



PATIENT

Sam Demaioribus

SPECIES

Feline

BREED

Russian Blue

SEX

Neutered male

AGE

17 years

WEIGHT

12.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Tudini

HOSPITAL NAME

East Aurora VH

REFERRING VET

Dr. Tudini

INVOICE

42581

DATE

2/6/23

PRESENTING CLINICAL SIGNS

History: Patient has lost 3lbs over the past 6 months. He continues to eat well but has displayed an increase in vomiting. There is no pattern to when the vomiting occurs. Normal stool formation and regularity is noted. No PU/PD. No C/S. Owner understands that we are more than likely dealing with advanced diseased state and palliative care but has regret over not pursuing any further diagnostics with last cat who had an abdominal mass and feels she would prefer to obtain further information about underlying pathology prior to making final decisions.

Abnormal PE/Chem/CBC/UA Results: BCS 4/9, Abdominal palpation findings revealed 3 soft tissue masses noted in the ventro-caudal abdomen. All 3 masses were discrete from each other. The surface structure of each was irregular. Palpation suggested possible SI bowel loops as the primary organ origin
CBC: HCT 19% (non regenerative), mild monocytosis 1.038 (0.04-0.53) Biochem: SDMA 22 (0-14), ALKP 70 (12-59), Lipase 242 (0-45), CK 444 (64-440). All other parameters WNL

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 was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm with a hyperechoic medullary rim sign and slight pyelectasia.

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.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

Some relatively normal looking liver is present, yet masses are noted in the cranial **liver**. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented progressively shadowing luminal material that is consistent with hairball accumulation. The small intestine and colon were unremarkable.

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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.

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Free Abdomen

A large amount of free fluid was noted in the abdomen with multiple, undifferentiated mixed, hypoechoic nodular masses. The masses appeared to derive from the pancreas or liver. The masses were undifferentiated, non-resectable infiltrating into the regional omentum.

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ULTRASONOGRAPHIC FINDINGS

Multi-centric neoplasia. Pancreatic and hepatic with concurrent hairball accumulation.

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Interstitial nephrosis renal pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Carcinomatosis type presentation. The prognosis is poor.

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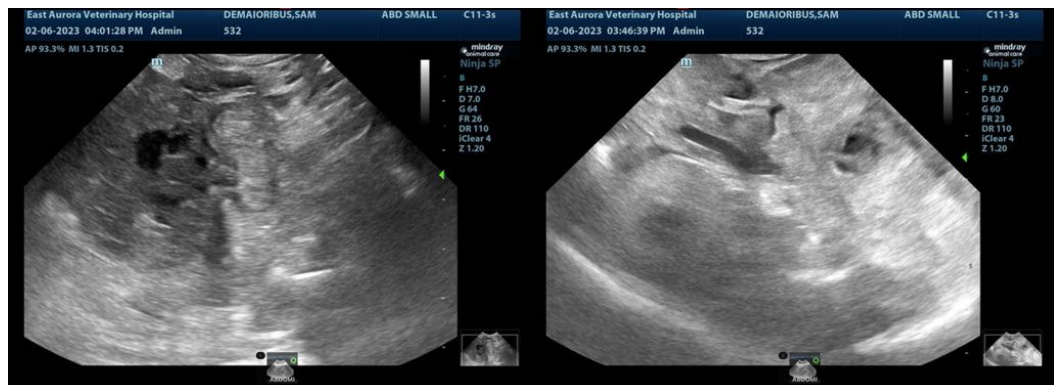
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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