

## PATIENT

Bebert Perry

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

10 years

## WEIGHT

11.73 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

Banfield North Eugene

## REFERRING VET

Dr. Zittel

## DATE

12/13/22

## Invoice

43082

## PRESENTING CLINICAL SIGNS

History: Pt has presented with intermittent diarrhea and vomiting, abnormal lab work, and concern for pancreas Current Medications LRS Fluids 50-100mL QW, Primary Question/Differential to Be Answered in This Exam "This is the first time the potassium has been low both in-house and at the reflat so I believe these to be true readings. Discussed that I am very concerned about P, does not seem like the potassium should be consistently decreased just b/c P has pancreatitis. I am worried that P will not do well under anesthesia, P has the murmur on top of the hypokalemia and potassium is very tightly regulated w/in the body, is involved with muscle contractions and nerve conduction. Basically, I am not feeling like anesthesia is in P's best interests today. O is fine with this, O also was concerned about how P would do both under anesthesia and post-op since he periodically does not want to eat. Told O that I think we should try to get an abdominal u/s set up for P to check out his pancreas, possibly also an echocardiogram to look at his heart." O declined EKG.

Abnormal PE/Chem/CBC/UA Results: Low potassium both in house and reflat (11/26/22 = 3.2), NA/K Ratio 50, Bicarbonate 37, Anion Gap 7, NA+ 167, BUN 15, Positive FPL (8/12/22),

## 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. A mild amount of sand accumulation was noted and non-obstructive at the time of the sonogram. Suspended debris was also present. Sand accumulation measured approximately 1.0 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Mineralization was noted in the kidneys. The left kidney measured 4.44 cm. The right kidney measured 4.9 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. The right adrenal gland measured 0.28 cm.

### 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



**PATIENT**

congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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**Liver**

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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 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.

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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A separate mural intestinal mass was noted with abscess or mural cyst. The cystic portion measured 2.0 cm with echogenic debris. The tissue derivation appeared to derive from the muscularis of the distal small intestine. The lesion was undifferentiated. The colon was unremarkable. A mesenteric lymph node mass was noted and measured 3.37 x 1.78 cm. A separate right cranial cystic mass was noted and measured 3.04 x 2.8 cm.

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**Pancreas**

A parenchymal and cystic mass was noted in the base of the **pancreas** measuring 3.6 x 2.0 cm. The right limb of the pancreas was mildly heterogenous and coarse in architecture.

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**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

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Bladder sand.

Lymph node and pancreatic mass.

Mural intestinal cyst or abscess.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Sampling and drainage is recommended. Other cystic components to the pancreas were noted. I am most concerned about a neoplastic event within the lymph node and pancreas in this patient. However, there is a potential that all three lesions are non-neoplastic. Sampling, drainage and supportive care are all indicated. Chest radiographs are warranted to assess for metastatic disease.

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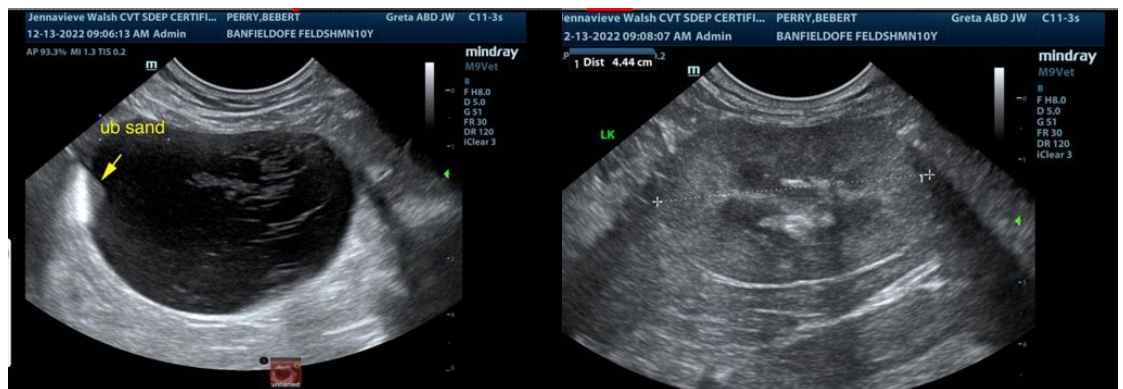
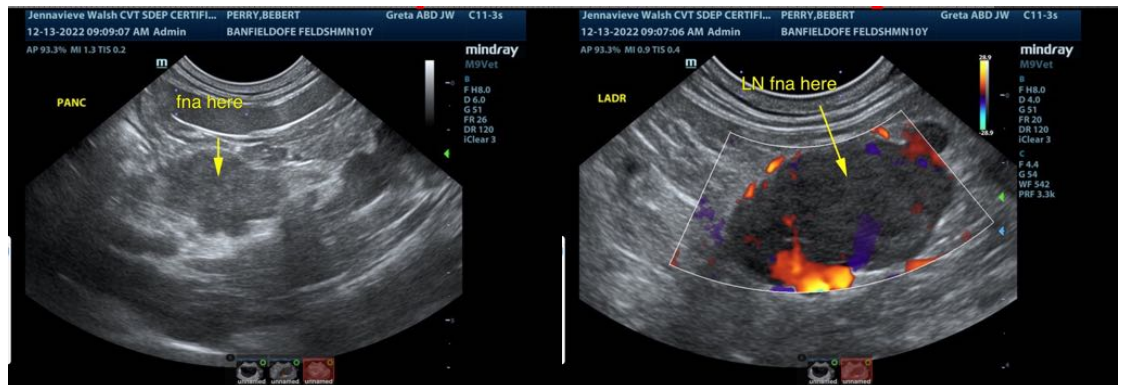
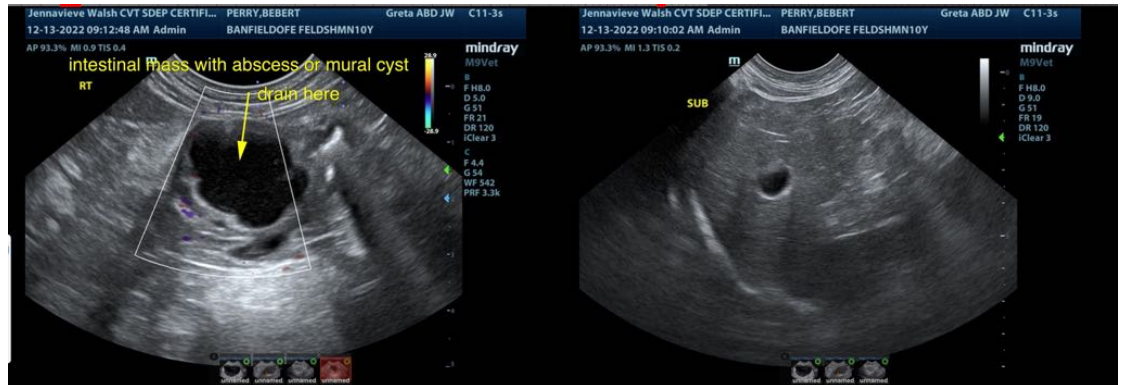
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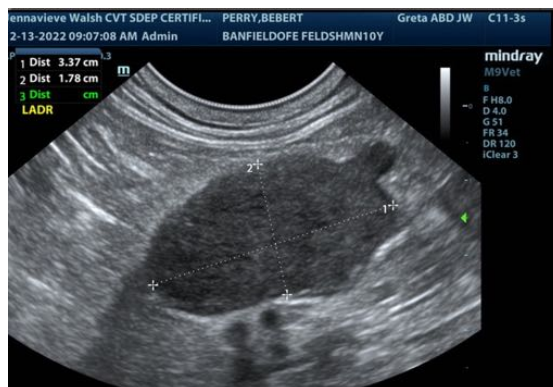
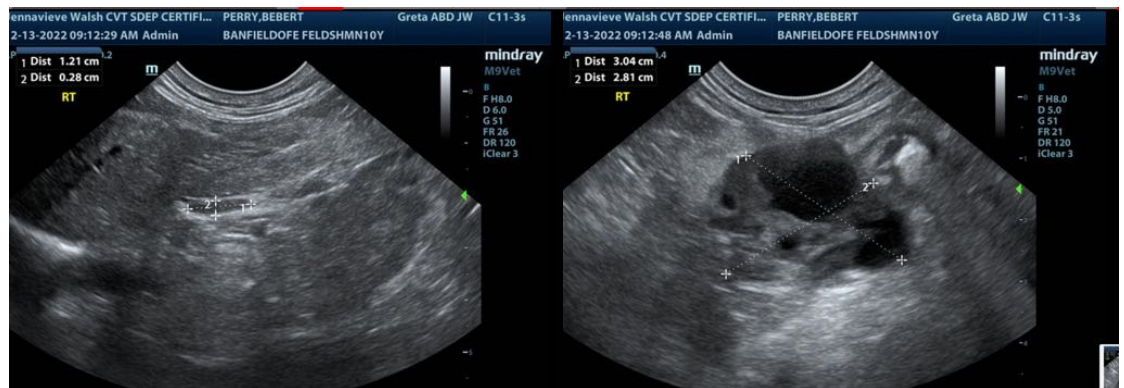
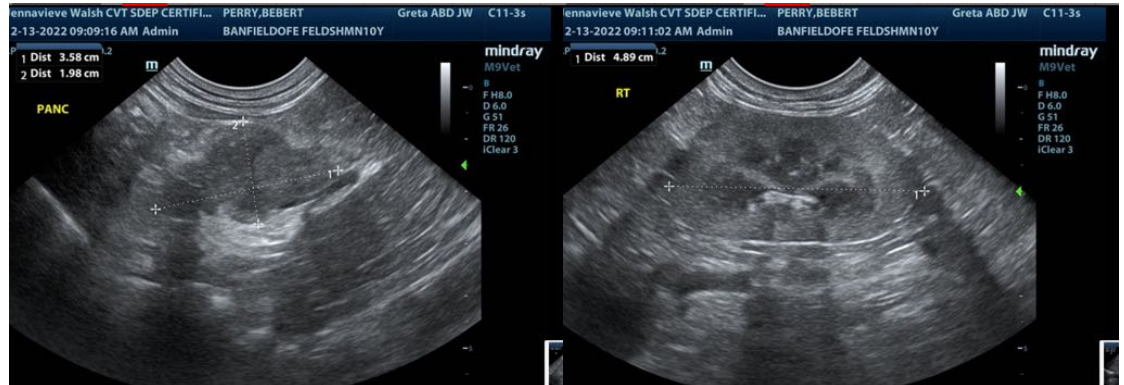
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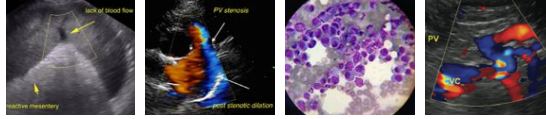


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS

CEO of SonoPath.com



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Eric.Lindquist@SonoPath.com

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