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DATE

9/19/22

PATIENT

Jinx Gardiner

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

4/1/11

WEIGHT

9.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Thompson

INVOICE

39473

PRESENTING CLINICAL SIGNS

Jinx is an 11 y/o FS DMN who presents for lethargy and inappetence - about 1 month ago eating less, less active, no changes on BW at the time - dx with constipation, started medications, seemed to help - no drinking or eating as much, U/D little - not interested in eating for the last week, extreme lethargy, vocalizing in pain - Indoor only - hx- constipation, eye infection as kitten, scarring on eye - no V/D/C/S - Toxin - no known ingestion - FB - no known ingestion, will chew on toilet brush - strange odor ATO, dried milk smell - Vx - UTD

Medications: - lactulose - none, preventatives none.

Current Medications: Buprenorphine, Cerenia.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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.

The **kidneys** were fused in this patient sharing a cranial cortex of the left kidney and caudal cortex of the right kidney. The left kidney measured 3.92 cm with trace pyelectasia. Grouping of the two kidneys measured 6.0 cm.

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.

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. The spleen measured 0.8 cm.

Liver

The **liver** was uniformly enlarged and hypoechoic to the falciform fat. 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

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal wall thickening was noted with areas of hypertrophied muscularis that measured up to 0.4 cm. Reactive mesentery was noted around the intestine. The mesenteric lymph nodes were mildly enlarged and rounded measuring up to 1.0 cm.

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

Swollen, irregular liver.

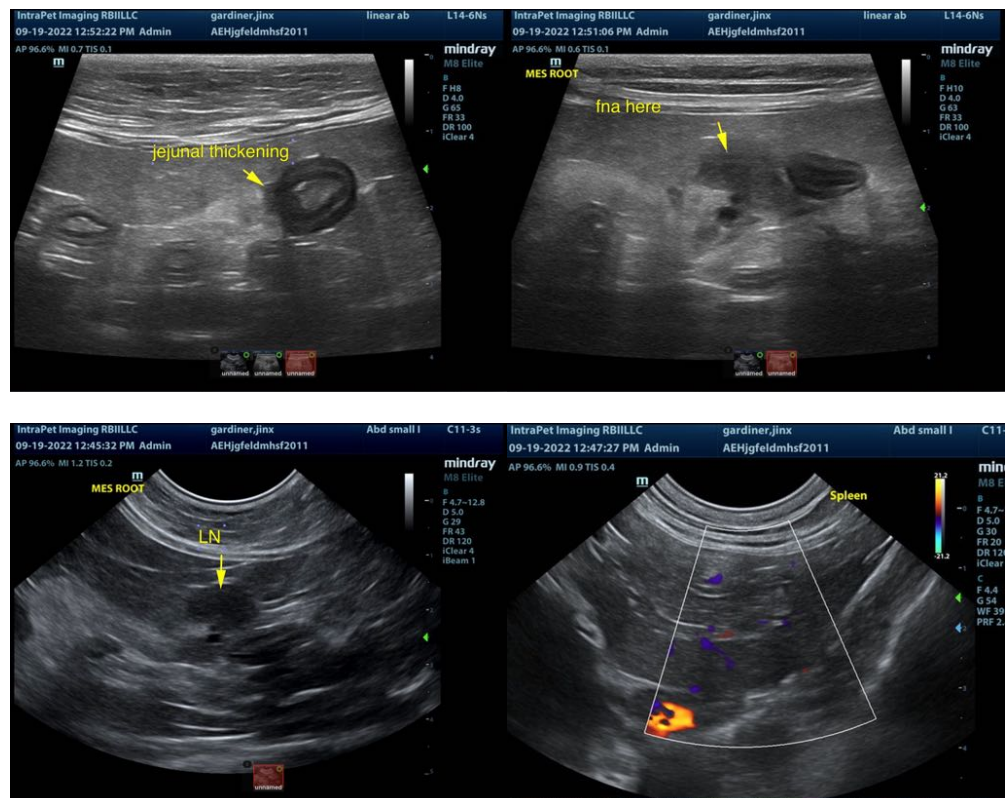
Variable intestinal thickening, appears to be jejunal.

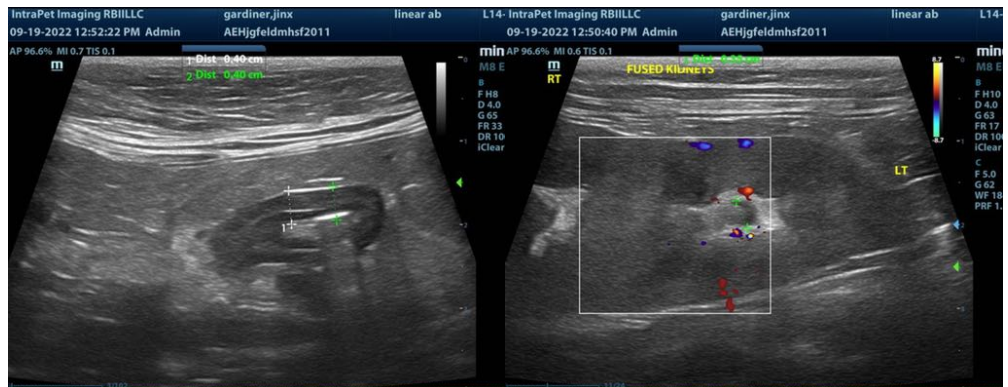
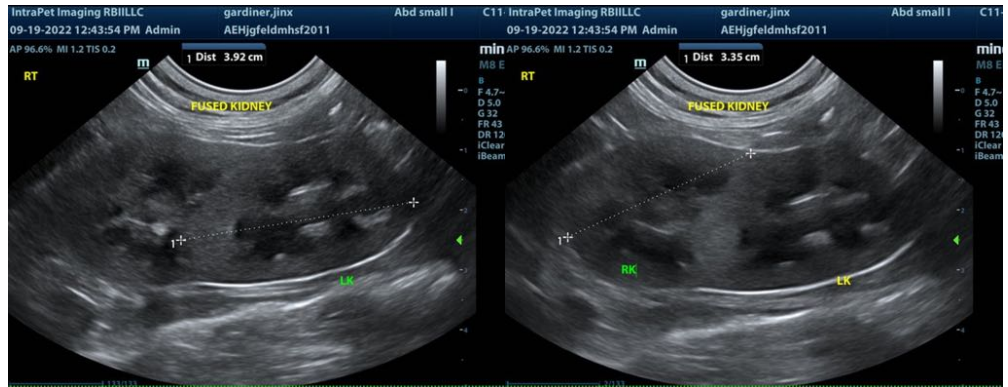
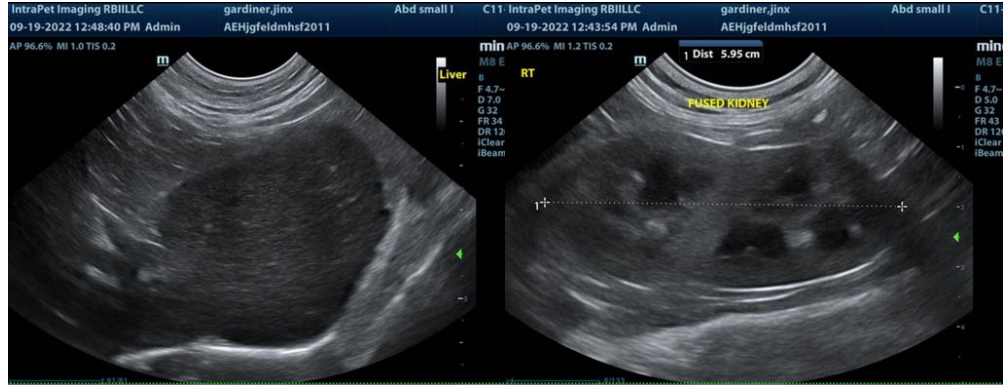
Fused kidneys, congenital anomaly, not clinically significant.

Enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ultrasound-guided FNA of the liver +/- mesenteric lymph nodes. The majority of the intestinal tract was unremarkable, but a portion of intestinal thickening was noted without complete neoplastic criteria. There is a strong suspicion for emerging round cell neoplasia. CBC path review +/- bone marrow aspirate may be appropriate. Prognosis is guarded.





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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