

**DATE**

9/17/21

PRESENTING CLINICAL SIGNS

History: Decreased appetite and weight loss. Possible mass or intestinal thickening appreciated on palpation of abdomen.

Current Medications: No current medications.

PATIENT

Ellie Martinez

Lab Results: Mild anemia, mild hypoalbuminemia; Remainder of GHP1 wnl.

Radiographs: Lateral abdomen: possible mass effect noted in caudal abdomen (cranial to bladder).

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Gabapentin 100mg PO administered prior to scan.

Stat Report: not requested

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

American Shorthair

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.

SEX

Intact female

The **uterus** was unremarkable.

AGE

7/22/14

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, non-obstructive. The left kidney measured 3.93 cm. The right kidney measured 4.09 cm. Patchy mixed hypoechoic changes noted in the kidneys.

WEIGHT

5.7 lbs

Adrenal Glands

The **right adrenal gland** was 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 right adrenal gland and measured 0.47 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The region of the **left adrenal gland** revealed no evident pathology.

HOSPITAL NAME

Greenbrier VC

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.

REFERRING VET

Dr. Receski

Liver

The **liver** was uniformly enlarged with mild increased portal markings. The gallbladder and common bile duct were unremarkable.

INVOICE

13128

Gastrointestinal

The **stomach** itself was unremarkable. The intestine revealed a 1.5 cm concentric jejunal mass with focal wall thickening (0.8 cm). The mass extended for approximately 5.0 cm in length with a tapering infiltrative pattern. Variable intestinal thickening noted elsewhere in the small intestine.

Pancreas

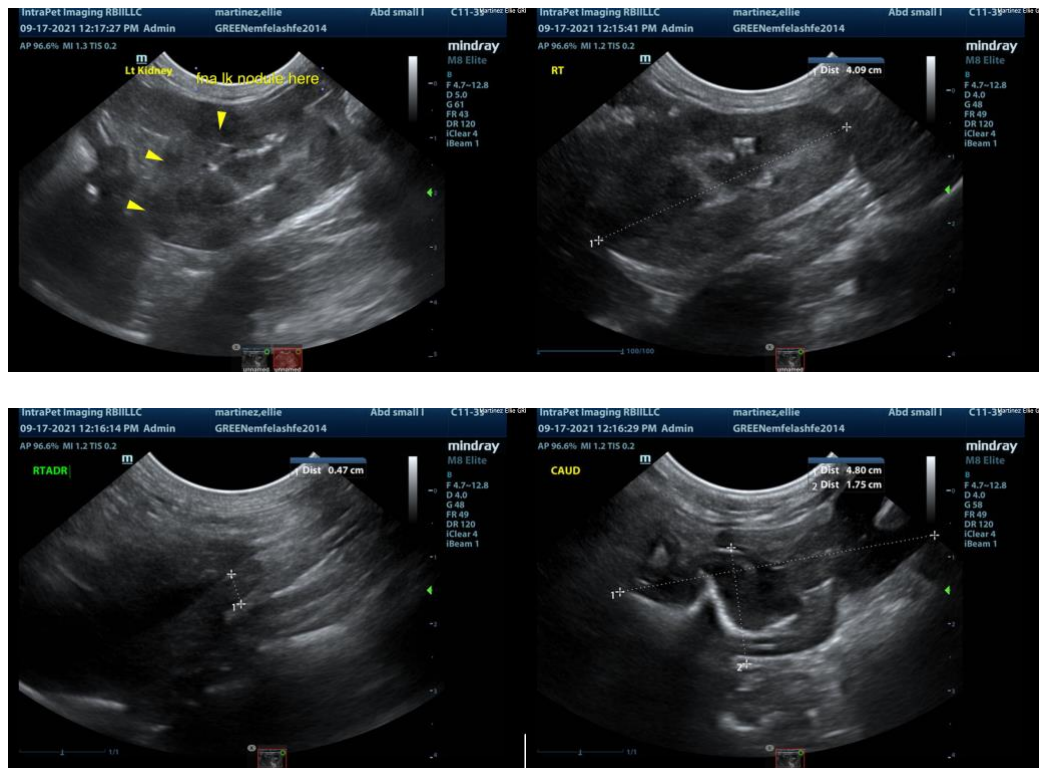
The **pancreas** was enlarged, hypoechoic and mildly swollen, measuring 1.24 cm.

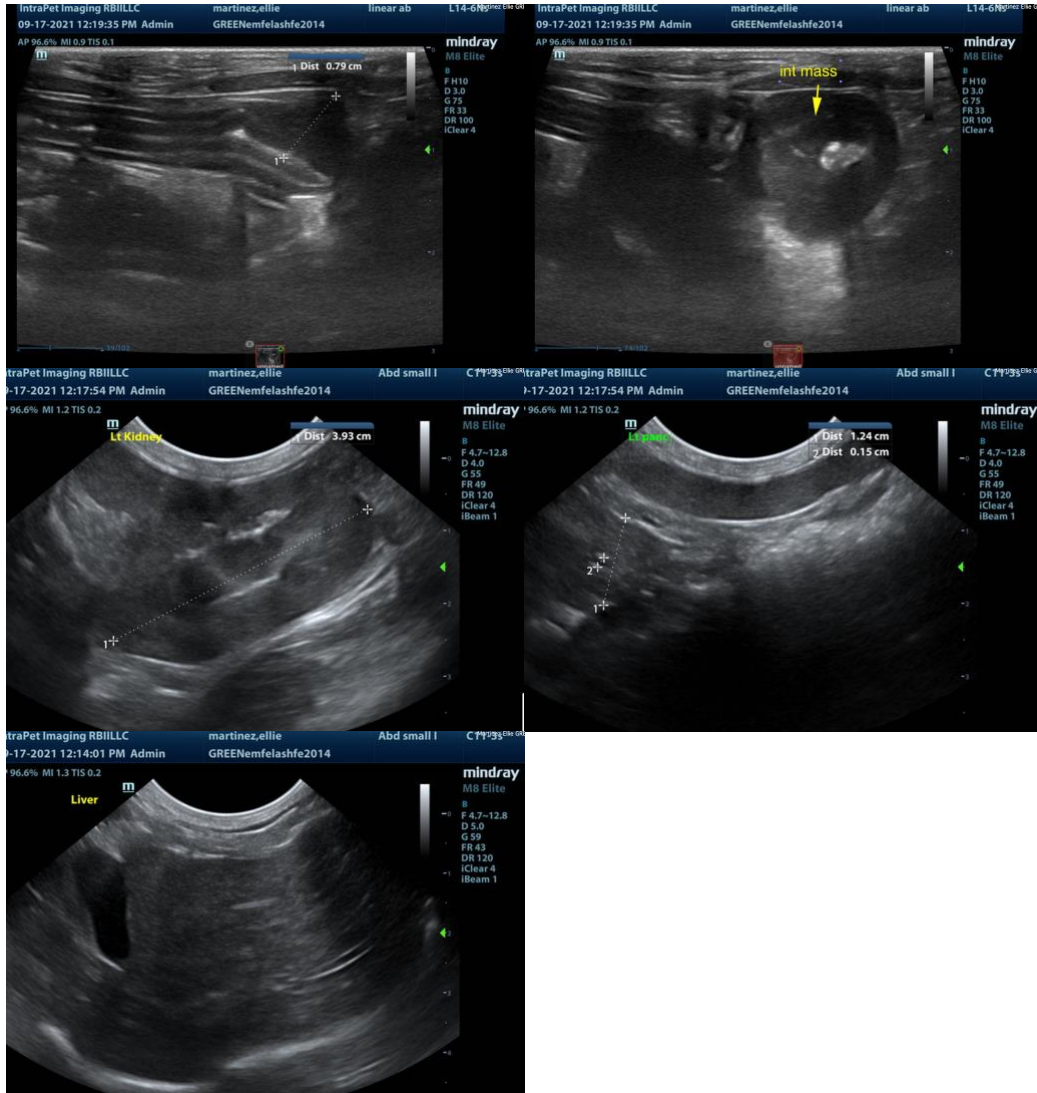
ULTRASONOGRAPHIC FINDINGS

- Intestinal mass and diffuse intestinal thickening
- Potential early hepatic involvement
- Age-related renal changes with patchy mixed hypoechoic changes and mineralization- this may be infarcts versus infiltrative disease
- Prominent pancreas, potential concurrent pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass and liver warranted for staging purposes. If the liver is not overtly involved, then aggressive resection anastomosis could be considered, however, micrometastasis to a number of different organs is always a potential in these cases. Ultrasound guided FNA of the left kidney in particular recommended to ensure metastatic disease is not an issue. It is likely that chemotherapeutic intervention would be as effective as attempt at resection anastomosis. Given the diffuse intestinal thickening, only one portion of the intestine meets neoplastic criteria, however, emerging neoplasia in other portions of the intestine is a concern. 3 view chest radiographs warranted to assess for metastatic disease. Likely intestinal lymphoma or similar round cell neoplasia.





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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