



PATIENT

Oscar Widgery

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

4.16 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks

REFERRING VET

Dr. Trudeau

INVOICE

92549

DATE

10/21/21

PRESENTING CLINICAL SIGNS

History: intermittent soft stool and weight loss. 5 days ago he vomited and was having diarrhea around the house. Not sure about his BM now since he is having it in the box again.
CBC signif leukocytosis characterized by a neutrophilia otherwise WNL Chem: mild increase GGT - otherwise WNL

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 3.41 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** 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** 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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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. The colonic wall is thickened without loss of detail. Increased submucosal echogenicity was noted. The mesenteric lymph node was enlarged, hypoechoic and measured 0.75 cm.

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Pancreas

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Irregular tissue was noted throughout the pancreas creating mass effects, which appeared to extend into the regional mesentery. Separate 2.9 x 1.51 cm mixed hypoechoic, nodular mass was noted. This is pancreatic in origin.

SEX

Neutered male

Free Abdomen

AGE

Free fluid was noted in the abdomen with mild, echogenic debris.

14 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

Pancreatic masses and infiltrative pattern into the mesentery.

4.16 kg

Variable GI thickening.

INTERPRETED BY

Free fluid, likely owing to lymphatic obstruction.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

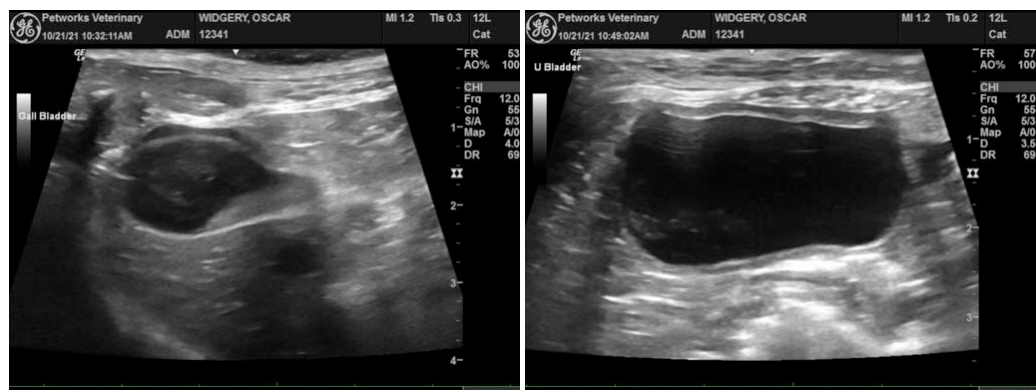
IMAGING PERFORMED BY

I suspect pancreatic carcinomatosis with regional lymphadenopathy. FNA is warranted. The prognosis is guarded to poor.

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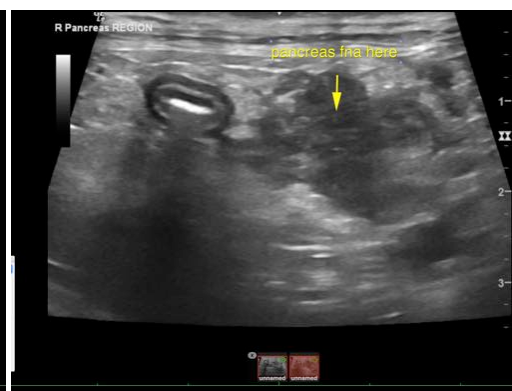
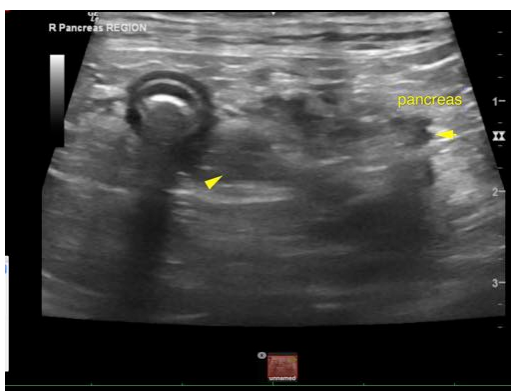
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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