



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Wallace Fletemeyer	History: Decreased appetite, ascites Rad consistent with fluid, drained 150ml slightly yellow clear fluid Abnormal PE/Chem/CBC/UA Results: Some bloating to abd, mild epaxial muscle loss Rule out hypoalbuminemia, cardiac, neoplasia
<b>SPECIES</b>	
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Domestic Shorthair	<b>Urinary System</b>
<b>SEX</b>	The <b>urinary bladder</b> , 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.
Neutered male	
<b>AGE</b>	The <b>kidneys</b> 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 4.8 cm. The right kidney measured 4.2 cm.
7 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
10.4 lbs	Both <b>adrenal glands</b> 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.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The <b>spleen</b> was volume contracted.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Chelsea Pastor	The <b>liver</b> revealed multiple, hypochoic and disruptive nodular changes. This is strongly suggestive for metastatic disease. The gallbladder and common bile duct were unremarkable. The cystic duct was mildly tortuous.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Fredon AH	Examination of the <b>gastrointestinal tract</b> 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.
<b>REFERRING VET</b>	
Dr. Grau	
<b>INVOICE</b>	
42872	
<b>DATE</b>	
2/20/23	



**PATIENT**

**Pancreas**

Wallace Fletemeyer

The nodular, coalescing omentum was localized around the **pancreas**. This is typical for pancreatic carcinomatosis or similar pathology.

**SPECIES**

Feline

**Free Abdomen**

The omentum was coalesced with nodular changes. Free fluid was noted in the mid abdomen.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

Carcinomatosis and lymphomatosis type presentation, likely deriving from the pancreas with metastatic type changes to the liver.

**SEX**

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

7 years

FNA of the pancreas, liver and cytospin of the free fluid may prove to be diagnostic. The prognosis is poor.

**WEIGHT**

10.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

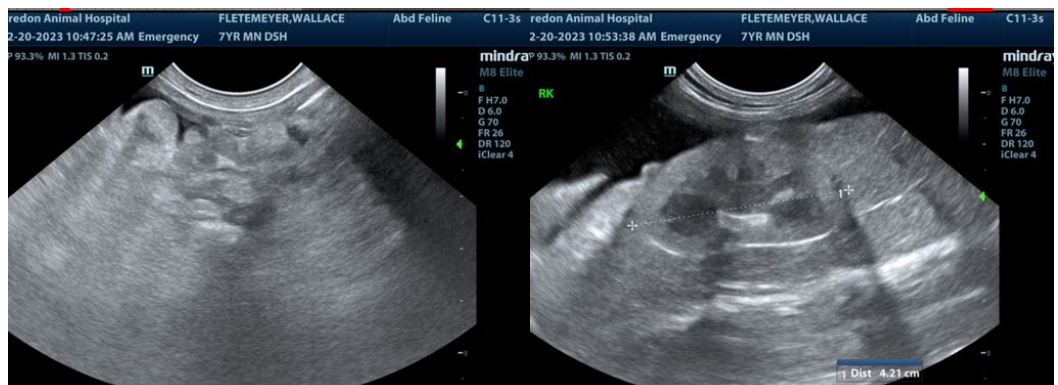
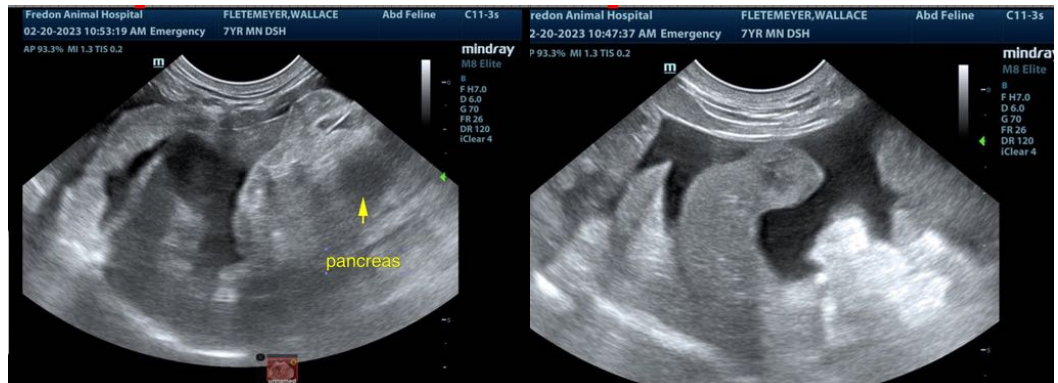
Dr. Grau

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**PATIENT**

Wallace Fletemeyer

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

10.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Grau

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42872

**DATE**

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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  
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