



## PATIENT

Milo Elliot

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

5.7 kg

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey AEC

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

35286

## DATE

1/8/26

## PRESENTING CLINICAL SIGNS

History: Presented for hyporexia, PU/PD, abdominal distension. Grade 2/6 heart murmur auscultated Pot-bellied abdomen with palpable fluid wave prolonged skin tent Diffuse cachexia.

Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs: Marked peritoneal effusion obscuring abdominal organ detail; intestinal gas visible; stomach, liver, and spleen silhouettes not distinct (large-volume fluid). CBC: Hct 26.2 L, Hgb 9.4 L, MCV 32.3 L, MCH 11.6 L, MCHC 35.9 H, RDW 31.1 H, Ret 71.3 H, WBC 22.86 H, Neu 19.66 H, Mono 1.53 H, Plt 696 H, Pltct 1.45 H Chem: Glu 166 H, Creat 0.6 L, BUN 13 L, ALP 194 H EPOC: pO2 76.8 H, cSO2 96.1 H, pCO2 27.9 L, pH 7.446 H, Na 136 L, Cl 106 L, Glu 181 H Outside bloodwork (approx. 2 weeks prior): Mild leukocytosis with stress pattern; ALP 106 (H) Abdominal fluid total solids: 3.0

## 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 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 4.2 cm. The right kidney measured 3.9 cm.

### Adrenal Glands

The **left 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 left adrenal gland measured 0.3 cm.

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

### Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

### Liver

The **liver** was riddled with multiple mixed hypoechoic expansive disruptive masses, consistent with metastatic pattern.

### 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**

The **pancreas** revealed heterogenous hypoechoic nodular changes with regional hyperechoic surrounding fat and ill-defined margins. An undifferentiated hypoechoic mass was noted in the region of the pancreas as well.

### **Free Abdomen**

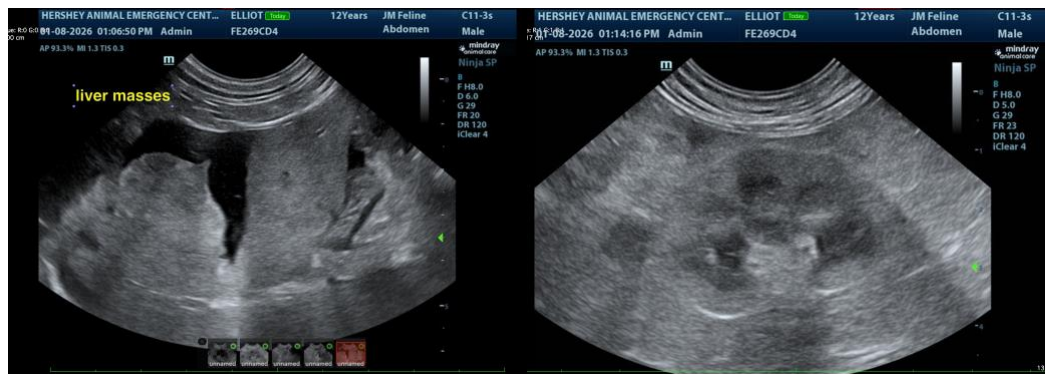
A large amount of **free fluid** was noted in the abdomen. Coalescing omentum was noted in the cranial abdomen around the pancreas and upper GI tract.

## ULTRASONOGRAPHIC FINDINGS

- Multifocal to diffuse abdominal neoplasia, likely of pancreatic origin, extending into the liver and surrounding omentum, and secondary ascites owing to lymphatic obstruction. This is a carcinomatosis type presentation.
- Age-related renal changes
- Volume contracted spleen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor. Humane euthanasia should be considered in this patient.





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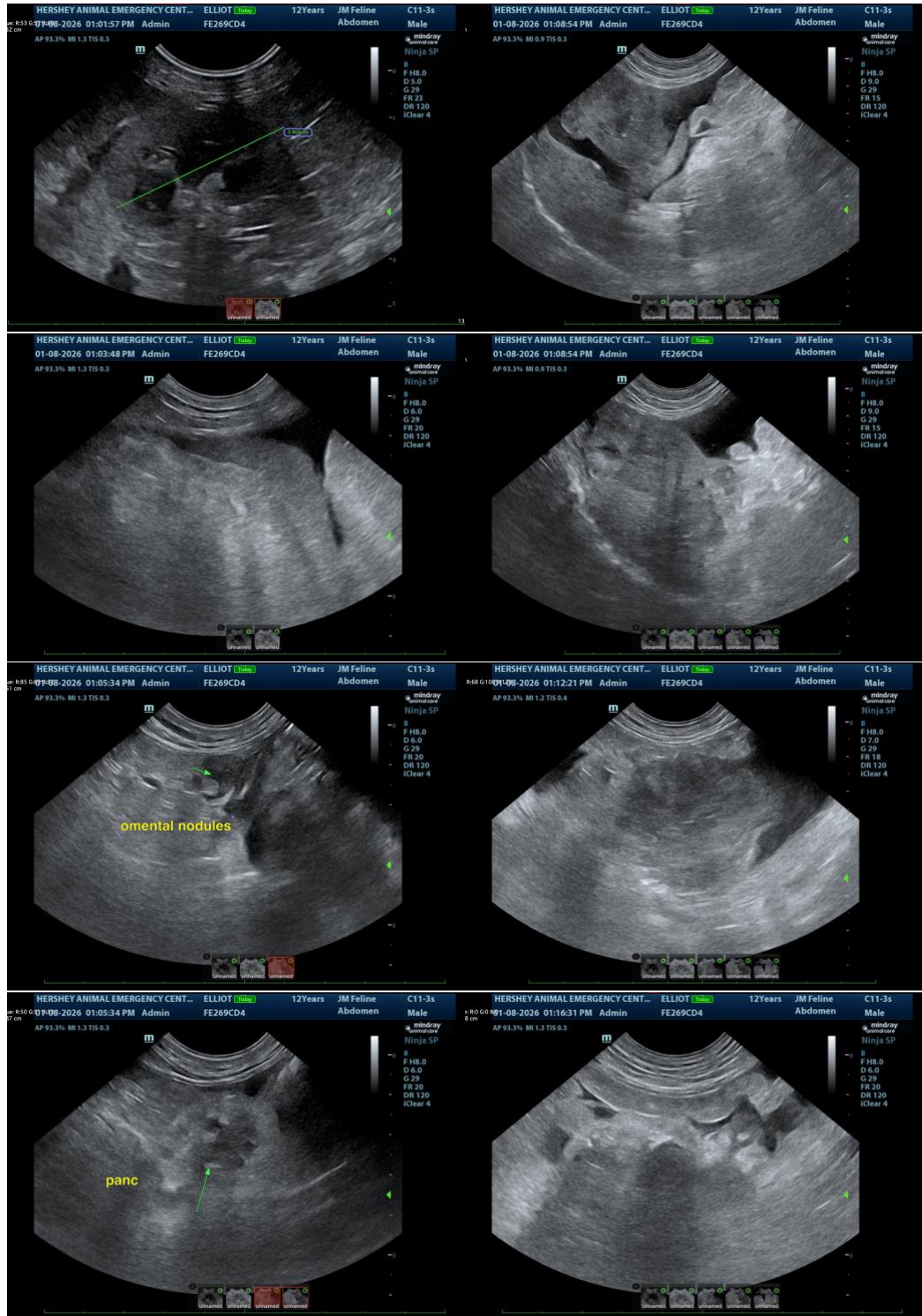
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The information and recommendations provided are based on the images presented by the



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**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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)