



PATIENT PRESENTING CLINICAL SIGNS

Ninja Wade

History: Presented at our hospital for P is lethargic and not interested in eating on his own. O is syringe feeding water and baby food every 4-6 hours. Painful abdomen. P has also urinated 3 times since Monday morning but has not had a bm. Previous Health Concerns: none Current Medications: none Appetite/When did they eat last: decreased, last meal p ate on his own was Saturday

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: II/VI systolic murmur, strong synchronous femoral pulses Abdominal: mildly reactive on abdominal palpation EPOC: hypokalemia (3.4), hypocalcemia (1.11), hyperglycemia (168) 11/27/22: Radiographs revealed: mildly gas distended stomach, empty lumen. No obvious obstruction or foreign material noted. CBC: Hgb (17.5 H) Chem: Ca (8.2 L), TP (9.1 H), Alb (3.9 H), Glob (5.2 H), Glu (163 H), TCHO (358 H), GGT (107 H), Tbil (2.9 H), Lip (101 H) EPOC: Ca⁺⁺ (1.13 L), Glu (183 H)

BREED

Domestic Shorthair

SEX

Neutered male

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.

AGE

7 years

WEIGHT

5.5 kg

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.33 cm. The left kidney measured 4.13 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

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.

REFERRING VET

Dr. Chirstian

INVOICE

42809

Liver

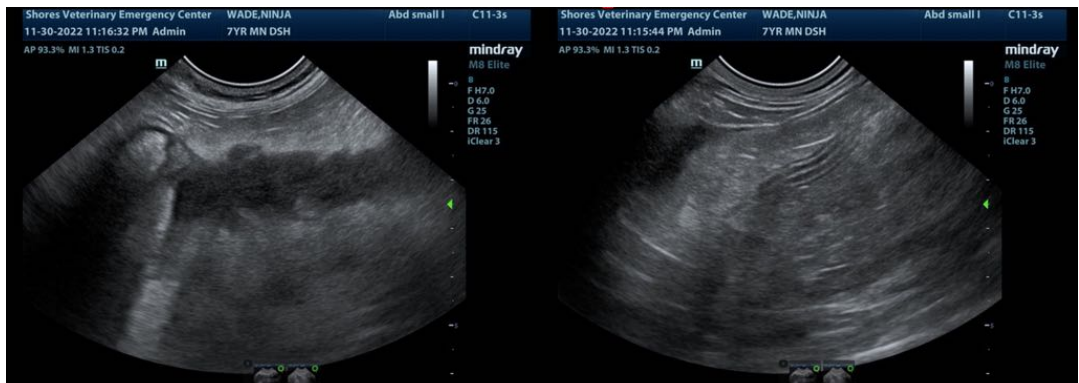
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic

DATE

11/30/22



PATIENT	lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.
Ninja Wade	
SPECIES	<i>Gastrointestinal</i>
Feline	The gastrointestinal tract itself was unremarkable with normal curvilinear patterns, yet the upper gastrointestinal tract was enveloped by the pancreas.
BREED	<i>Pancreas</i>
Domestic Shorthair	The pancreas revealed extensive, mixed, hypoechoic parenchyma with hyperechoic surrounding fat. There is strong concern for underlying carcinoma. The pancreatic pathology extended to the right pancreatic limb and enveloped the upper gastrointestinal tract.
SEX	<i>Free Abdomen</i>
Neutered male	Free fluid was noted in the abdomen. Reactive mesentery was noted throughout the mid abdomen.
AGE	
7 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
5.5 kg	Extensive pancreatitis and pancreatic necrosis. Potential for pancreatic carcinoma. Peritonitis or paraneoplastic effusion.
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Eric Lindquist, DMV DABVP, Cert. IVUSS	Ultrasound-guided FNA of the hypoechoic portions of the pancreas are strongly encouraged with cytology and culture. After medical management over the next 72 hours a recheck sonogram is indicated to assess for progression or regression if no neoplasia is present. Surgical debridement may be necessary.
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PATIENT

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Domestic Shorthair

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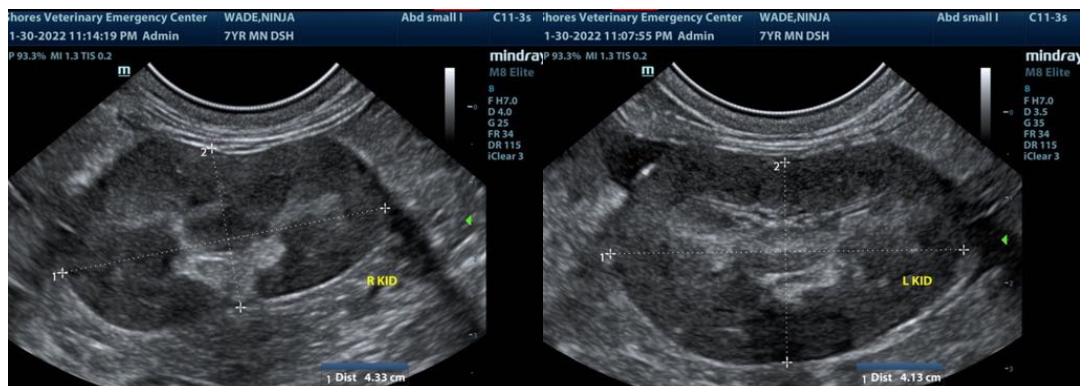
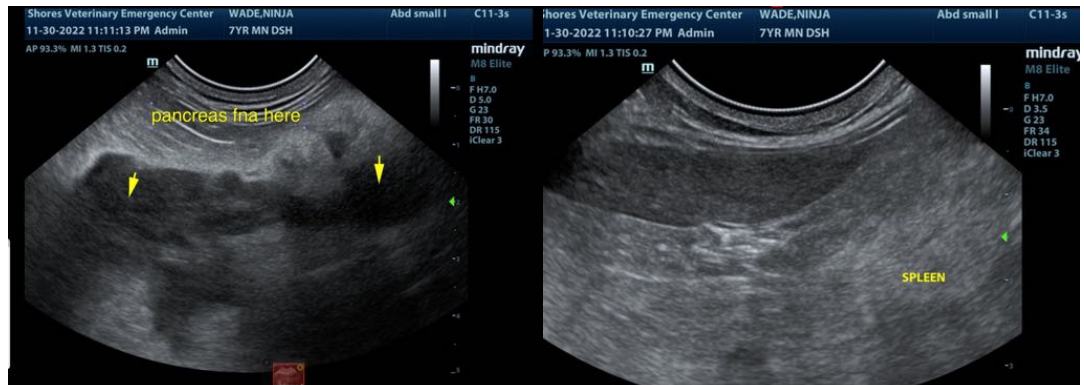
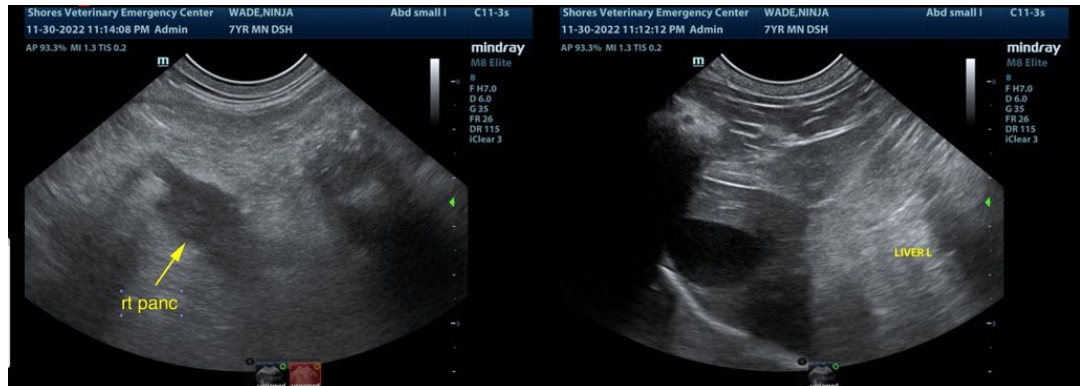
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com