



**PATIENT**

Stella Congdon

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Giroux

**INVOICE**

94643

**DATE**

12/15/21

**PRESENTING CLINICAL SIGNS**

History: Obstipated with severe abdominal distention. Diabetes well controlled with diet. Abd. tap and cytospin of fluid done today. Submitting for cytology.  
Abnormal PE/Chem/CBC/UA Results: PE: Severe abdominal distension, muscle wasting, Dilated pupils OU, questionable vision. Severe hyperglycemia in October, BG on 12/13 was 133. RADS: Ascites and an over-distended, full colon. AUS (October): thickened intestines and enlarged pancreas. Abd Tap yesterday: SG of fluid 1.031, removed 60mL to improve comfort.

**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 3.52 cm. The right kidney measured 3.51 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** was irregular in contour with no evidence of passive 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.



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**Gastrointestinal**

Stella Congdon

The **gastrointestinal tract** was empty and unremarkable, yet enveloped by the omental grouping around the pancreas and upper gastrointestinal tract.

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**Pancreas**

Heterogenous nodular changes were noted around the pancreas with coalescing omentum.

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Domestic Shorthair

**Free Abdomen**

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A large amount of ascites was noted with mild echogenic debris.

**AGE**

14 years

Coalescing nodular omentum around the pancreas.

Secondary ascites. This is consistent with pancreatic carcinomatosis or similar neoplasia.

**WEIGHT**

10 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This is consistent with pancreatic carcinomatosis or similar neoplasia. Abdominocentesis and cytospin is recommended for a definitive diagnosis; however, there was no other cause of free fluid. The coalescing omentum and pancreatic tissue created a mass effect throughout the cranial abdomen. The prognosis is poor.

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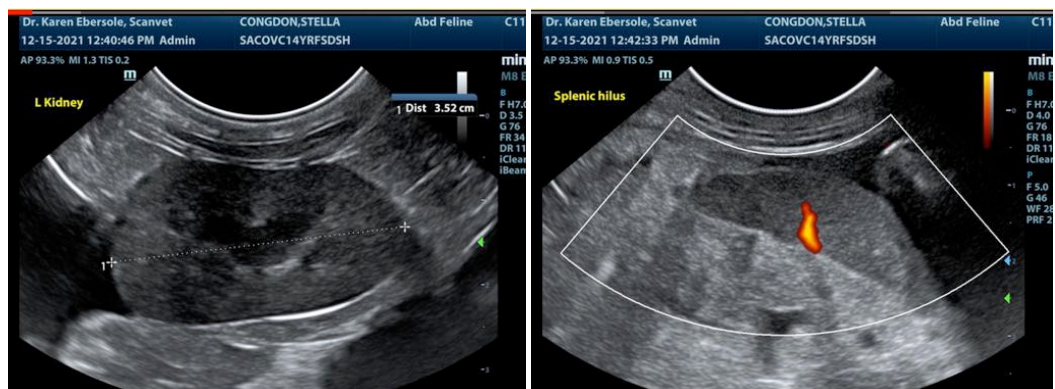
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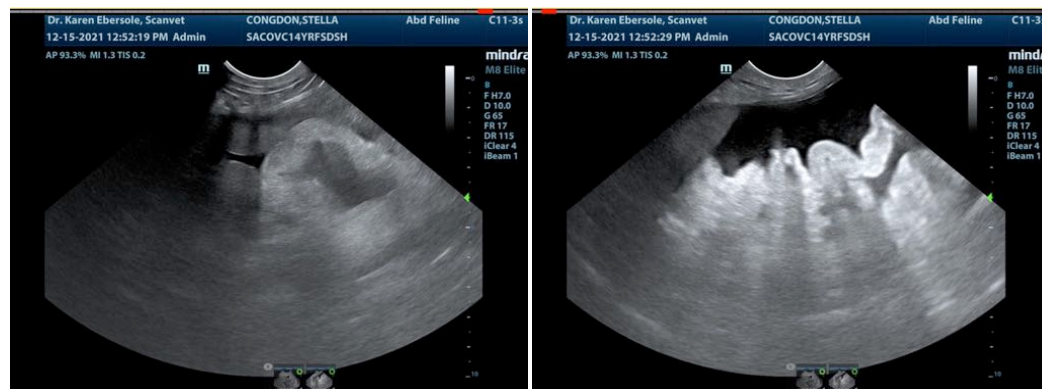
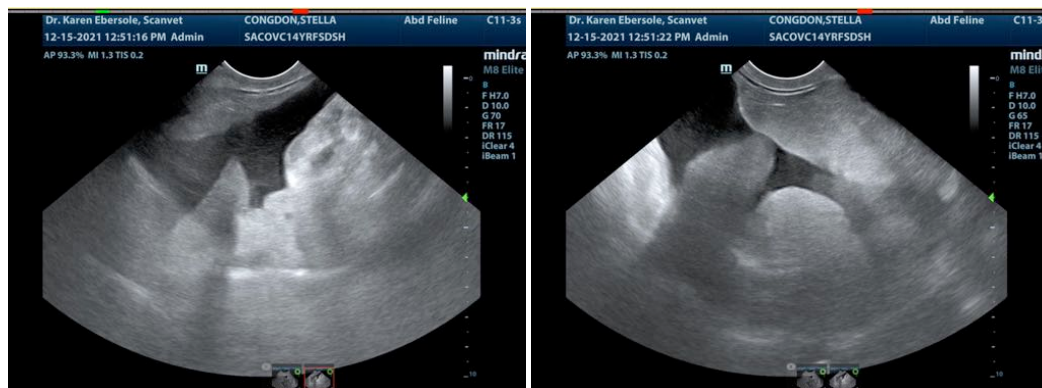
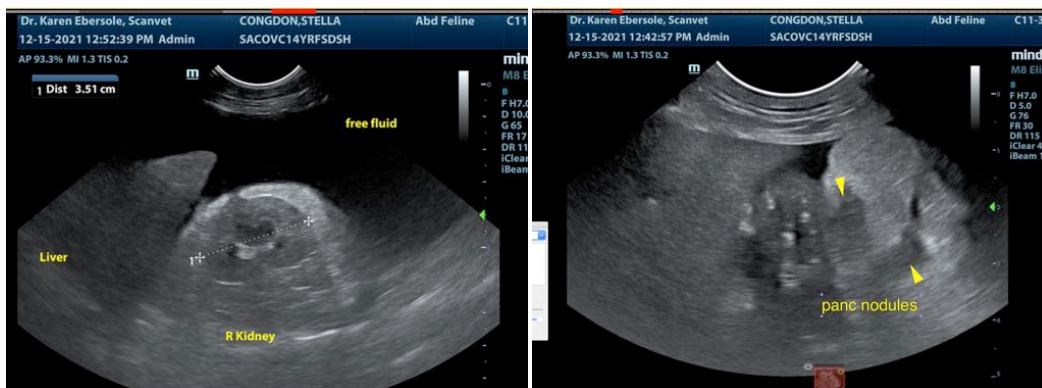
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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