

**DATE PRESENTING CLINICAL SIGNS**

8/27/21

PATIENT

History: Lethargy, vomiting for one month, but over the past two days is deteriorating. Not eating/drinking, losing weight. Liver feels enlarged on palpation. Patient is thin in body condition.

FiFi Fields

SPECIES

Current Medications: Mirtazapine 15mg- 1/4 PO q 72hrs, Clavamox 62.5mg/ml- 1 ml PO BID, Metronidazole 100mg/ml- 0.2ml PO BID. All meds began on 8/24, not responding to treatment. Cerenia and SQ LRS given 8/24.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED****Urinary System**

DSH

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.

SEX

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Mineralization was present in the kidneys. The left kidney measured 3.71 cm. The right kidney measured 3.71 cm.

AGE

8/23/13

WEIGHT

5.69 Pounds

Adrenal Glands

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

INTERPRETED BY**Spleen**Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **spleen** was mildly enlarged (up to 1.3 cm in width) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

HOSPITAL NAME

Festival VC

Liver

The **liver** was swollen with irregular contour and enhanced mesentery. The gallbladder wall was echogenic and thickened, measuring 0.5 cm with suspended and dependent debris. The common bile duct was mildly dilated at 0.52 cm. Tortuous cystic duct noted.

REFERRING VET

Dr. Prange

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

INVOICE

12830

Pancreas

The **pancreas** was relatively uniform yet swollen with hypoechoic parenchyma. The pancreas measured 2.3 cm in width. The common bile duct and pancreatic duct were both dilated just prior to the duodenal papilla. No physical obstruction noted, however, regional inflammation is significant and this is most

consistent with pancreatitis with extrahepatic bile duct obstruction.

Free Abdomen

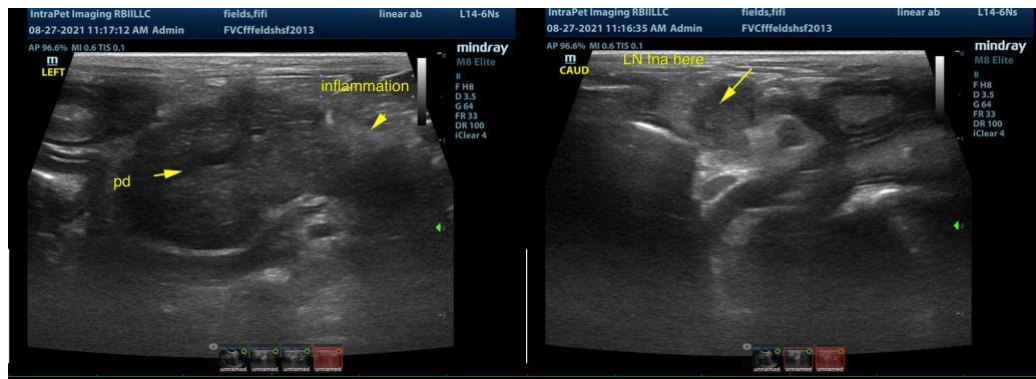
The epigastric **lymph nodes** were slightly enlarged and reactive, measuring 0.9 cm x 0.43 cm. Reactive mesentery was noted throughout the cranial abdomen. The mesenteric lymph nodes were reactive, measuring up to 1.0 cm. Slight areas of free fluid were noted in the caudal abdomen.

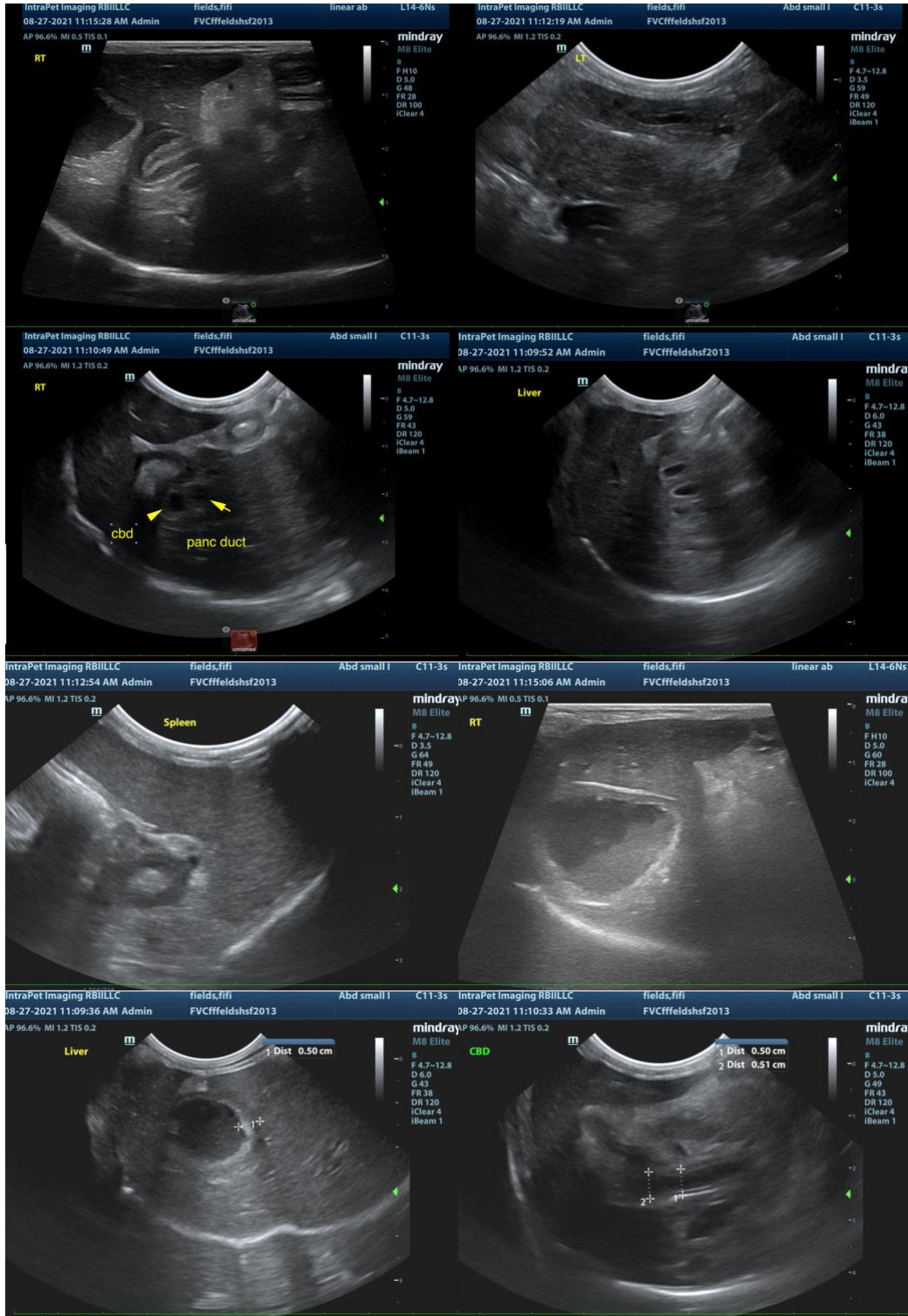
ULTRASONOGRAPHIC FINDINGS

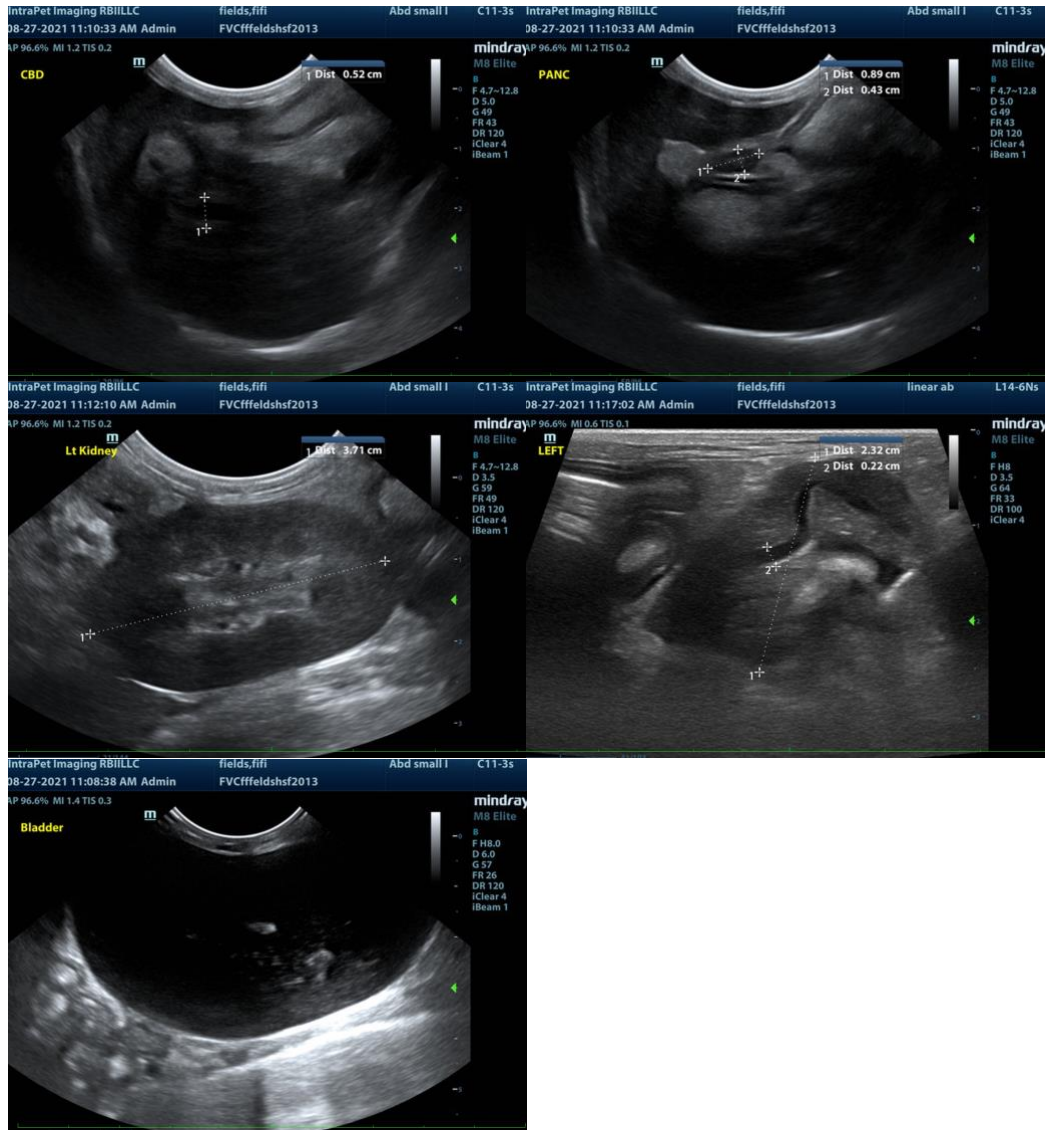
- Age-related renal changes
- Spleen, mildly enlarged with scalloping contour
- Liver, swollen with irregular contour and enhanced mesentery
- Gallbladder, echogenic and thickened with dilated common bile duct and tortuous cystic duct
- Pancreas, relatively uniform yet swollen with hypoechoic parenchyma and dilated duct
- Mesenteric lymph nodes, reactive
- Epigastric lymph nodes, slightly enlarged and reactive
- Free fluid noted in the caudal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying hepatosplenic lymphoma is a minor potential in this patient. I recommend aggressive treatment for pancreatitis. Feeding tube likely in this patient's best interest. FNA of the spleen and liver warranted to ensure round cell neoplasia is not an issue, especially given the free fluid. Eventually cholecystoduodenostomy may be necessary in this patient depending upon follow up ultrasound. Enrofloxacin/metronidazole combination, plasma expanders, pain management and feeding tube placement would be ideal. Prognosis is guarded. Recheck sonogram in 48-72 hours. Also, ultrasound guided FNA of the mesenteric lymph nodes 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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