



PATIENT

Rudy Donaldson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

7.85 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Daniel Handler
DVM

INVOICE

12756

DATE

12/18/25

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Bicavitary effusion. Rule out modified transudate (neoplastic effusion, congestive heart failure, vasculitis, idiopathic) and exudate (FIP, bicavitary hemorrhage and rarely bicavitary chylous effusion). Margins of abdominal organs are poorly seen on xray due to the loss of detail; abdominal ultrasound is recommended for further evaluation. CLINICAL SIGNS: Patient is indoor only. Hx of 2 lb weight loss in the last 4 months. Owner reports that the arthritis has gotten noticeably worse in the past week or so. Appetite has been a little weird, preferring wet food over dry food. Over the weekend, he was very sniffly, but that has improved since starting an antibiotic. He has had some loose stool, but no vomiting. Owner is unsure if this is true diarrhea or related to the diet change to more wet food. MEDICATIONS: Clavamox 62.5mg/ml Drops Bottle (15ml) - Give 1 ml every 12 hours for 7 days Prednisolone 15mg/5ml Syrup (per ml) - Give 2 mls every 12 hours for 5 days Give 2 mls every 24 hours for 5 days Give 2 mls every 48 hours for 10 days

Abnormal PE/Chem/CBC/UA Results: Bloodwork not available Xrays not available but interpretation is (please see attached supporting document)

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 evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.86 cm in length. The right kidney measured 3.4 cm in length with a 5.0 mm calculus.

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 0.48 cm width. The right adrenal gland measured 0.30 cm width.

Spleen

The **spleen** presented with slight irregular contour and relatively normal size measuring 6.0 mm.

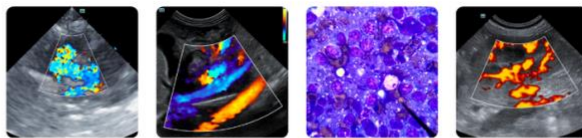
Liver

The **liver** revealed diffuse hepatic neoplasia with multiple coalescing masses and nodular omental changes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Gastrointestinal thickening and nodular omental changes were noted consistent with diffuse neoplastic process. Soft stool was noted in the colon.

Pancreas



PATIENT

The **pancreas** was enveloped in the underlying pathology.

Rudy Donaldson

Free Abdomen

SPECIES

A large amount of ascites were noted in the abdomen.

Feline

Rapid view of the heart revealed irregular pleural tissue with areas of lung consolidation which strongly suggests for a metastatic process.

BREED

Multiple enlarged lymph nodes were visualized in the abdominal pathology.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Dual cavity neoplasia- extensive carcinomatosis or lymphomatosis type presentation.
- Abdominal lymphadenopathy/ascites.
- Pleural effusion.

Neutered Male

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

12 Years

The pancreas is either a primary issue in this patient or enveloped in the underlying pathology. Diagnosis is poor and humane euthanasia should be considered in this patient.

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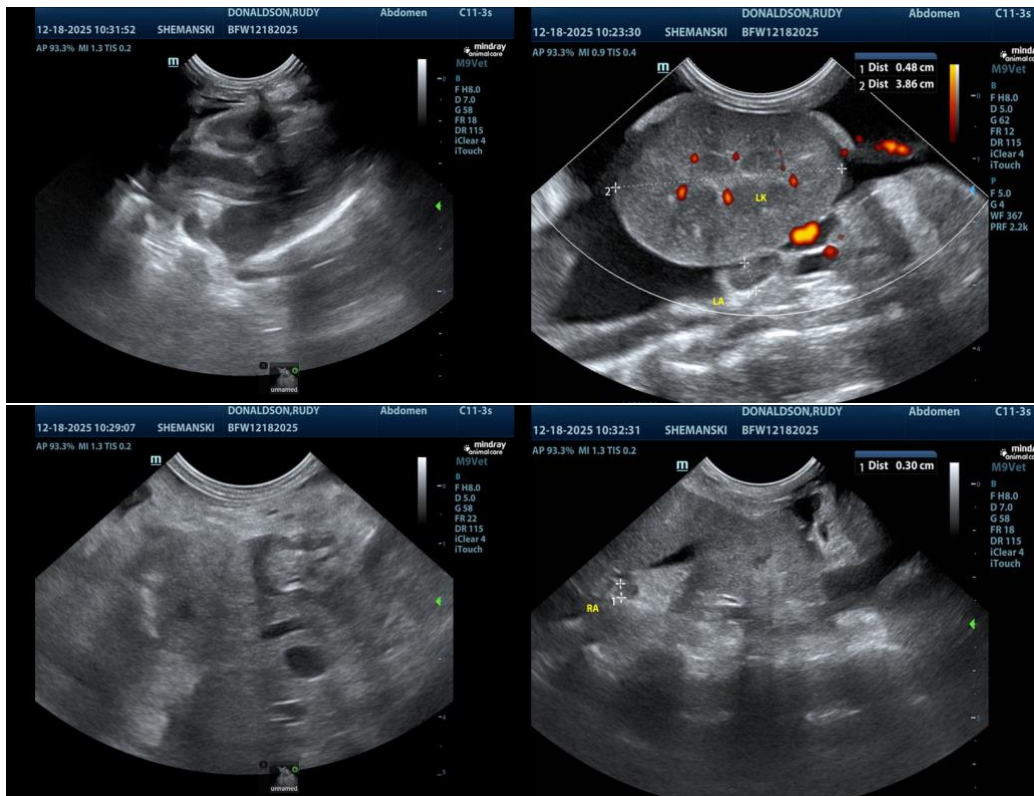
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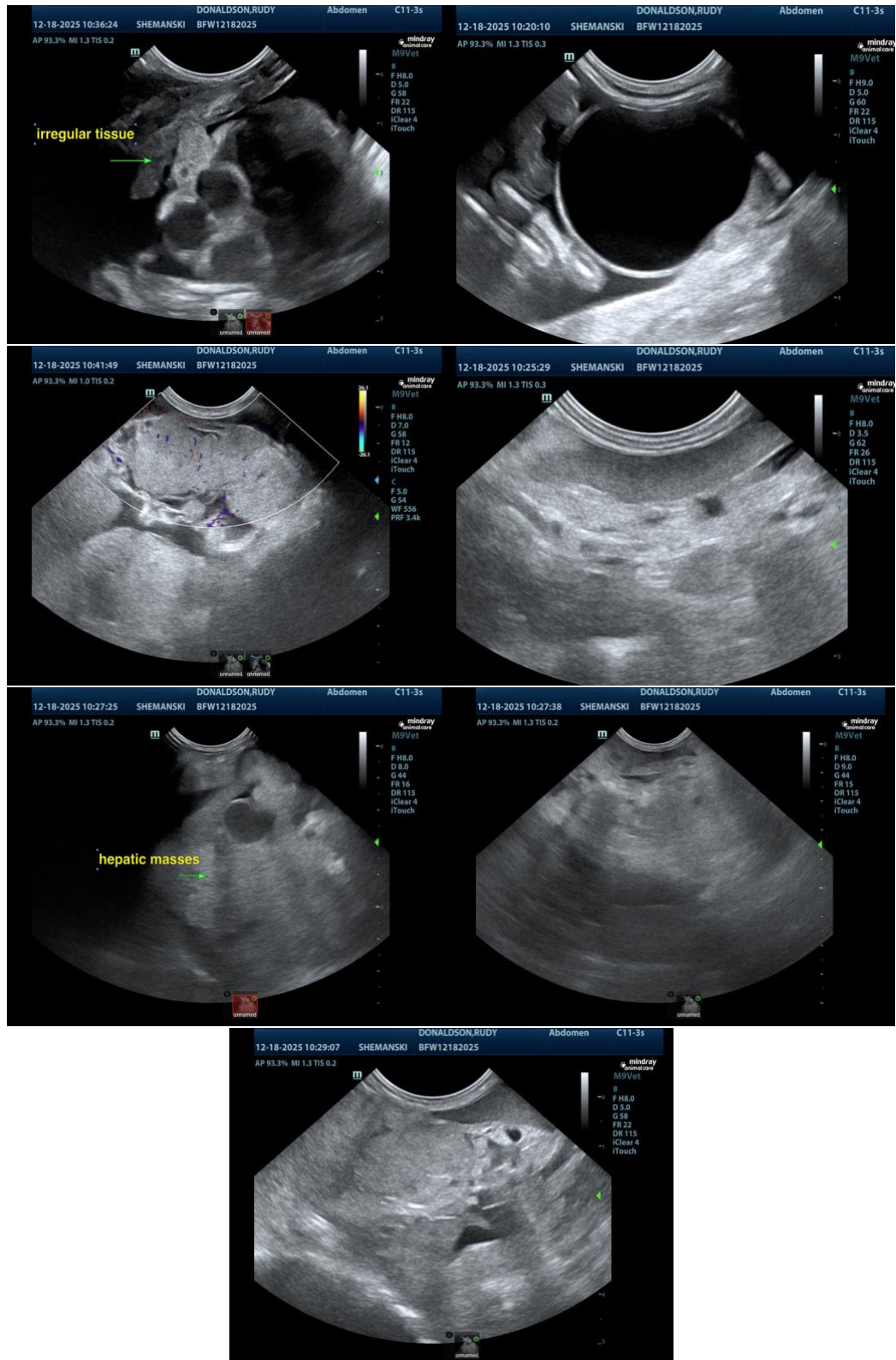
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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