



PATIENT

Miru Khan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

Dr. Olcha

INVOICE

42366

DATE

11/7/22

PRESENTING CLINICAL SIGNS

History: Presented for abdominal distension, ongoing for several weeks, otherwise clinically normal. Patient is fractious and not examinable without heavy sedation.

Abnormal PE/Chem/CBC/UA Results: Removed approx. 2 liters of straw-colored clear fluid from abdomen prior to AUS. TP of approximately 3.8 by refractometer. Firm object palpable in cranial abdomen (colon material vs tumor?). Chest x-ray unremarkable. CBC/Chemistry pending. Recommended cytology/fluid analysis and FIV/FeLV testing to owner.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.5 cm. The right kidney measured 4.7 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 vena cava was subnormal in size owing to volume contraction. 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.



PATIENT *Gastrointestinal*

Miru Khan The **gastrointestinal tract** was structurally unremarkable, yet enveloped by the coalescing mesentery.

SPECIES *Pancreas*

Feline The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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Free Abdomen

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Free fluid was noted throughout the abdomen. Nodular coalescing omentum was noted around the pancreas and the GI tract.

AGE

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ULTRASONOGRAPHIC FINDINGS

Coalescing mesentery in the region of the pancreas with free fluid.

Otherwise, unremarkable liver and age related renal changes.

WEIGHT

7 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for carcinomatosis, lymphomatosis, mastocytosis or similar. Given that no passive congestion was present in the liver the primary abdominal disease causing effusion is likely owing to lymphatic obstruction is my primary concern. Given the firm object in the cranial abdomen it is likely coalescing omentum around the pancreas, which is a frequent presentation of carcinomatosis deriving from the pancreas. Repeat abdominocentesis with immediate cytospin is recommended slide preparation is recommended to assess for neoplastic cells. Otherwise, exploratory surgery with inspection and appropriate biopsies would be necessary for a definitive diagnosis. The prognosis is very guarded.

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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