

**DATE**

9/17/21

PRESENTING CLINICAL SIGNS

History: Presented for annual exam. Known hyperthyroid - on 2.5 mg methimazole SID. Asymptomatic except for increased hunger. No c/s/v/d. Physical exam unremarkable except for palpable abdominal mass. Current Medications: Methimazole 2.5 mg SID.

PATIENT

Sadie Swanson

Lab Results: NSF. Attached separately.

Radiographs: Attached separately. Medium-sized soft tissue abdominal mass in the mid-ventral abdomen, in the region of the spleen.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

SPECIES

Feline

Stat Report: not requested

BREED

Domestic Shorthair

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.

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 mild to moderate 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 noted in the kidneys. The right kidney measured 4.0 cm. The left kidney measured 3.5 cm.

AGE

3/28/08

WEIGHT

8 lbs

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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

HOSPITAL NAME

Pleasantville AH

Liver

The **liver** was mildly swollen with slight increased portal markings and coarse architecture. The gallbladder wall was unremarkable.

REFERRING VET

Dr. Gounaris

Gastrointestinal

The **stomach** and pylorus were unremarkable. The small intestine revealed a concentric mass, measuring 4.0 cm. The wall of the intestinal mass measured up to 1.25 cm. Variable minor small intestinal thickening noted elsewhere. Reactive mesentery was noted around the mass. In one portion of small intestine, a 1.0 cm transiting structure noted yet not overtly obstructive.

INVOICE

13133

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.

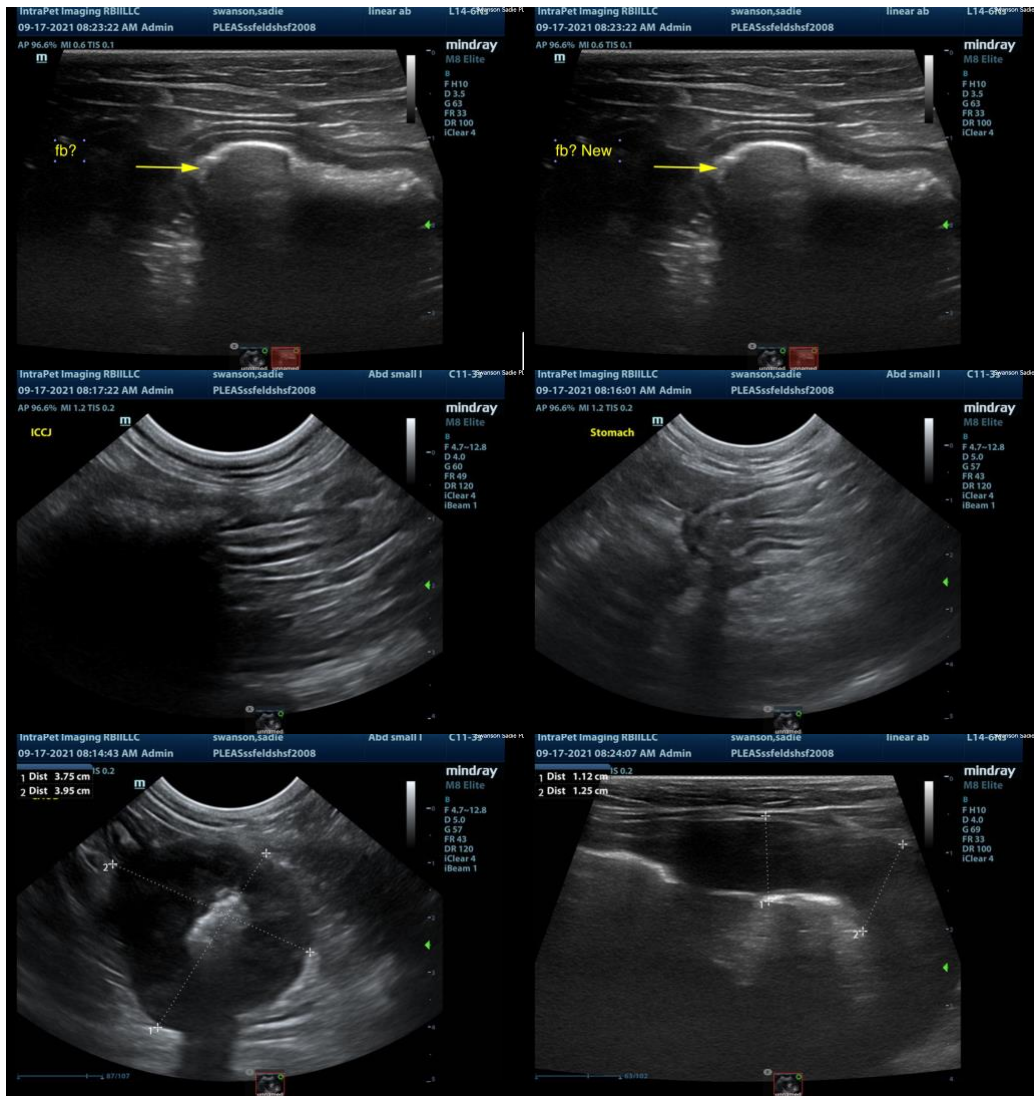
ULTRASONOGRAPHIC FINDINGS

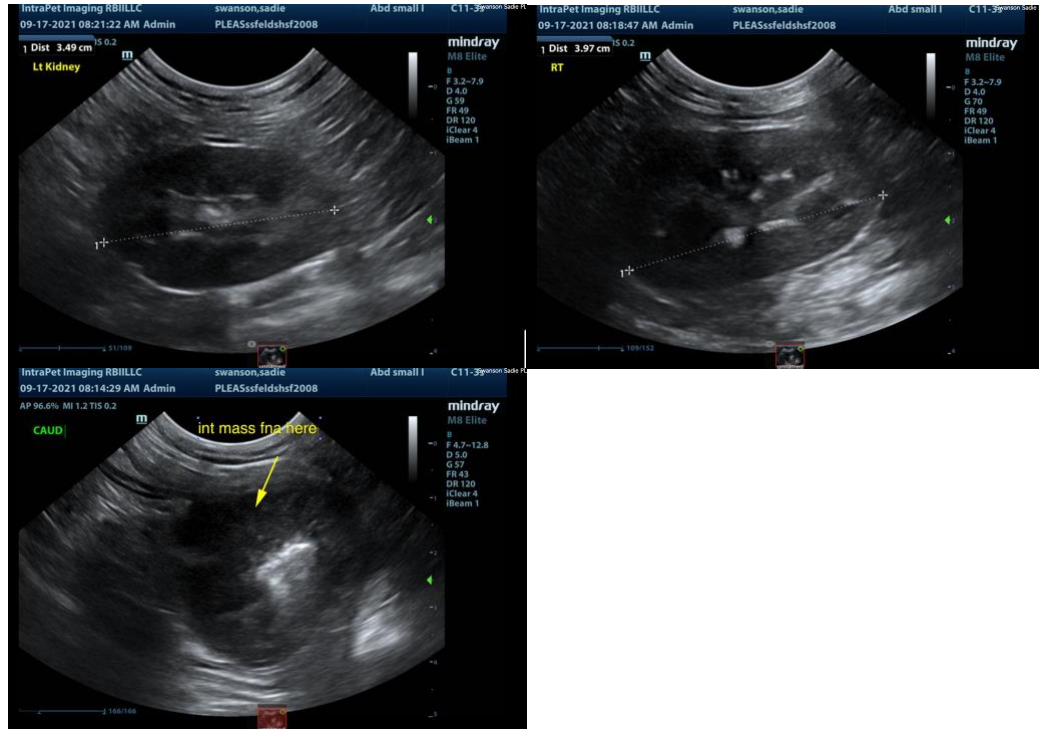
- Intestinal mass, suspect lymphoma

- Areas of reactive mesentery noted throughout portions of the small intestine
- Age-related renal changes with mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs warranted, if not already performed to assess for metastatic disease. The intestinal mass is potentially resectable; however, I'm concerned for micrometastasis in this patient. Chemotherapeutic treatment, likely like MST with surgical results, however, either approach would be valid. Ultrasound guided FNA of the intestinal mass recommended to assess for round cell neoplasia/lymphoma suspected or surgical approach for resection would be appropriate.





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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