

**DATE**

9/1/21

PRESENTING CLINICAL SIGNS

History: weight loss, cranial abdominal mass found at exam.

Current Medications: No current medications.

Lab Results: Attached separately.

PATIENT

Radiographs: To be performed post-scan.

Roxy Hadley

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

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. 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.

BREED

Domestic Shorthair

SEX

Spayed Female

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.0 cm.

AGE

11/6/07

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.

WEIGHT

10 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** was mildly enlarged 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

Maryland Mobile VC

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 revealed minimal dilation and thickened wall. The duodenal papilla was slightly thickened at 0.35 cm. The common bile duct just prior to the duodenal papilla measured 0.52 cm. The cystic structure measures approximately 2.0 cm with echogenic debris and well defined wall. It appears to be deriving from either the common bile duct. This is likely owing to chronic stricture and/or abscessation. The gallbladder was empty and non-obstructed. This may also represent abscessation. Lobar biliary duct dilation was noted.

REFERRING VET

Dr. Hahn

INVOICE

91629

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. 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.

Pancreas

Minor heterogenous **pancreatic** changes were noted. The pancreatic duct was followed to the common bile duct junction prior to the duodenal papilla.

ULTRASONOGRAPHIC FINDINGS

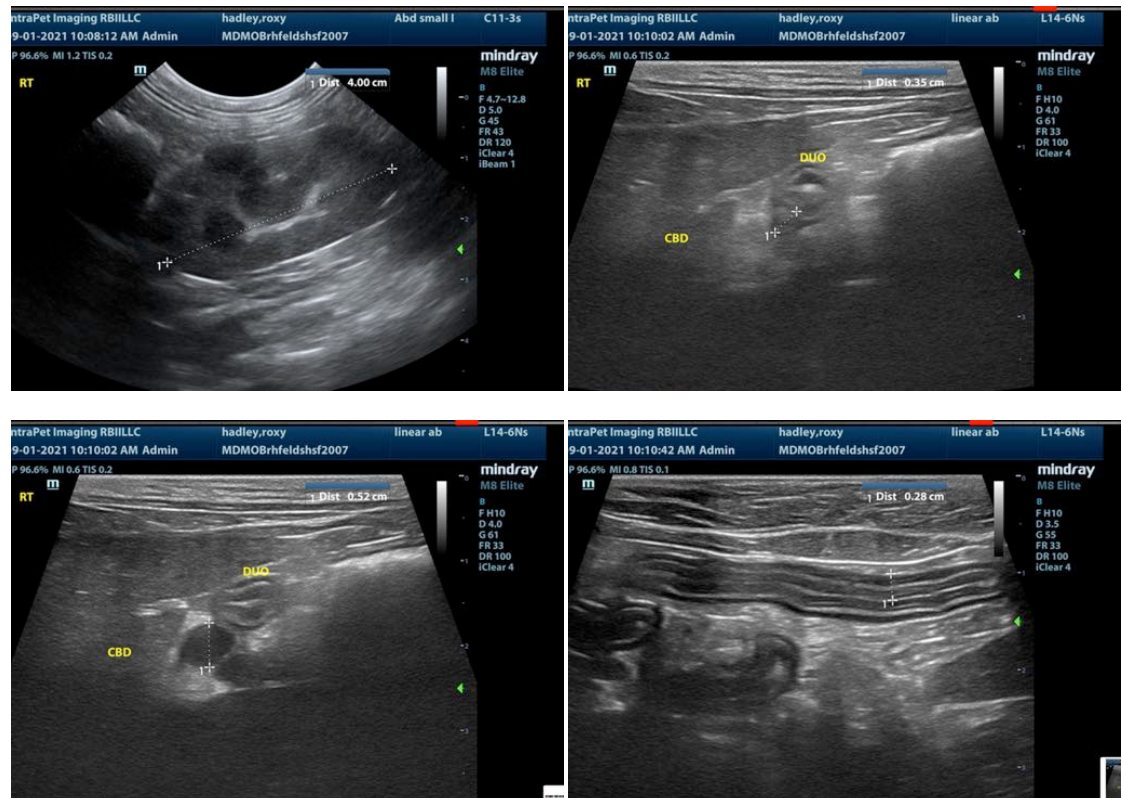
Biliary ectasia of the common bile duct and post hepatic obstruction pattern with concurrent inflammatory hepatopathy.

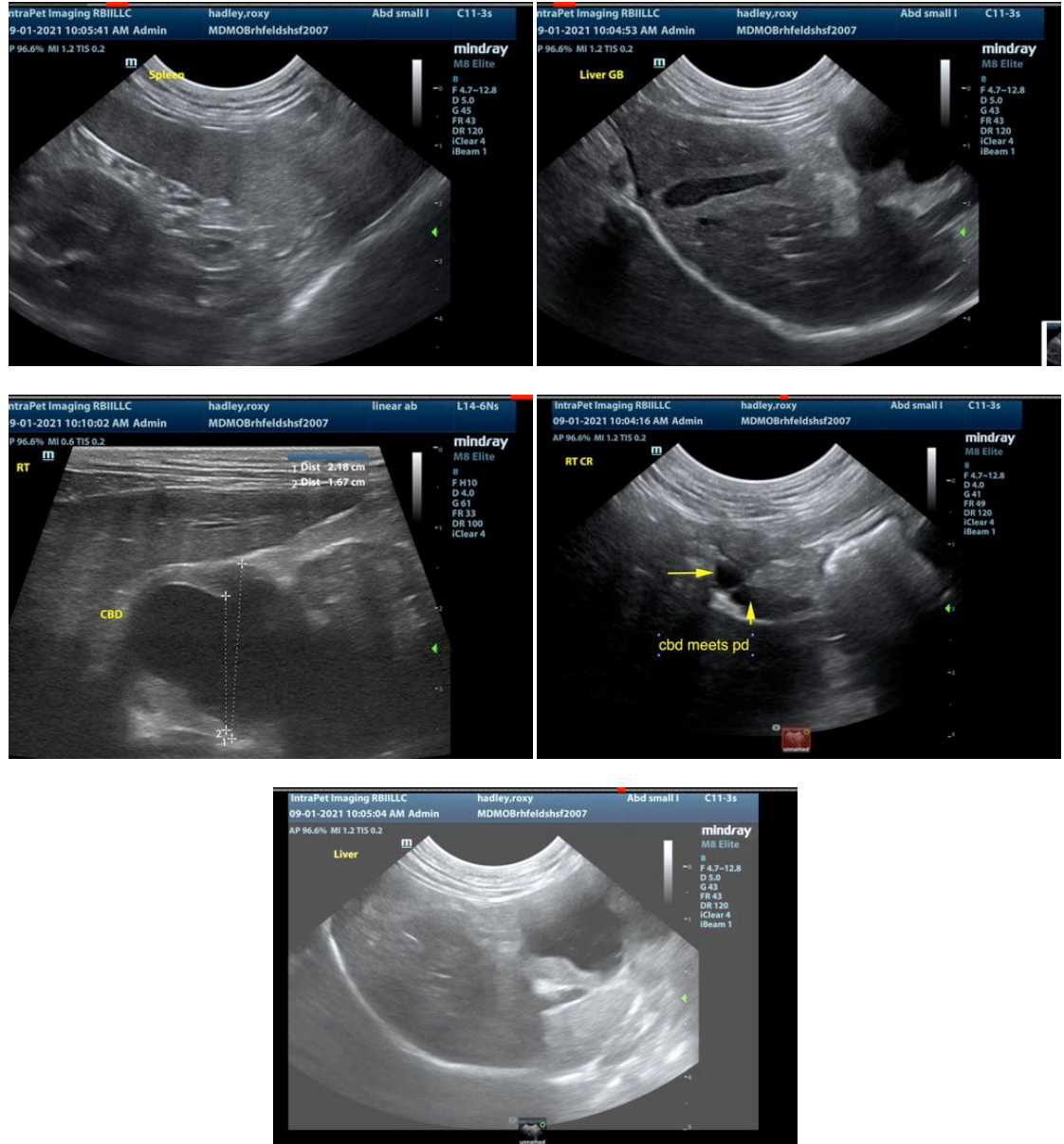
Chronic pancreatic changes.

Chronic intestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend surgical intervention in this patient. Bile duct redirection may be necessary. Lobar biliary duct dilation was noted throughout the liver. This is consistent with post hepatic obstruction. The distal aspect of the common bile duct appeared to be largely unremarkable. However, the minor ectasia in the duodenal papilla appeared to be intact, but may be dysfunction. There was no overt evidence of neoplasia. The biliary ectasia may be contributing to the appearance of hepatomegaly on radiograph. FNA of the spleen and liver is warranted given that the spleen is likely reactive or splenitis related. However, underlying round cell neoplasia is a potential. Screening FNA of the spleen and liver is recommended prior to surgical intervention.





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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