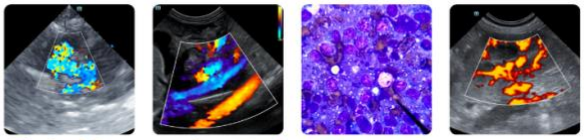

PATIENT

Laila Rand

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

8

WEIGHT

6.99

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brianna Gaines

HOSPITAL NAME

Healthy Pets Veterinary Care- Boca North

REFERRING VET

Dr. Brianna Gaines

INVOICE

13827

DATE

02/16/26

PRESENTING CLINICAL SIGNS

- Diagnosed previously with presumed carcinomatosis. Previous fluid analysis did not show neoplastic cells but was a modified transudate. O is interested in possible surgical resection.

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 were 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 minor 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 3.5 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

Both **adrenal glands** were not clearly visualized.

Spleen

The **spleen** presented nodular and irregular.

Liver

The **liver** revealed multifocal hypoechoic nodules with generalized enlargement and no evidence of passive congestion. Vena cava and hepatic veins were subnormal in size owing to volume contraction. The gallbladder and common bile duct were 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.

Pancreas

Nodular changes were noted in the **pancreas**.

Free Abdomen

A mid abdominal mass was present likely deriving from the mesenteric lymph nodes measuring up to 3.7 cm. Nodular omental changes were present with irregular contour and heterogenous mesenteric changes. A large amount of ascites were noted.

ULTRASONOGRAPHIC FINDINGS

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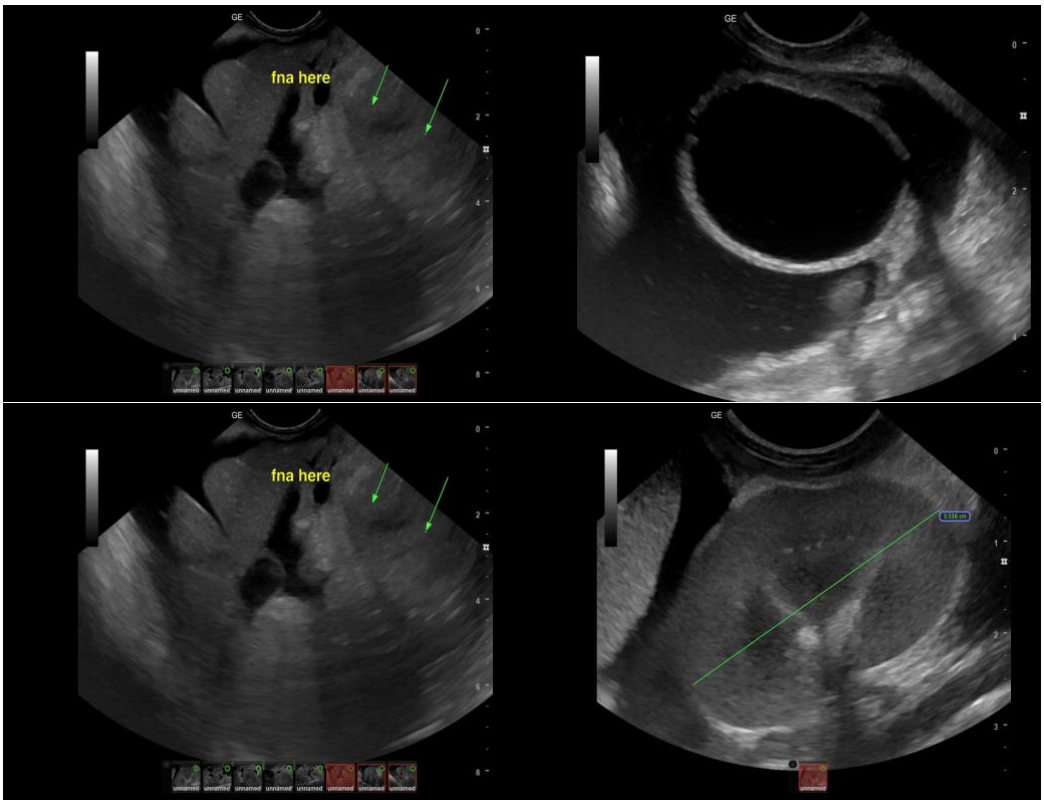
- Multifocal abdominal masses with metastatic hepatic pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver nodules and primary mass is recommended for definitive diagnosis even though the ascites did not reveal overt neoplastic presentation. The sonographic presentation is strongly consistent with neoplasia with minor potential for granulomatous disease such as FIP, round cell neoplasia, carcinomatosis, mastocytosis or similar. If sampling of the parenchymal lesions is not an option, repeat abdominocentesis with immediate cytospin and slide preparation may prove more effective than a basic abdominocentesis and fluid/cytology evaluation as the diagnostic value will be in the sediment in this type of presentation. Prognosis is poor.



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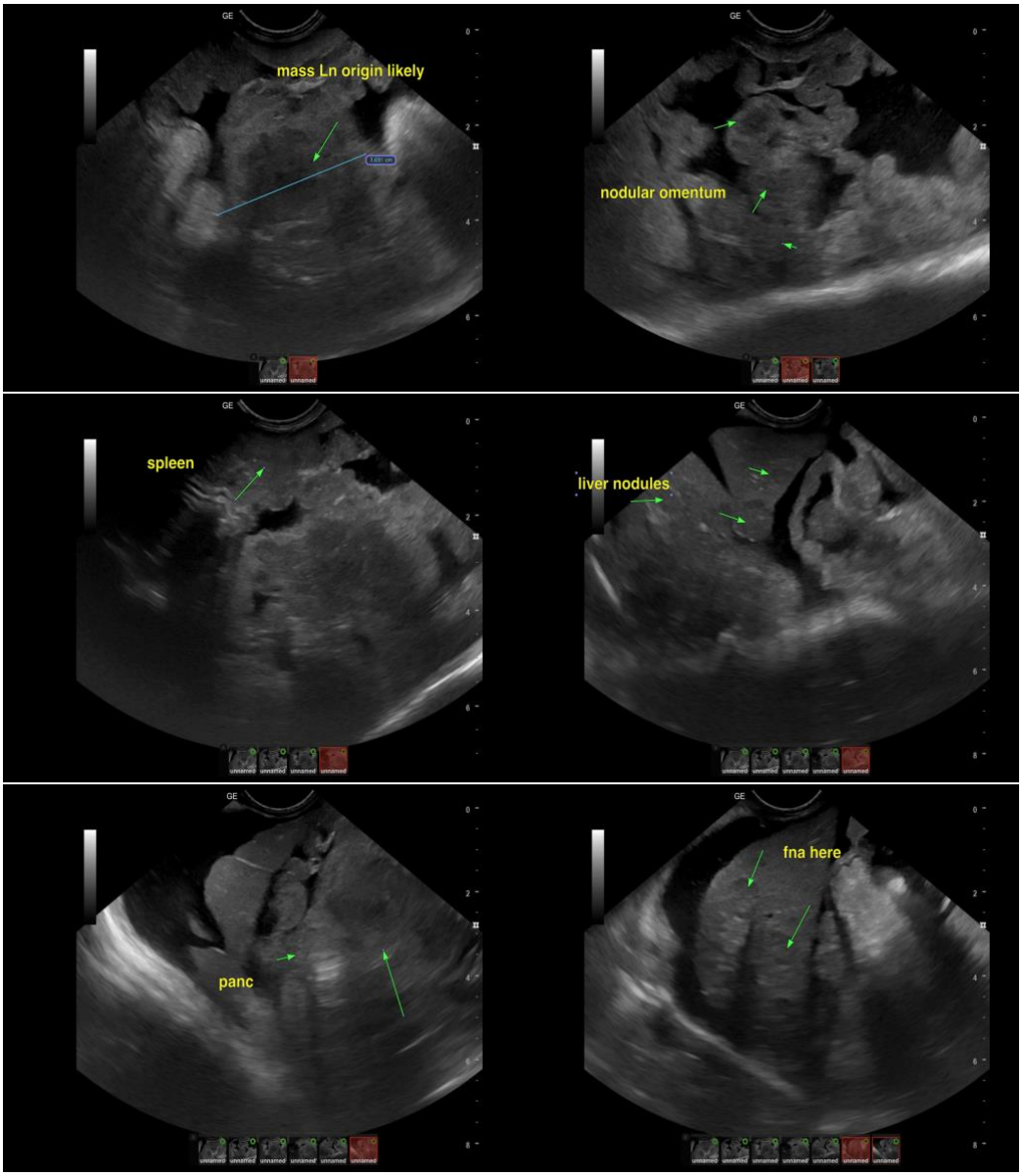


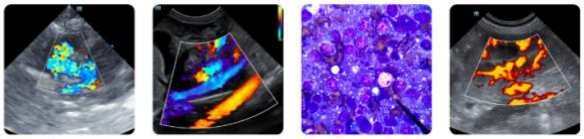
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



SonoPath.com info@sonopath.com 1.800.838.4268

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