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DATE

8/5/22

PATIENT

Mia Paff

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/1/13

WEIGHT

8 lb 12 oz

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Mengers

INVOICE

40232

PRESENTING CLINICAL SIGNS

Presented 7/25/22 for vomiting, lethargy, not eating or drinking. Hx of grade II/VI L systolic heart murmur diagnosed on annual exam on 5/18/21. Abdominal rads on 7/25/22 showed significantly decreased serosal detail in abdomen w/ no significant findings in chest. Bloodwork showed elevated WBCs (36,400) and SDMA (16). Started on clavamox and cerenia with no improvement. Repeat bloodwork on 8/2/22 showed WBC 37,500, neutrophils 29,625.

Current Medications: clavamox - 62.5mg PO BID, cerenia - 8mg PO SID x 8 days (started 7/26/22).

Lab Results: 7/25/22 BW - leukocytosis w/ neutrophilia, elevated kidney values. 8/2/22 BW - leukocytosis w/ neutrophilia, increase from prior bloodwork.

Radiographs: 7/25/22 Decreased serosal detail of abdomen.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 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 right kidney measured 4.24 cm. The left kidney measured 3.92 cm.

Adrenal Glands

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

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 were noted.

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.

Gastrointestinal

Gastric wall thickening noted, excessive, likely part of a multicentric process, measuring 0.90 cm. An epigastric lymph node was mildly enlarged, measuring 0.82 cm x 0.50 cm. An extensive small intestinal mass was noted in this patient measuring 3.0 cm in width and at least 5.0 cm in length. Multifocal lymph nodes

were enlarged, irregular and hypoechoic, measuring up to 2.7 cm. Some reactive mesentery noted associated with the GI tract. Variable other intestinal thickening also noted.

Pancreas

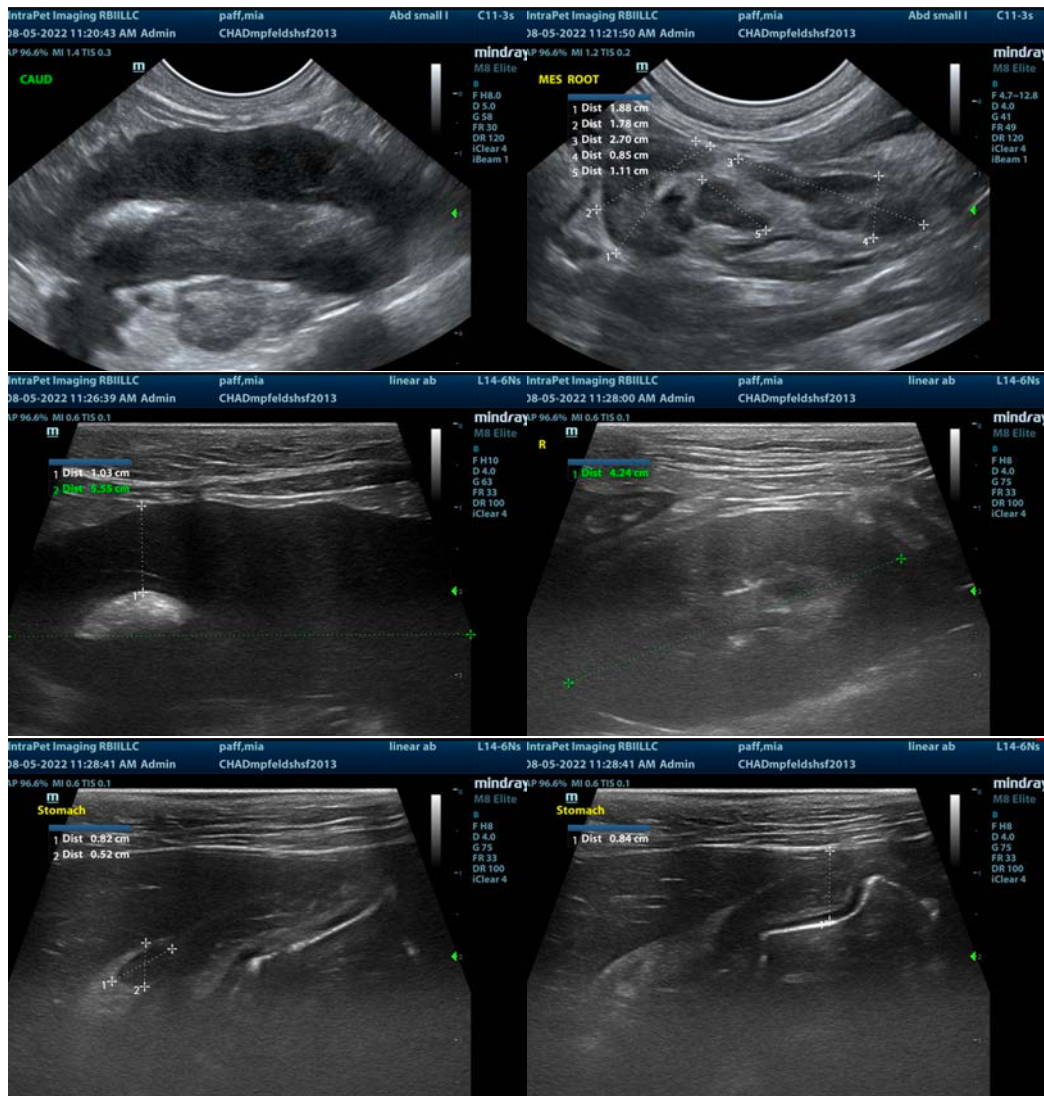
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

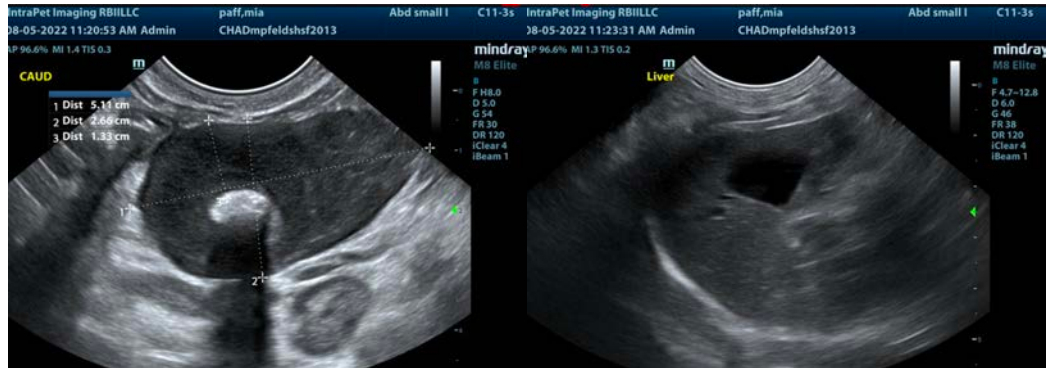
ULTRASONOGRAPHIC FINDINGS

- Multicentric lymphoma pattern involving the intestine, lymph nodes and likely stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lymph nodes, intestine and gastric wall all indicated.





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