

PATIENT PRESENTING CLINICAL SIGNS

Teddy Crawley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

4.89 kg

vomiting and loss of appetite. previous concerns in 2020 for the same issue. r/o Hyperthyroidism vs Neoplasia vs Nephropathy vs Hepatopathy vs Pancreatitis vs others. X-ray >> WNL except questionable peritoneal structure on the left side >> sent to radiologist. (see report in email) blood work WNL except low WBCs and Neutrophils >> reflect infection vs neoplasia >> antibiotic is recommended. Radiologist >> Loss of serosal detail with a nodular appearance of the peritoneum. This is commonly seen secondary to a diffuse neoplastic process (carcinomatosis, lymphomatosis). Abdominal ultrasound could be of benefit for further evaluation. Plan: Course of antibiotic + Ultrasound. Abnormal PE/Chem/CBC/UA Results: please see attached lab work.

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 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 kidney measured 3.37 cm. The right kidney measured 3.59 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 were noted.

Liver

The **liver** was diffusely hyperechoic to falciform fat with surrounding free fluid and hypoechoic nodular changes, suspicious for metastatic disease. The gallbladder was 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

A mixed hypoechoic, irregular **pancreatic** mass was noted with regional nodular omental changes. The mass measured approximately 4.0 cm x 3.0 cm, yet extended into the regional omentum and does not appear resectable. Both the left and right limbs appear to be involved, but the mass appears to be

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Burlington Lakeshore

REFERRING VET

Dr. Aziz

INVOICE

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derived from the left pancreas. Regional enhanced omentum noted throughout the mid cranial abdomen.

Free Abdomen

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Free fluid noted throughout variable sections of the abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Pancreatic mass with metastatic pattern to the liver – carcinomatosis type presentation.
- Volume contracted spleen

SEX

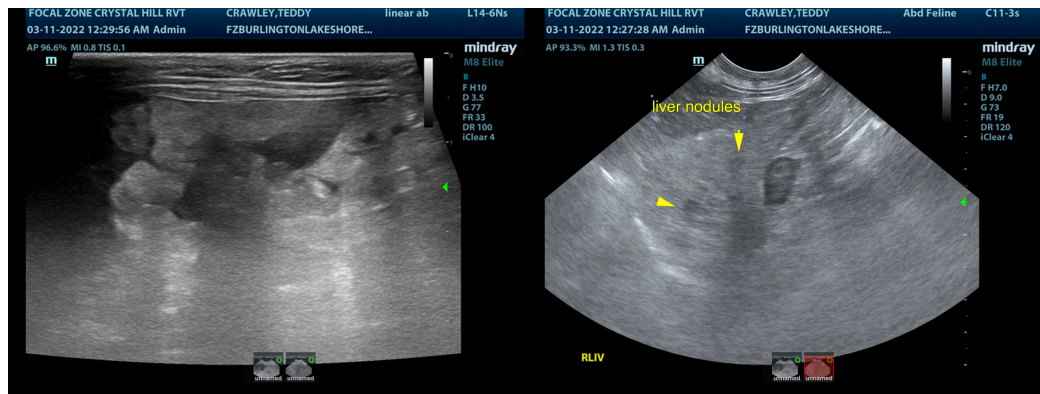
Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor. FNA of the pancreatic mass and/or abdominocentesis and cytospin could be considered for further definition.

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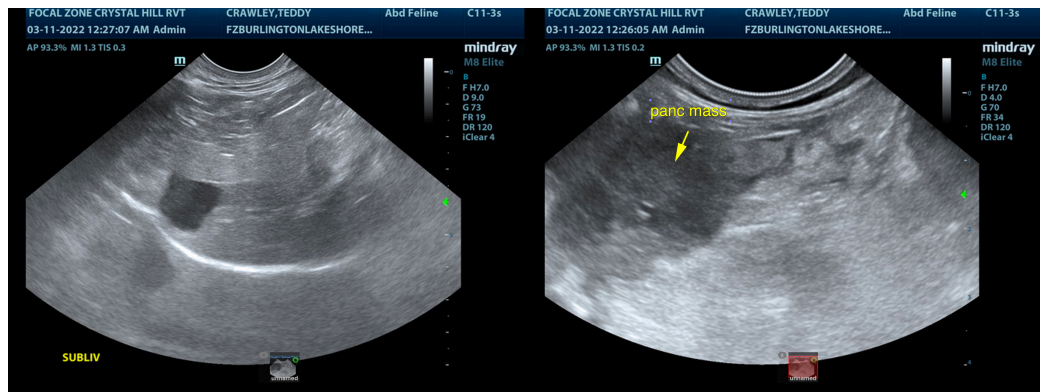


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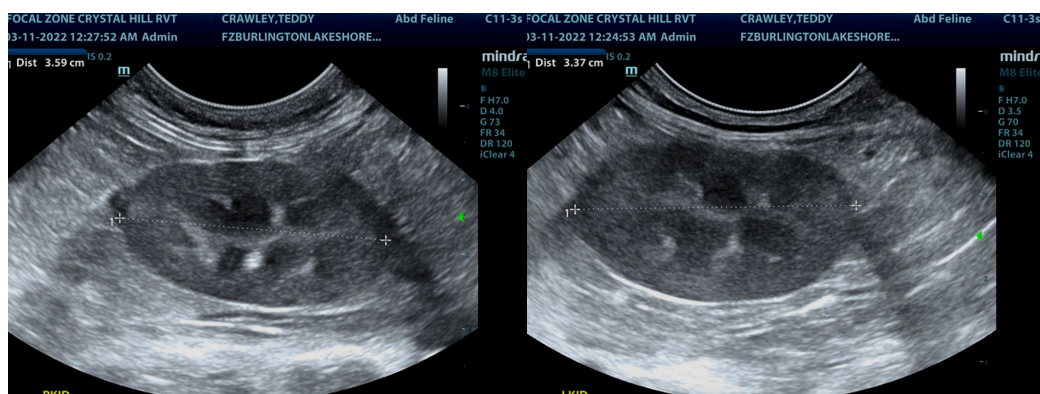
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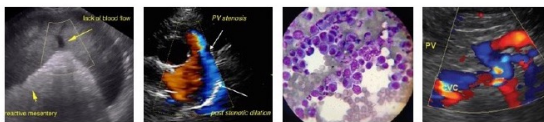


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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