



**PATIENT** **PRESENTING CLINICAL SIGNS**

Wendy McKenna

History: Decreasing appetite over the past 2 months with weight loss; Approximately every 2 days she gags and brings up some fluid and hair; Abdominal palpation- soft, non-painful, feels thickened mid cranially

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: CBC/Chem - unremarkable Urine stick: No glucose or ketones, 2+ rbcs, sp. grav=1.040 Radiographs: Lateral and vd of thorax and abdomen. Thorax unremarkable. Loss of serosal detail in the abdomen- especially mid abdomen. Descending colon is moderately dilated with small flecks of fecal material? Small intestines thickened?

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

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 was noted. Ureteral papillae were normal.

**AGE**

14 years

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 left kidney measured 4.07 cm.

**WEIGHT**

7.51 kg

**Adrenal Glands**

**INTERPRETED BY**

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.

**IMAGING PERFORMED BY**

Dr. Trudeau

**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 was noted.

**HOSPITAL NAME**

Petworks VH

**REFERRING VET**

Dr. Trudeau

**Liver**

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

**INVOICE**

76395

**DATE**

8/2/23



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## Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. The distal jejunum revealed regional wall thickness with periserosal inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. 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 more significant disease than IBD. Regional lymph nodes were also enlarged with hyperechoic surrounding fat. This is suggestive for inflammation.

## 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

A cystic and parenchymal sublumbar lymph node enlargement was noted and measured 3.6 x 1.3 cm with pericapsular inflammation.

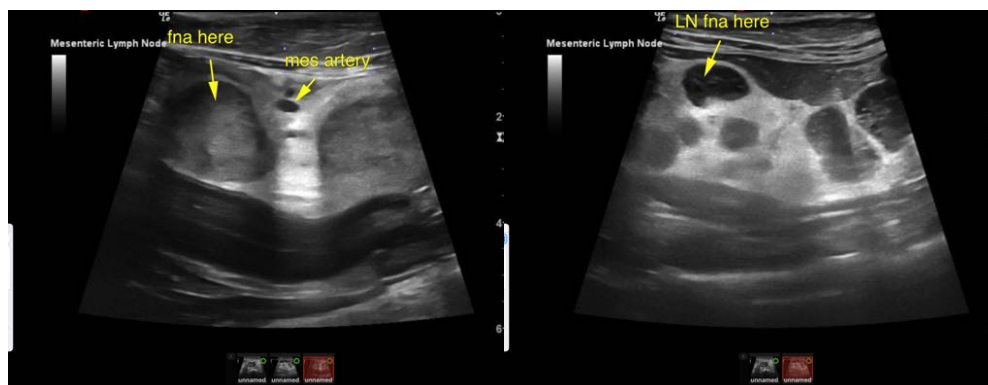
## ULTRASONOGRAPHIC FINDINGS

Sublumbar lymphadenopathy and variable intestinal thickening. Inflammatory bowel with lymphadenitis versus emerging round cell neoplasia are both potentials in this patient.

Age related changes elsewhere.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for emerging round cell neoplasia. Ultrasound-guided FNA of the intestinal thickening, lymph nodes and cystic sublumbar lymph node would be warranted. FNA and drainage and culture of the cystic portion of the sublumbar lymph node is indicated.





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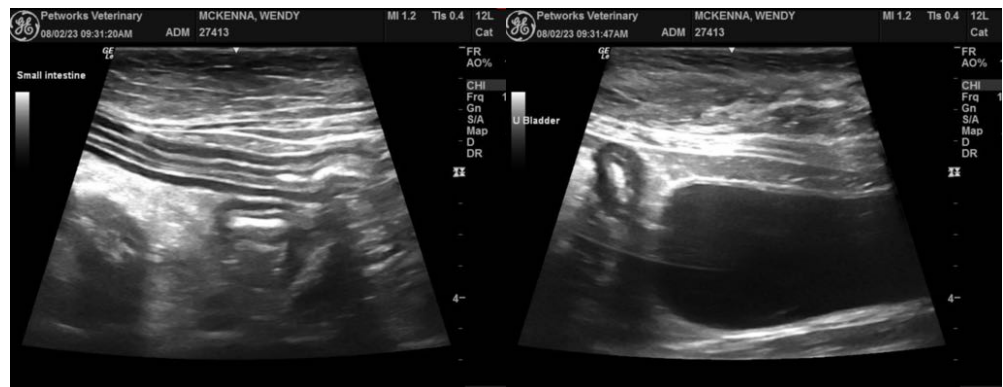
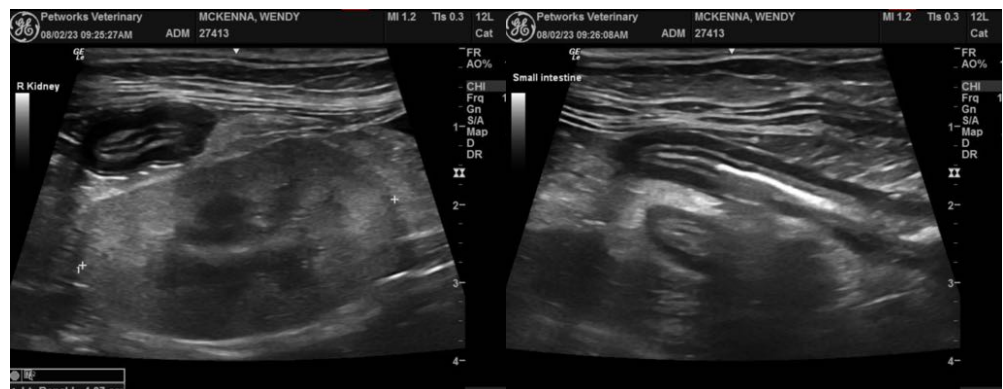
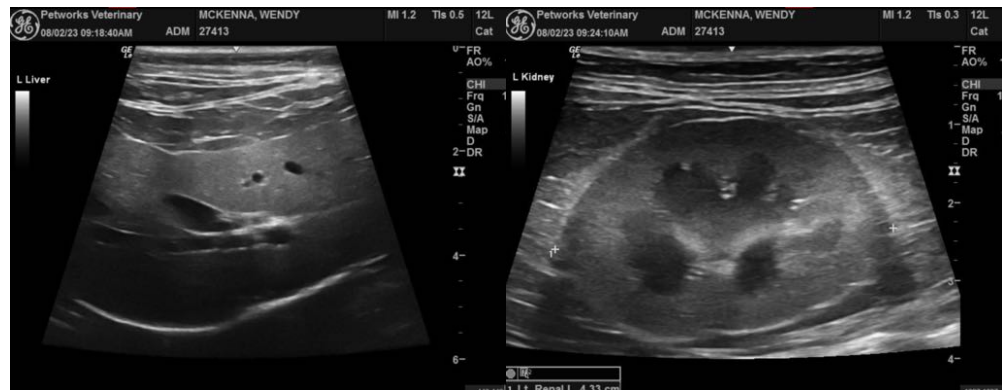
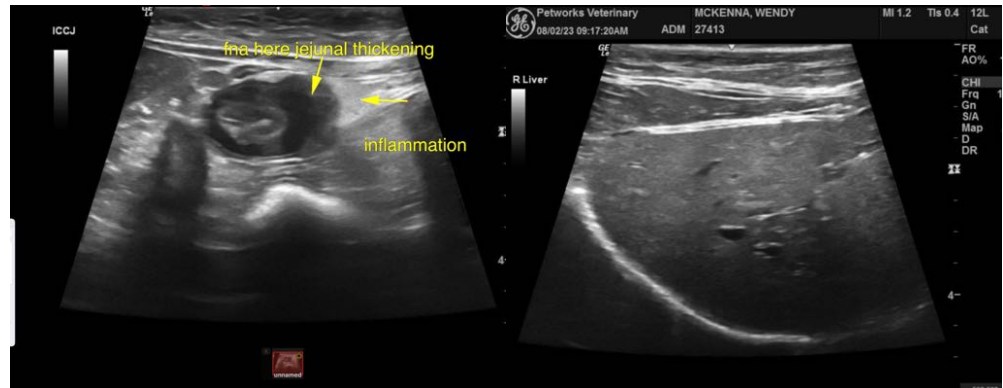
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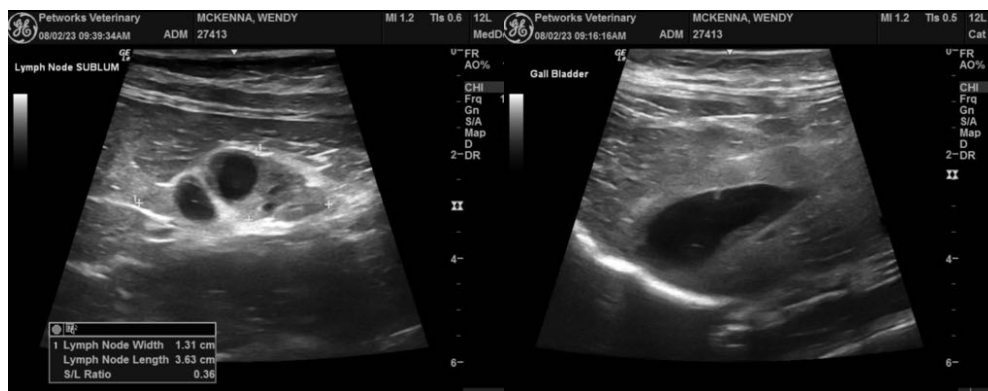
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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