

**DATE**

9/13/21

PRESENTING CLINICAL SIGNS

History: increased bilirubin & alt; elevated liver values.

Current Medications: Not provided by the veterinarian.

Lab Results: increased bilirubin & alt; elevated liver values. ALT 291, AST 72, ALKP 151, bilirubin 3.1

PATIENT

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: 3-8-2021.

Brody Reiss

Sedation: not needed

Stat Report: not requested

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**The **urinary bladder** revealed sand accumulation that measured 2.3 cm.**BREED**

Domestic Shorthair

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 left kidney measured 3.6 cm. The right kidney measured 3.95 cm.

SEX

Neutered male

AGE

5/16/09

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. The left adrenal gland measured 0.56 cm. The right adrenal gland measured 0.49 cm.

WEIGHT

13.3 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**The **spleen** was mildly enlarged with subtle, micronodular changes.**HOSPITAL NAME**

Bay Country VH

Liver

The **liver** was swollen with heterogenous parenchymal changes and increased portal markings. The swollen hepatic contour is concerning for potential conversion to lymphoma or similar neoplasia. Minor free fluid was noted between the liver lobes. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct is at the upper limits of normal and measured 0.41 cm.

REFERRING VET

Dr. Dearie

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease.

INVOICE

91793

Intestinal wall thickness measured up to 0.3 cm. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. 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 out this possibility.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic

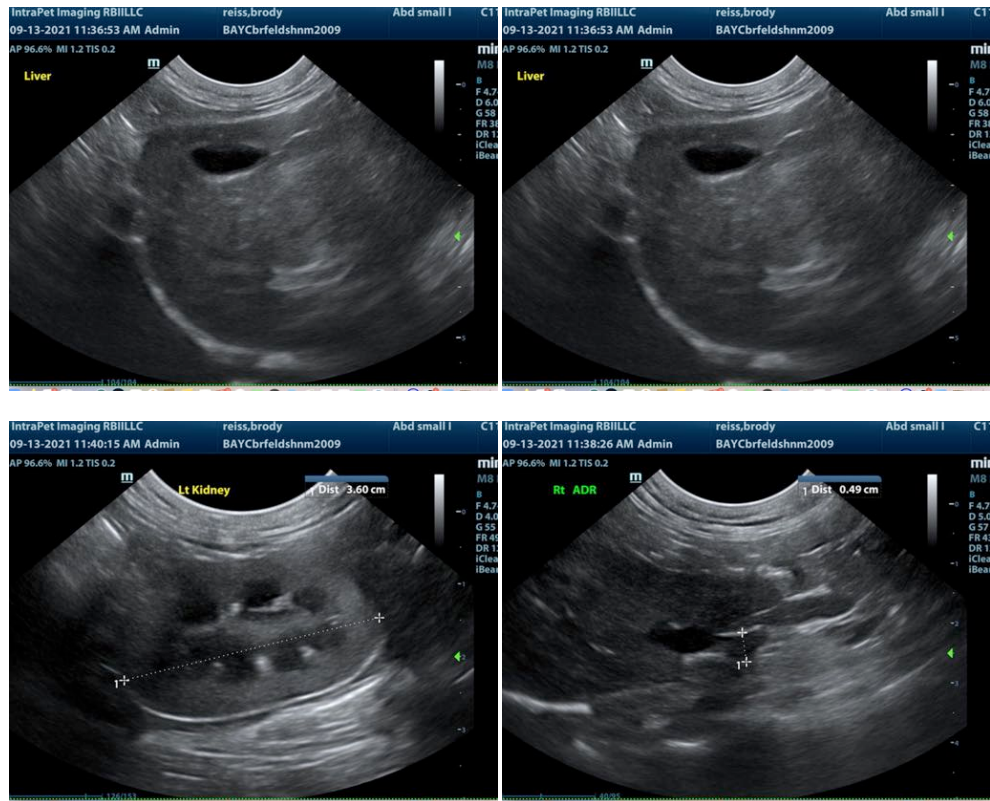
duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The pancreas measured 0.91 cm in the left limb.

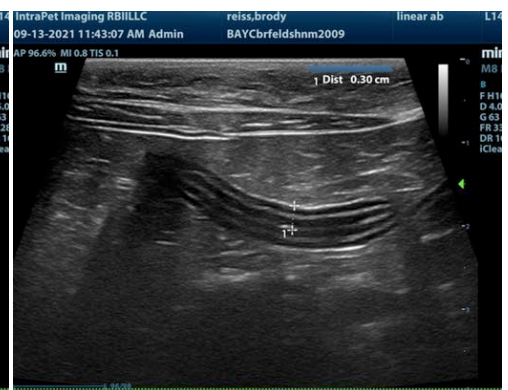
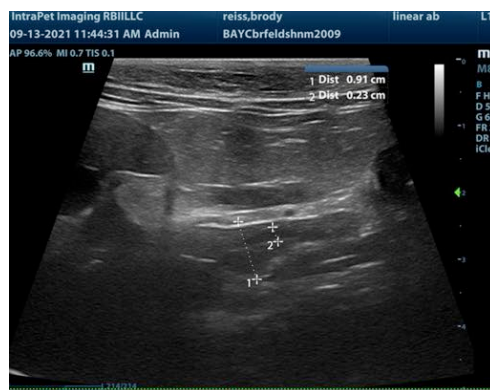
ULTRASONOGRAPHIC FINDINGS

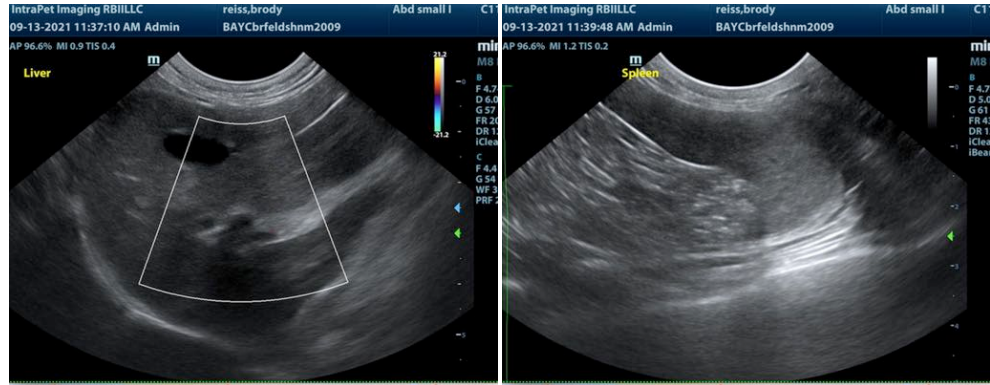
- Swollen, irregular liver. Concern for emerging lymphoma versus cholangiohepatitis. No evidence of post hepatic obstruction.
- Enlarged spleen with likely nodular changes.
- Concurrent bladder sand, appears stable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic and hepatic FNA is recommended. This presentation is significantly different from splenohepatic presentation noted on the prior sonogram.







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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