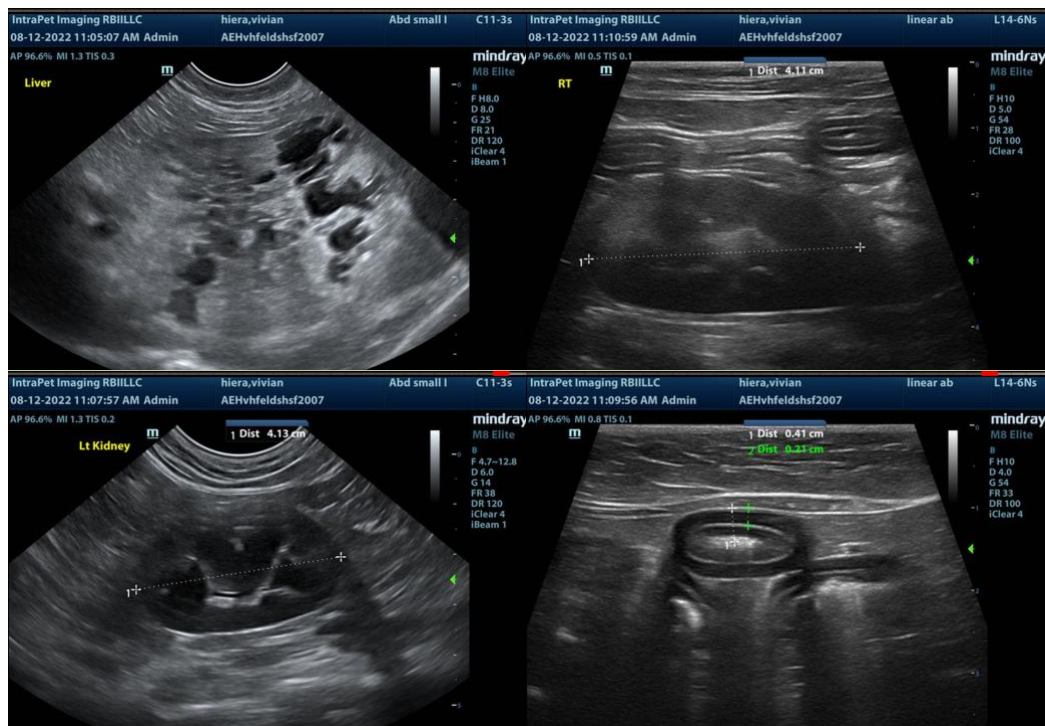
The epigastric **lymph nodes** were enlarged (2.03 cm) and hepatic lymph nodes were rounded and enlarged (2.3 cm).

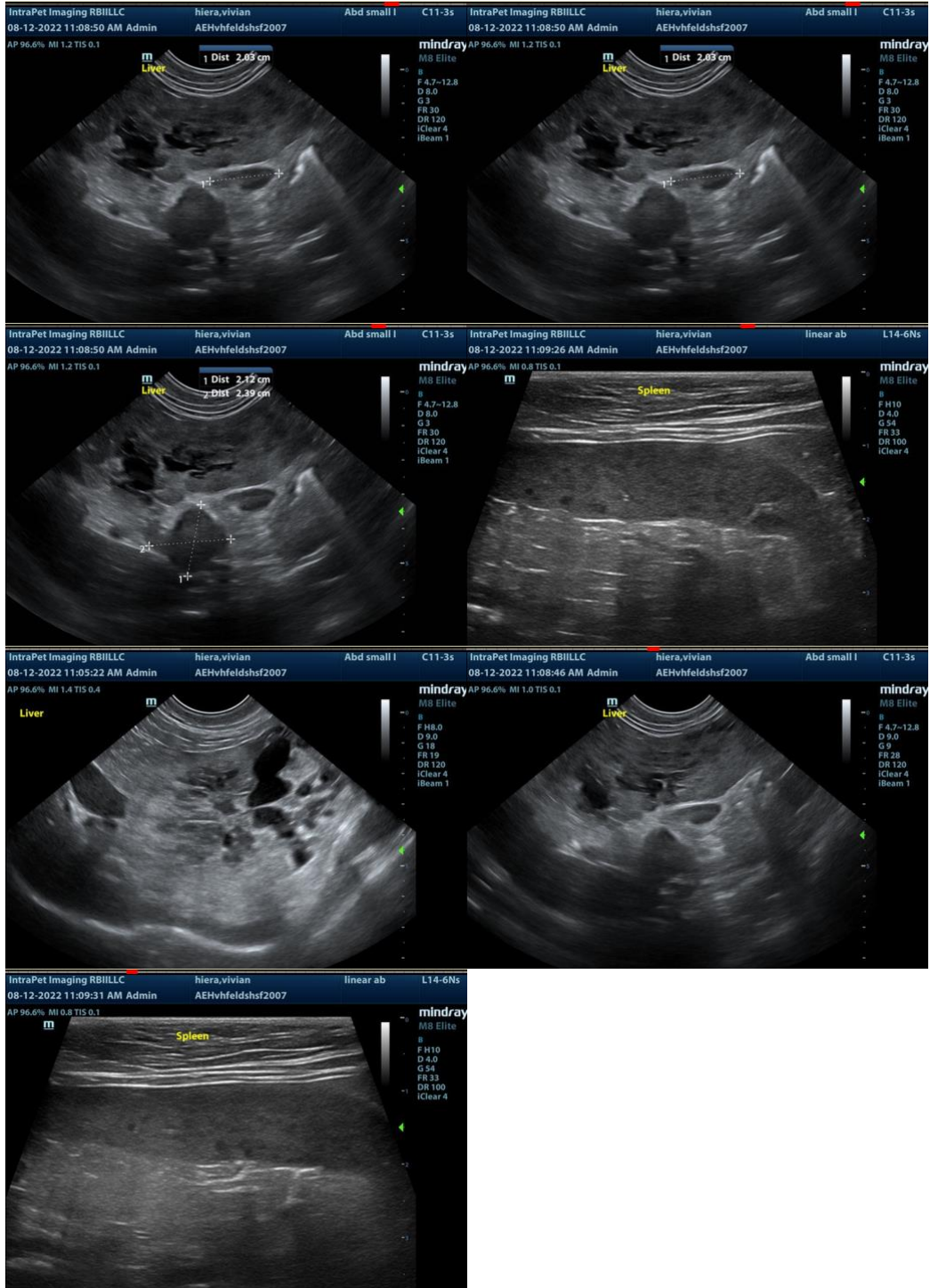
ULTRASONOGRAPHIC FINDINGS

- Extensive hepatic neoplasia with hepatic lymphadenopathy
- Diffuse intestinal thickening
- Micronodular spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A combination of round cell neoplasia and carcinoma is suspected. The hepatic pathology is nonresectable. FNA of the parenchymal portions of the hepatic mass, spleen and accessible hepatic or epigastric lymph nodes would be indicated for further definition. Prognosis long term is guarded to poor depending upon cytology results.





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
info@SonoPath.com