

## PATIENT

Jack Ricchini

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

8 ½ years

## WEIGHT

13.5 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Brianna Gaines

## HOSPITAL NAME

Northlake AH

## REFERRING VET

Dr. Gaines

## INVOICE

68771

## DATE

11/18/25

## PRESENTING CLINICAL SIGNS

History: P presented for rapid weight loss. BW is 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 3.5 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 left adrenal gland measured 0.4 cm.

### Spleen

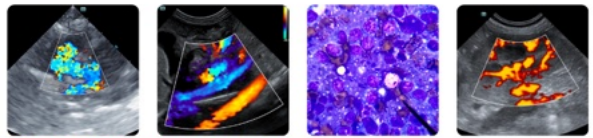
The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. Expansive nodular changes were noted in the spleen. The changes are similar to what was found in the pancreas.

### Liver

The **liver** was mildly enlarged and uniform, yet there was no evidence of passive congestion. The gallbladder and 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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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## Pancreas

The **pancreas** was hypoechoic, irregular and nodular. Enhanced surrounding mesentery was noted. This is strongly suggestive for pancreatic carcinoma extending into the regional omentum.

## Free Abdomen

A moderate amount of free fluid was noted in the abdomen.

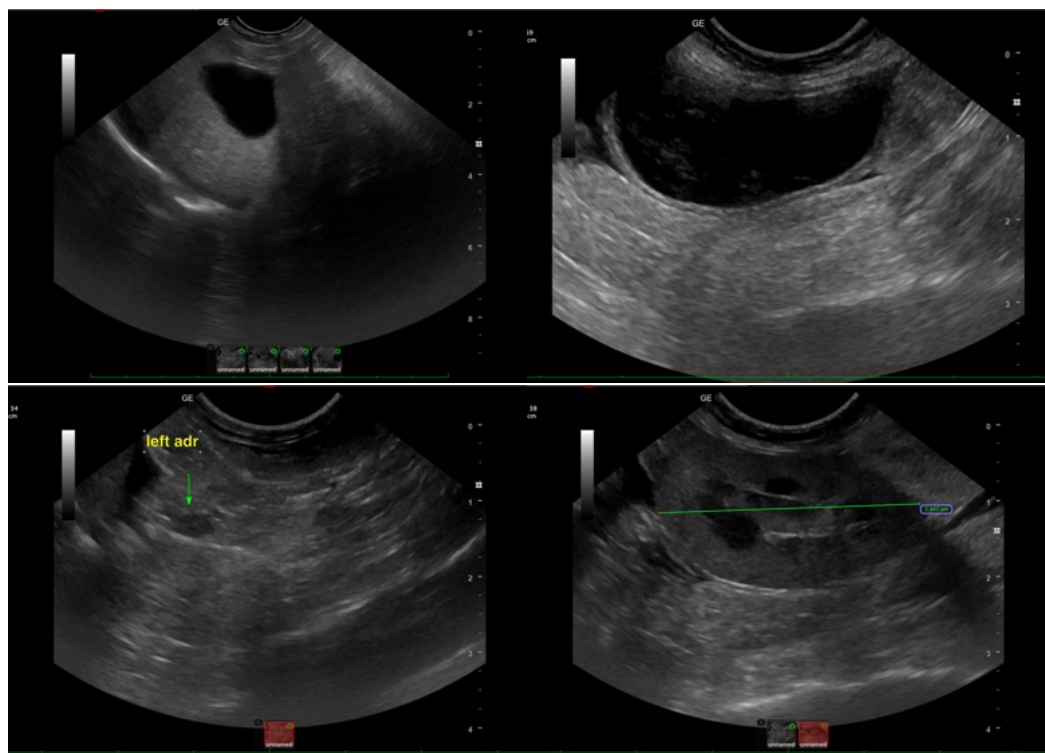
## ULTRASONOGRAPHIC FINDINGS

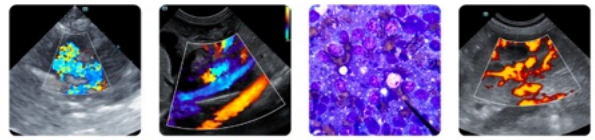
Pancreatic carcinomatosis type presentation with secondary ascites. Multiple pancreatic nodules and omental invasion. Carcinomatosis, lymphomatosis, mastocytosis and FIP are all potentials.

Nodular splenic changes, similar to the pancreatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hypoechoic portions of the pancreas and abdominocentesis and cytospin is indicated for a definitive diagnosis. The prognosis is poor.





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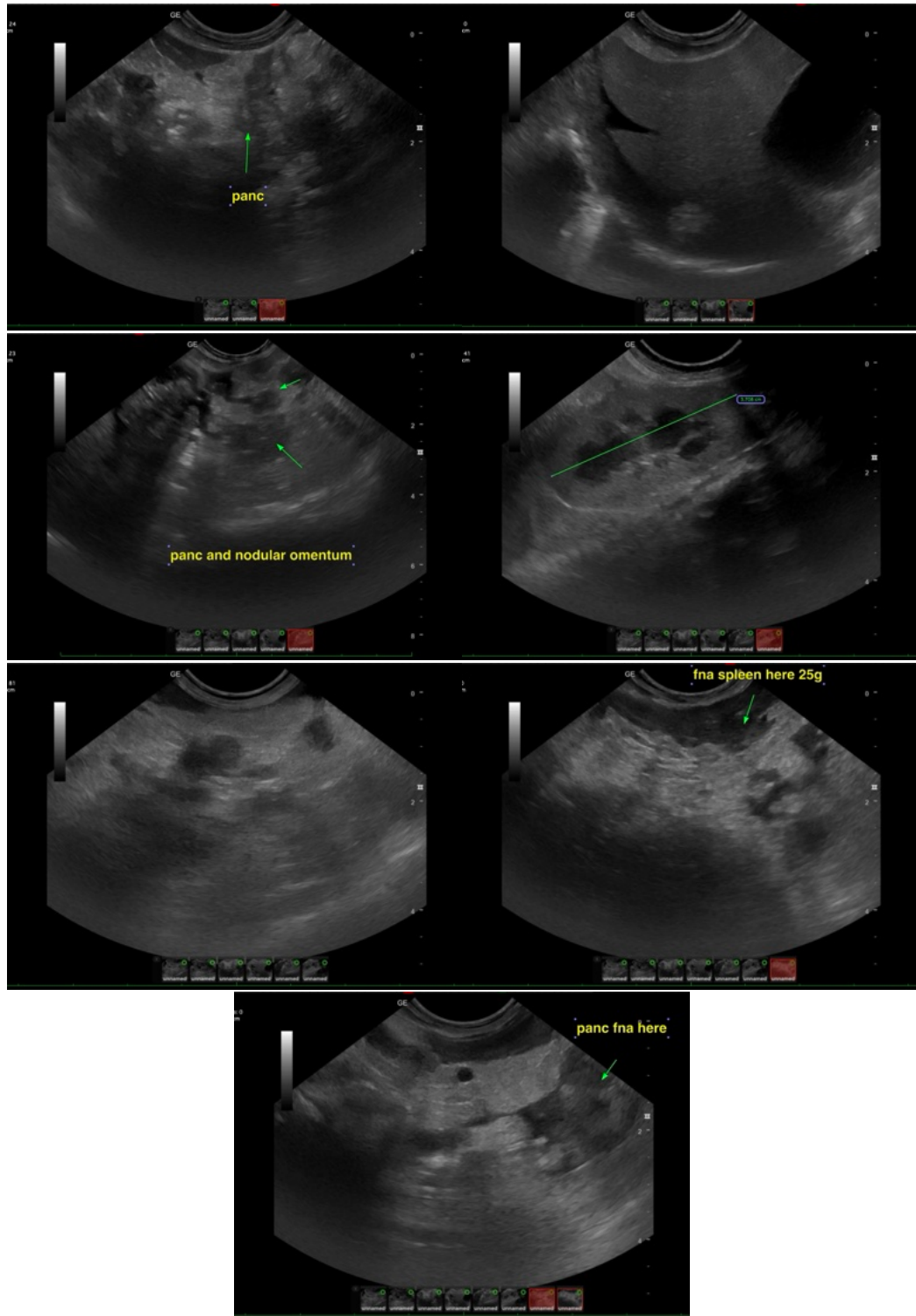
Dr. Gaines

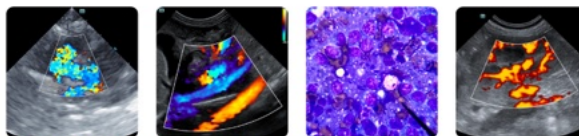
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)