



PATIENT

Nikki Lustgarten

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

9.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brianna Gaines

HOSPITAL NAME

Healthy Pet VC Boca
North

REFERRING VET

Dr. Gaines

INVOICE

70341

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- P presented for not eating and weight loss

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.4 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.6 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 congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed occasional, hyperechoic, nodular change noted with normal vascularity. There was no evidence of passive congestion. The gallbladder and the common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

Heterogenous, ill-defined changes were noted throughout the region of the **pancreas**. There is a strong concern for pancreatic carcinomatosis or similar neoplasia.

Free Abdomen

A large amount of anechoic ascites was noted in the abdomen.

Enhanced mesentery was noted throughout the midabdomen. Nodular omentum was noted with hypoechoic, proliferative tissue around the pancreas.

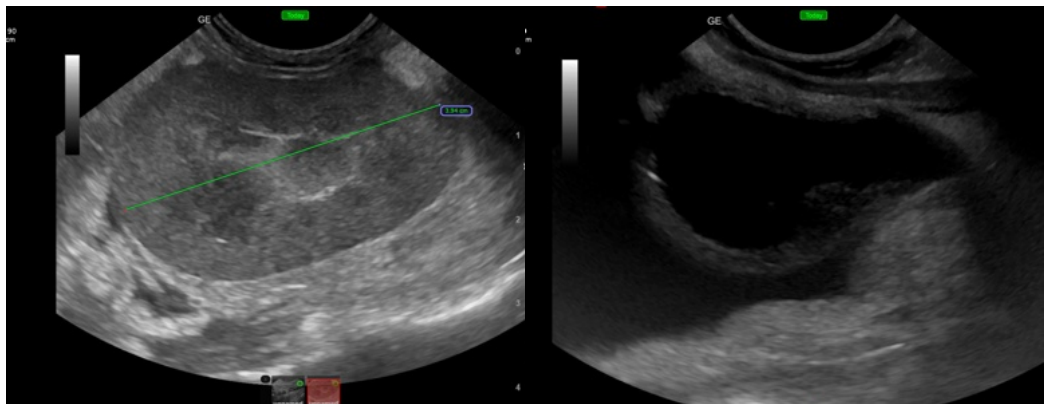
ULTRASONOGRAPHIC FINDINGS

Ascites with nodular omental changes around the pancreas.

Concern for pancreatic carcinomatosis or similar neoplasia. Mastocytosis, lymphomatosis and FIP are less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominocentesis and cytospin of the ascites is recommended or exploratory surgery with inspection and biopsies particularly in the region of the pancreas. The cytospin should allow for accurate interpretation if performed immediately after obtaining the sample.





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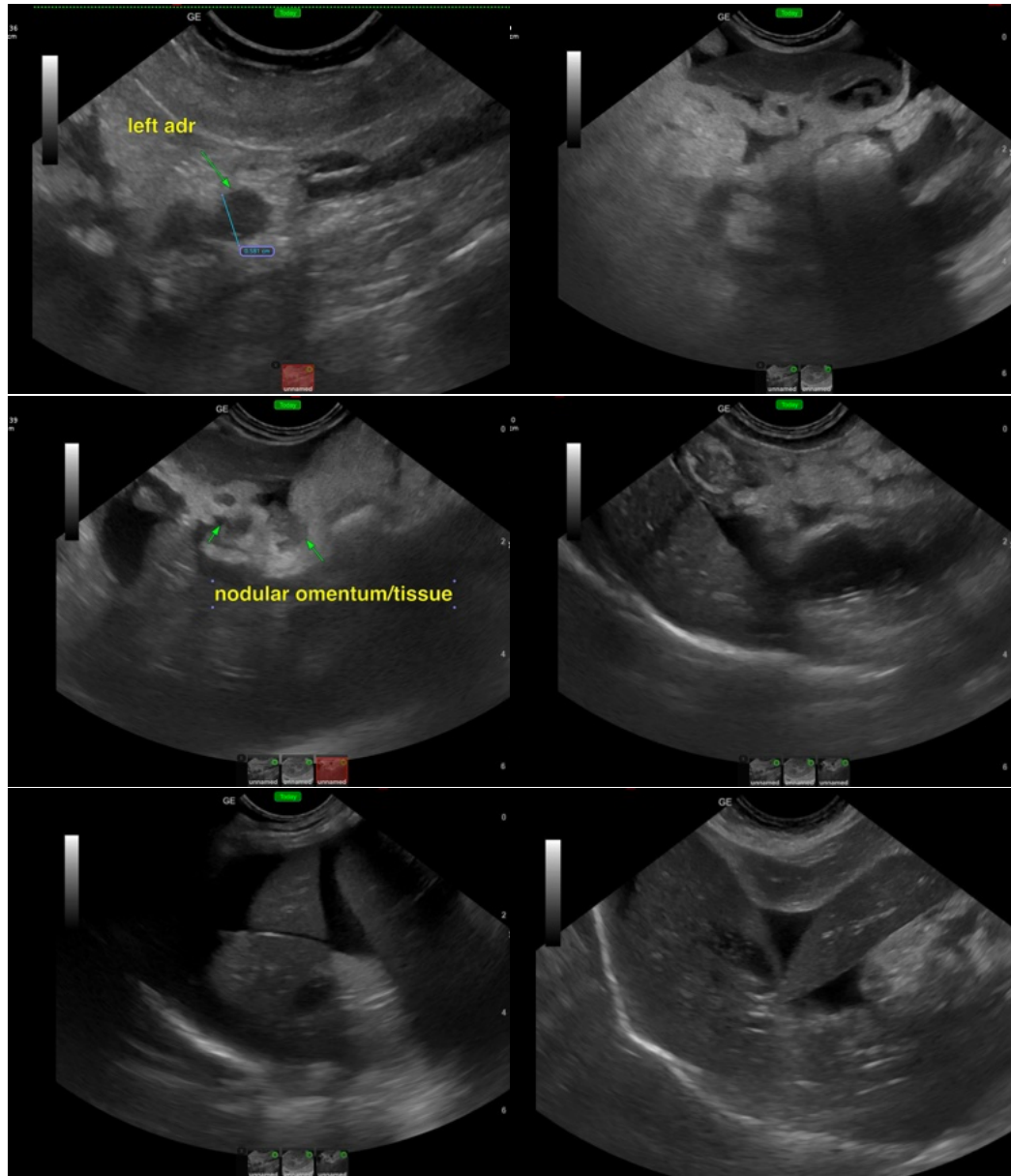
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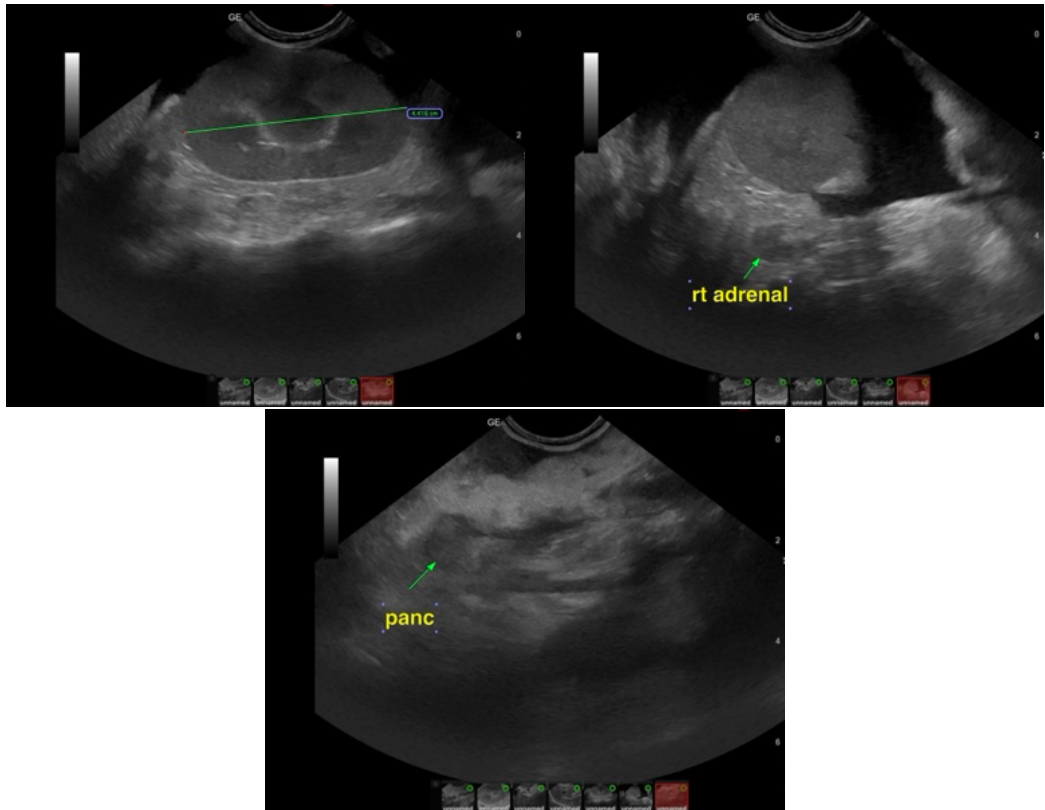
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com