



PATIENT

Tucker Norkooli

SPECIES

Feline

BREED

Munchkin

SEX

Neutered male

AGE

9 years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Dr. Hunt

INVOICE

72047

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Came in for a bloated abdomen yesterday. Fluid filled. Took to surgery room with 1 L plus of fluid from the abdomen that was blood tinged. Heart looked normal on ultrasound. Took biopsies of the liver and the mesentery 0 nodules throughout. Also saw nodules on the peritoneum of the abdomen. cap previously had surgery last August for a cecal mass that was removed by CNS attached. Was asymptomatic until recently when he started to become fluid filled

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left and right kidney measured 4.3 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evidence of pathology.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** was riddled with multiple, isoechoic nodules. 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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The **pancreas** was hypoechoic, irregular and nodular enveloped by nodular coalescing omentum.

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Free Abdomen

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A moderate amount of free fluid was noted in this patient.

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Nodular, coalescing omentum was noted around the pancreas.

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ULTRASONOGRAPHIC FINDINGS

Extensive neoplasia primarily in the pancreas and liver with secondary paraneoplastic ascites.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominocentesis or ultrasound-guided FNA of the liver nodules and pancreatic lesions are recommended for further definition, yet the prognosis is poor.

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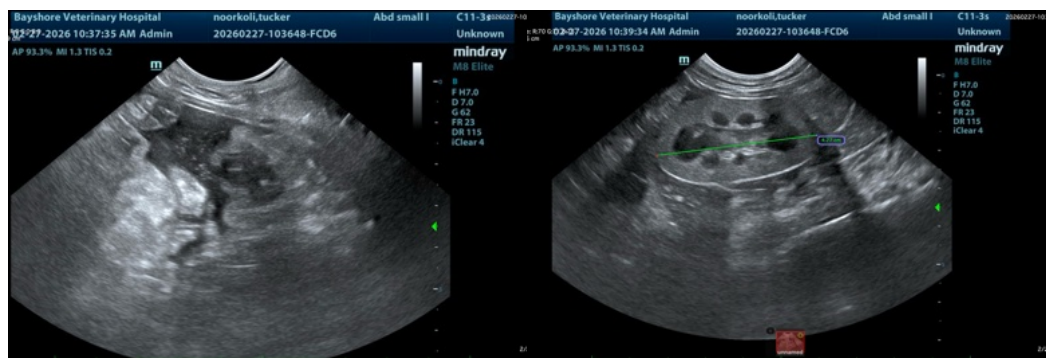
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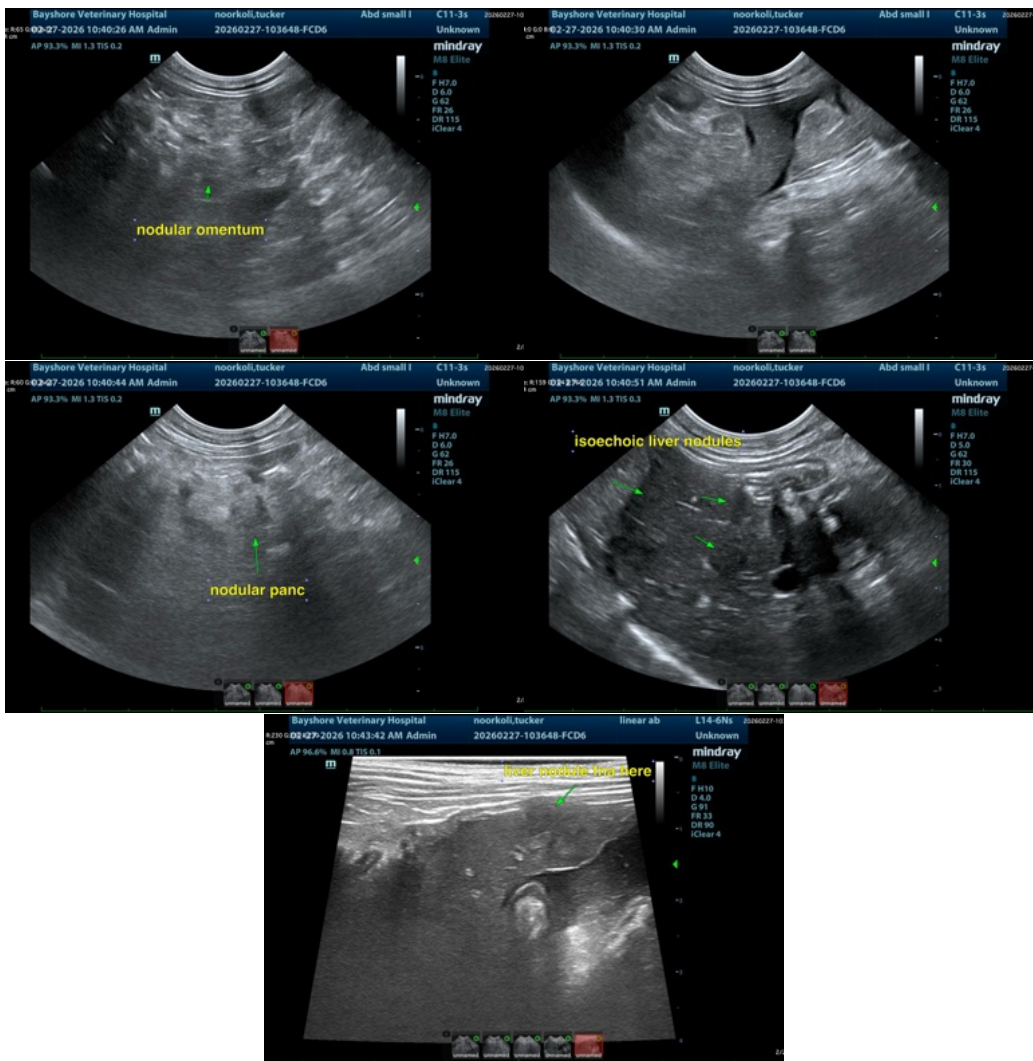
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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