



DATE PRESENTING CLINICAL SIGNS

12/04/25

Patient History: Chadwell Animal Hospital Notes: NR: 12-03-25 at 2:52p: Exam- O notes distended abdomen since yesterday. No vomiting noticed by O. No change in appetite. O provided no prev hx, no prev vx, no fecal- prev vet was Academy, O will try to contact them for info. Patient was a stray owner found 4 years ago. Indoor only. patient has been eating well. Lethargic. Owner noticed yesterday patient stomach looks larger then normal. stomach feels tighter per owner.

PATIENT

Sky Fettweis

SPECIES

Feline

Current Medications: None listed.

Labwork Results: Abd rads: Fluid haze to abd, unable to identify structures. Abd tap: sl cloudy, sl blood tinge, not viscous (holding sample, \$425 to do, wait on US results tomorrow)

Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

12/03/2017

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 were noted. Ureteral papillae were normal.

WEIGHT

Not Provided

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 4.3 cm in length. The right kidney measured 4.5 cm in length.

INTERPRETED BY

Eric Lindquist, DMV,
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IVUSS

Adrenal Glands

HOSPITAL NAME

Animal Emergency
Hospital

The **right adrenal gland** was 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 right adrenal gland measured 0.59 cm width.

The **left adrenal gland** was not visualized.

REFERRING VET

Dr. Seeberger

Spleen

The **spleen** revealed an expansive hypoechoic target nodule measuring 1.3 cm. The spleen also presented with generalized enlargement and scalloping contour.

INVOICE

12580

Liver

The **liver** was riddled with multiple iso- to hypoechoic nodules and masses. Deviation of the gallbladder. The common bile duct was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. Nodular changes enveloped the GI tract.

Pancreas

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.

Free Abdomen

A moderate amount of ascites were noted in this patient. The ascites were peri-neoplastic likely owing to lymphatic obstruction.

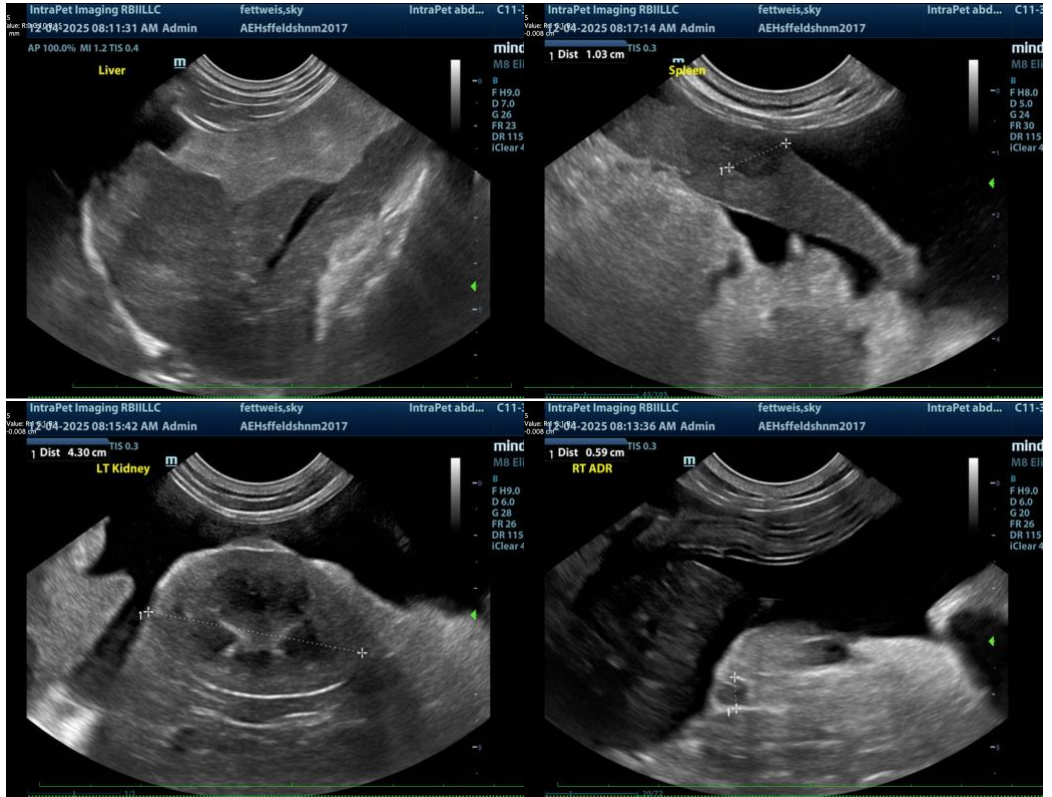
ULTRASONOGRAPHIC FINDINGS

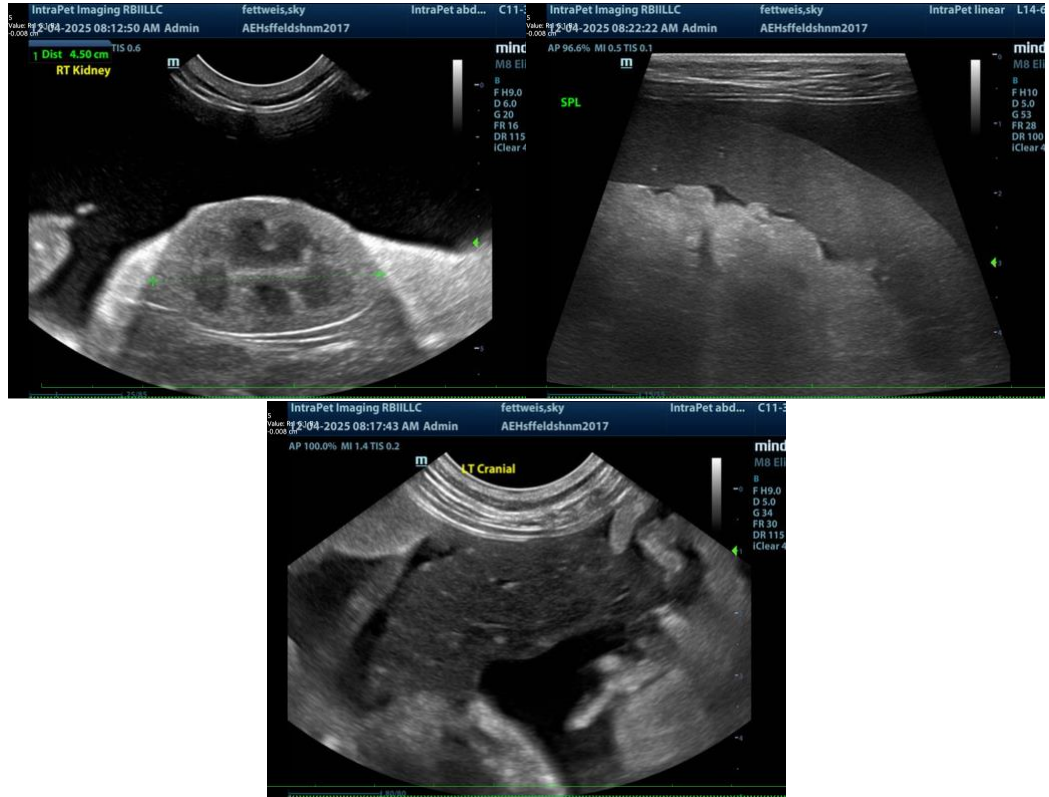
- Splenohepatic infiltrative patterns with lymphomatosis or mastocytosis type presentation.
- Omental nodular changes with envelopment of the upper gastrointestinal tract.
- Age-related renal changes.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor. Humaine euthanasia should be considered in this patient given the extent and aggressiveness of the presentation.







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.

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