

**DATE**

8/26/21

PRESENTING CLINICAL SIGNS

Progressive weight loss despite normal bloodwork and eating normally. Down 1.86 lbs in last 7 months- has been progressive over the 7 month period. There was an irregular area in bowel on 2019 scan. Current Medications: Amlodipine 2.5 mg 1/2 po bid. Cobalamin 250 microgram SQ monthly.

PATIENT

Reilly Wilkinson

Date of Previous IntraPet Ultrasound: 09/16/2019

Sedation: not needed

Stat Report: not requested

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

BREED

Siberian

SEX

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right ureter revealed a calculus that measured 0.4 cm at the mid level of the right ureter. Hyperperistalsis of the right ureter was noted with minor dilation up to 0.22 cm. A cortical cyst was noted at the caudal pole of the right kidney and measured 0.45 cm. The right kidney measured 3.88 cm. Other smaller calculi were noted in the right ureter and measured up to 0.22 cm. The left kidney measured 4.1 cm with a slight calculus that measured 0.19 cm and was non-obstructive. Other smaller calculi were present.

AGE

2005

WEIGHT

7.8 lbs

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.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 NAMEHealing Paws
Veterinary Wellness**REFERRING VET**

Dr. Levitsky

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

91544

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation

of nutrients if any weight loss is present. Active peristalsis was present. The mesenteric lymph nodes were enlarged. A grouping of which measured 2.66 cm and was rounded with enhanced surrounding mesentery and slight free fluid.

Pancreas

The pancreas was enlarged and measured up to 2.0 cm in the left limb with slight, duct dilation measuring 0.32 cm.

ULTRASONOGRAPHIC FINDINGS

Prominent, irregular pancreas, actively passing right ureteral calculi.

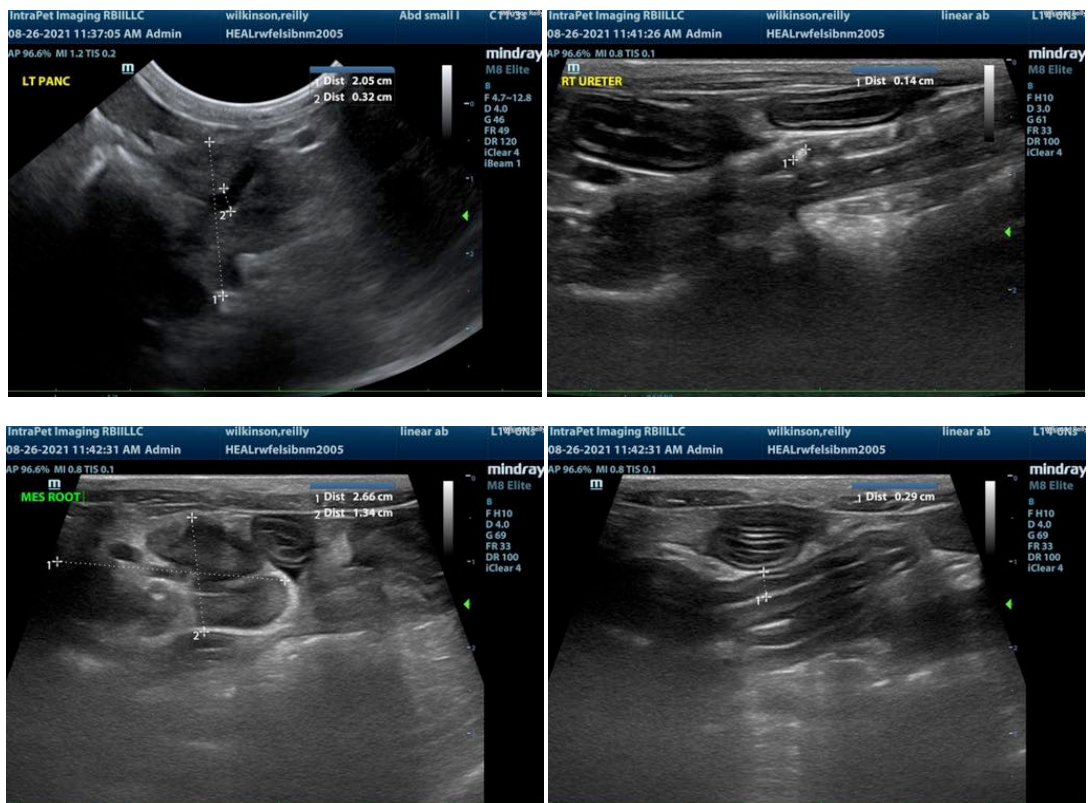
Minor degenerative renal changes with slight calculi.

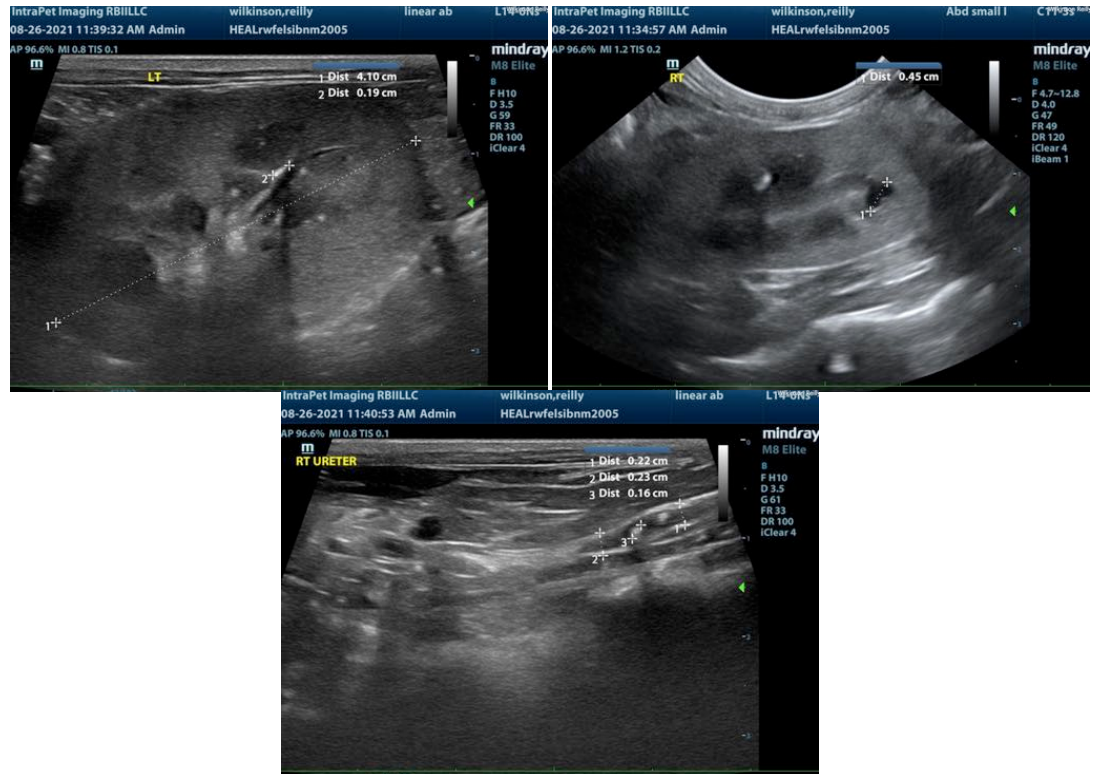
Mild, chronic GI changes. Active peristalsis was present.

Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small calculi in the right ureter appear small enough to pass. I am concerned for emerging round cell neoplasia of the intestinal tract and/or lymph nodes. Some level of chronic pancreatic inflammation is likely present. FNA of the mesenteric lymph nodes +/- cytology and PCR evaluation for lymphoma and culture would be ideal. Otherwise, full thickness intestinal lymph node and pancreatic biopsies would be indicated. Urinalysis is warranted if not already performed to assess for any inflammatory sediment given the ureteral presentation.





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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