



**PATIENT**

Mack Devries

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

3 years

**WEIGHT**

13.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gallick

**HOSPITAL NAME**

Magnolia Springs VC

**REFERRING VET**

Dr. Gallick

**INVOICE**

42592

**DATE**

2/7/23

**PRESENTING CLINICAL SIGNS**

History: Cat presented today for a 8 day history of inappetence and vomiting after eating. Now cat does not want to eat at all. Was at the ER days ago and then another vet and no imaging was done and bw showed evidence of dehydration and pancreatitis.  
Abnormal PE/Chem/CBC/UA Results: WBC elevated at 32k, Neutrophilia at 29k, GGT 6, TBLI 2H, Lipase 1427, NaCL - low Icteric serum, bilirubinuric urine Abdominal distension consistent with peritoneal effusion from radiology report

**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** 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 right and left kidney measured 4.0 cm.

**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**

The **liver** revealed slight, subtle, irregular contour and subtle, hypoechoic nodular changes were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



**PATIENT**

**Gastrointestinal**

Mack Devries

The visible gastrointestinal tract was unremarkable, yet obscured by adhesions and reactive surrounding mesentery.

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Feline

**Pancreas**

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Domestic Shorthair

The **pancreas** in this patient revealed mixed, hypoechoic parenchymal changes with enhanced, hyperechoic surrounding mesentery and areas of free fluid with omental nodular changes that obscured some visibility throughout the cranial abdomen.

**SEX**

Neutered male

**Free Abdomen**

The free fluid was echogenic.

**AGE**

3 years

**ULTRASONOGRAPHIC FINDINGS**

Nodular omentum around the pancreas and free fluid enveloping the upper gastrointestinal tract. Strong concern for carcinomatosis, lymphomatosis or similar. FIP is also a potential.

**WEIGHT**

13.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Intestinal perforation obscured by the reactive mesentery is possible. Ultrasound-guided abdominocentesis and cytospin of the free fluid as well as culture is indicated or direct exploratory surgery. The liver itself was largely unremarkable, yet given the bilirubin elevations FNA of the liver is recommended. Abdominocentesis and cytospin of the free fluid as well as FNA of the liver is recommended to assess for underlying neoplasia. Mast cell disease is a potential. The prognosis is extremely guarded.

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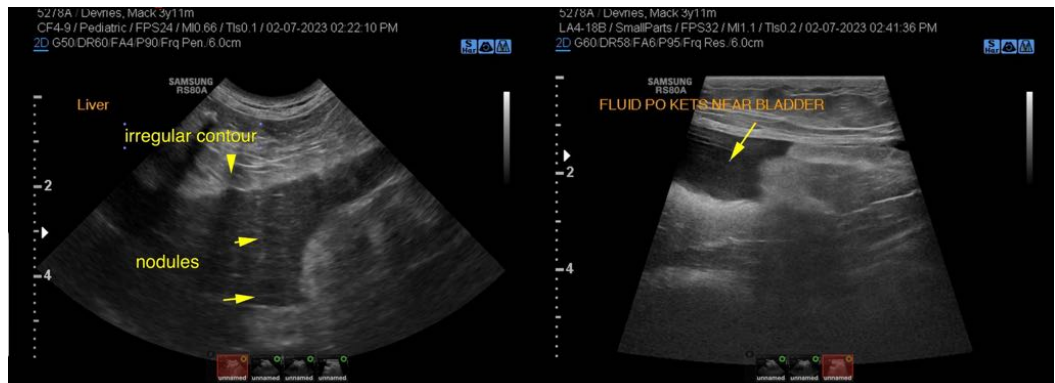
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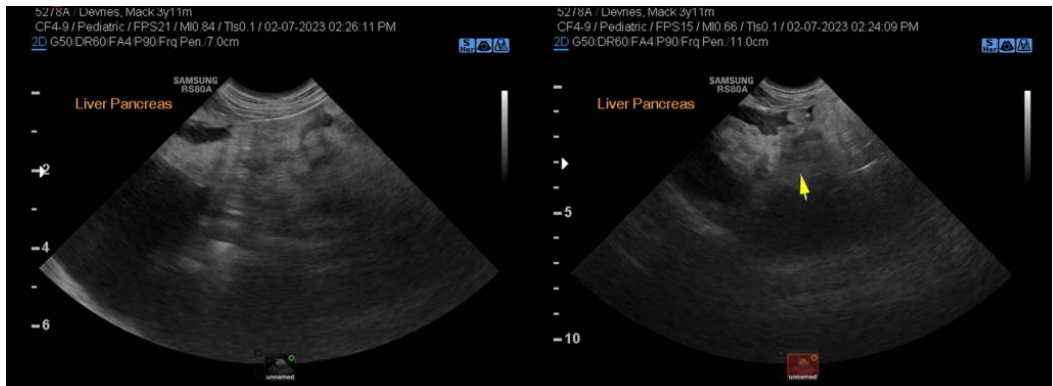
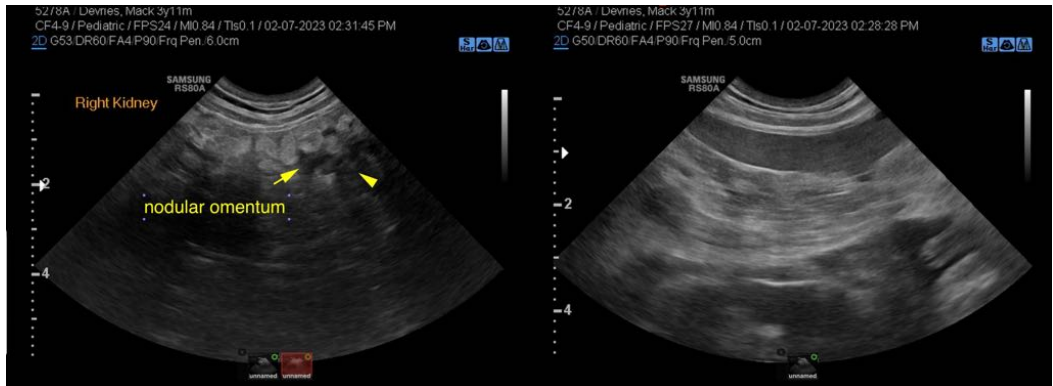
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com