



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Andy Oliver

SPECIES
Feline

vomiting every other day for a few weeks. stool is a little soft. 3 week ago came home and p had defecated on bed. did it again a few days later. did labs, showed inc fpl and t4 and started on methimazole. started vomiting more, decreased appetite, drooling and lethargic after starting methimazole (was oral and just started transdermal) RADS: show limb of pancreas, concern for pancreatitis vs neoplasia concern for abdominal mass (rad report has been uploaded) Doing better today (on cerenia and transdermal methimazole)

BREED
DSH

Abnormal PE/Chem/CBC/UA Results: 8/1 (pre-methimazole) (labs sent out) ALT 208: 27 - 158 U/L AST 53: 16 - 67 U/L ALP 81: 12 - 59 U/L Spec fPL 7.7: 0.0 - 3.5 µg/L 8/15 2 weeks post (in house chem machine) Lymphocytes 0.64: 0.92 - 6.88 K/µL ALT 330 12 - 130 U/L ALP 87 14 - 111 Total T4 1.1 0.8 - 4.7 µg/dL snap fpl abnormal

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX
Spayed Female

Urinary System

AGE
14 Years

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.

WEIGHT
12.4 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The kidneys measured approximately 3.0 cm each.

INTERPRETED BY Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The regions of the **adrenal glands** were unremarkable.

Spleen

IMAGING PERFORMED BY
Dr. Karen Fowler

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.

HOSPITAL NAME Liver

Portland VWC

The **liver** presented coarse architecture, heterogeneous parenchymal changes, and a cystic mass at the cranial pole. This may be benign. The gallbladder and common bile duct were unremarkable.

REFERRING VET Gastrointestinal

Dr. Karen Fowler

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 loss of mural detail. 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.

INVOICE

40621

DATE

8/19/22



PATIENT

Andy Oliver

Mesenteric lymph nodes were enlarged, rounded and hypoechoic with regional inflammation. Largest node measured 2.0 cm x 1.5 cm. However, grouping measured approximately 4.0 cm. Reactive mesentery associated with the lymph nodes and intestinal tract.

SPECIES

Feline

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.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with mesenteric lymph node mass
- Undefined cystic hepatic mass in right cranial liver, possibly benign versus carcinoma

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the mesenteric lymph nodes for cytology and 22-gauge for culture would be recommended. Right cranial intercostal approach to the cystic mass could also be considered for FNA, yet this may be benign. Guarded prognosis. Round cell neoplasia/lymphoma of the mesenteric lymph nodes suspected, lymphadenitis possible. Chest radiographs warranted to assess for metastasis.

AGE

14 Years

WEIGHT

12.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

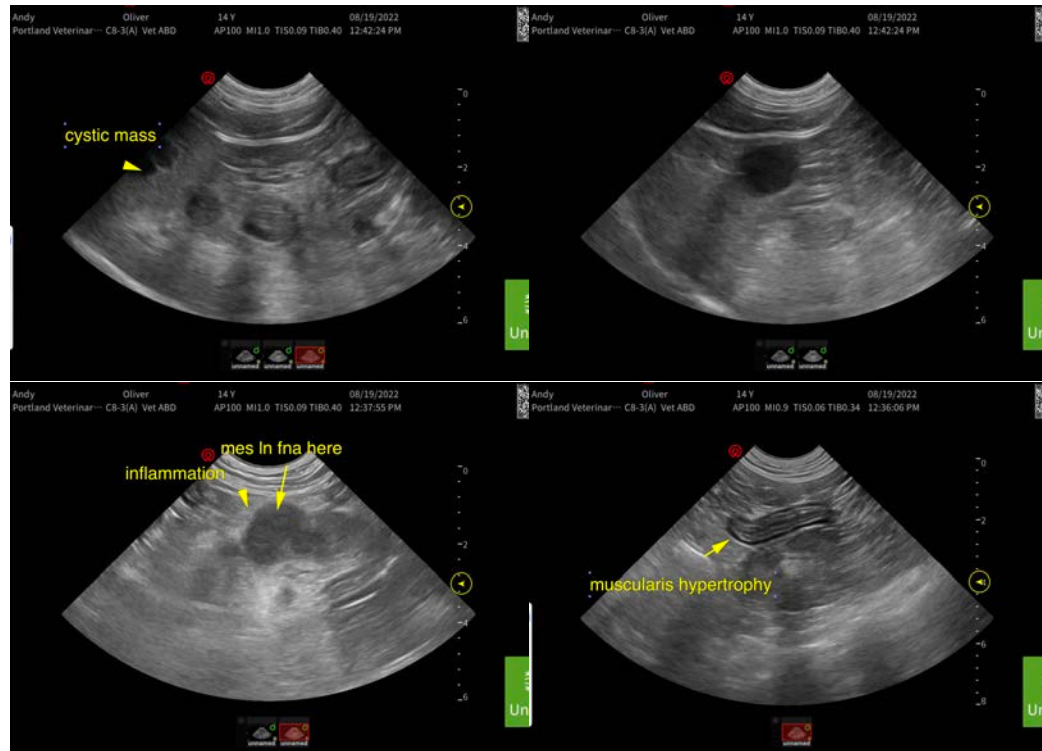
Dr. Karen Fowler

HOSPITAL NAME

Portland VWC

REFERRING VET

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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