



PATIENT

Mary Reso

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

2.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Jennifer Shonts

INVOICE

35700

DATE

11/29/25

PRESENTING CLINICAL SIGNS

History: *Presented for vomiting for 3 days, lethargy, weakness, diarrhea for two weeks. Seen twice in the last 2 weeks at rDVM. Not eating well for the one month. History of pancreatitis, hypertension, UTI. Current medications of transdermal cerenia and prednisolone. had been on buprenorphine and mirataz. has had vitamin B12 injections. texas gi panel pending thru rdvm. *concern for Chronic pancreatitis (historical finding) - r/o ongoing inflammatory process; Acute severe diarrhea with leukocytosis - r/o lymphoma, inflammatory bowel disease, infectious gastroenteritis; Anorexia and clinical decline - r/o neoplasia, severe inflammatory disease.

Abnormal PE/Chem/CBC/UA Results: *PE: 4/9 BCS; subtle pain 1/4; Reactive to abdominal palpation, gassy, doughy, and some areas abnormally firm; musculoskeletal: cachexia *rdvm: pancreatitis test abnormal, UA abnormal *EPOC- hyperlactatemia, mild creatinine increase *CBC- marked leukocytosis with neutrophilia, marked monocytosis *rads: loss of ST detail, very gas filled SI, possible mild hepatomegaly *T4: 2.2

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 3.17 cm. The right kidney measured 3.47 cm. Pinpoint mineralizations were noted bilaterally.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 were noted.

Liver

Heterogenous isoechoic nodular changes were noted in the **liver** with surrounding free fluid. Gallbladder debris was noted, or possible tissue proliferation. Duplicated gallbladder was noted in this patient.

Gastrointestinal



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Variable **gastrointestinal** thickening was noted with loss of mural detail. An infiltrative mass was noted in the mid jejunum, measuring 2.0 cm x 1.5 cm. The colon was unremarkable.

Pancreas

The **pancreas** revealed heterogenous mixed hypoechoic parenchymal changes with nodules. Areas of mineralization were noted within the nodular changes, suggestive for pancreatic carcinoma.

Free Abdomen

Free fluid was noted in the abdomen. Enhanced omentum was noted.

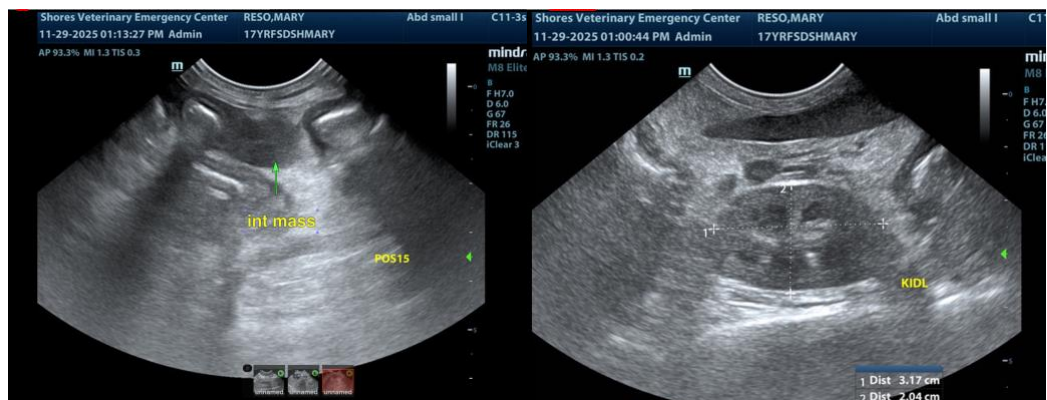
Pleural effusion was noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Multifocal infiltrative pattern involving the intestine and likely liver
- Nodular pancreatic changes- strong concern for lymphomatosis, carcinomatosis, or similar
- Free fluid and enhanced omentum
- Pleural effusion through the diaphragm
- Age-related renal changes with pinpoint mineralizations bilaterally
- Duplicated gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the intestine, liver, and pancreas is indicated in this patient. Prognosis is guarded to poor depending upon cytology results.





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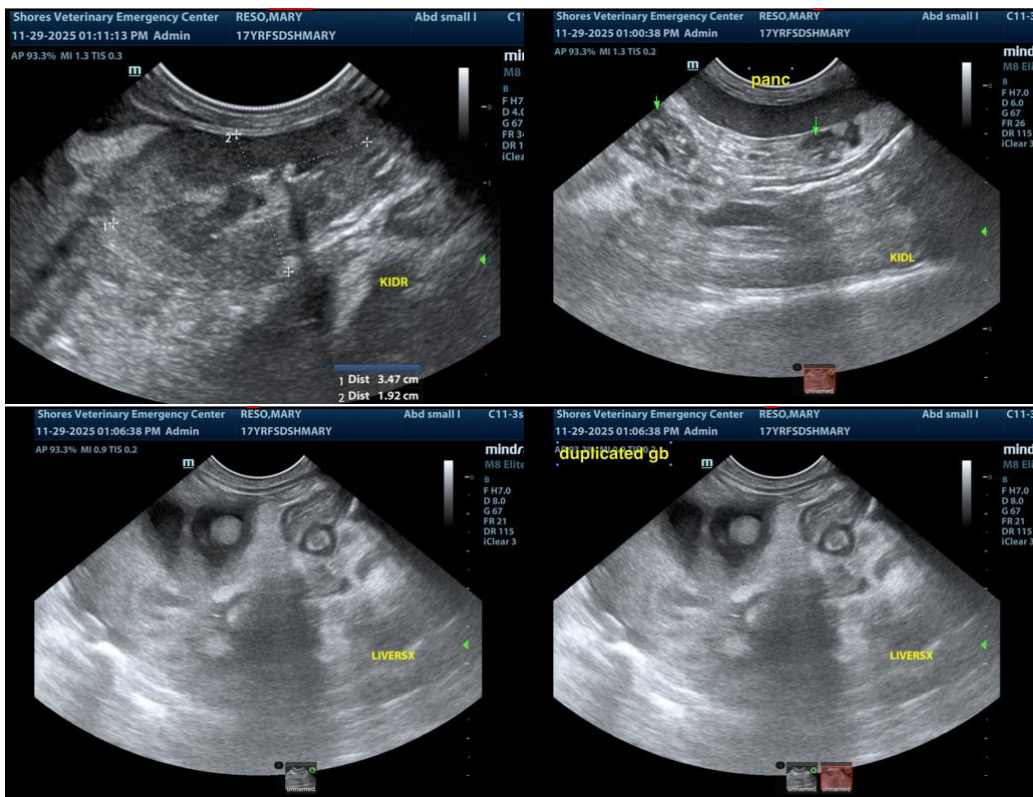
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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