



PATIENT

Midnite Donoghue

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

15.1

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Casulli/Dr. Hallihan

INVOICE

21611

DATE

3/13/23

PRESENTING CLINICAL SIGNS

History: Anorexic, anemic, painful abdomen, no appetite, has kidney disease, concerned about PLN, pleural effusions R/O - neoplasia, FIP, liver failure, heart failure
MEDICATIONS : convenia - 0.7mL SQ, vitamin B complex 1.5ml into 500mL bag LRS, potassium chloride - 7mLs into 500ml LRS, famotadine IV - 0.32, baytril - 1.5mLs given IM

Abnormal PE/Chem/CBC/UA Results: UPC - 1.5, CREA - 4.5(hi), BUN - 66 (hi), PHOS - 8.4 (hi), TP - 5.2 (lo), ALB - 1.9 (lo), RBC - 3.65 (lo), HCT - 20.0 (lo) HGB - 6.6, MCV - 54.8 (lo), MCH - 18.1 (hi), retic - 2.6(lo), WBC - 30.21 (hi), neu - 20.26, lym - 7.68(hi), mono - 1.46 (hi) baso - 0.43(hi), PLT- 126 (lo), P02 - 179.3 (hi), O2SAT - 99.4, PH - 7.244 (lo), BE (ecf) - (-10.4) (lo), Na+ - 164 (hi), PLT - 126 (lo), cl- - 134 (hi), ca++ - 1.14

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 right kidney measured 4.6 cm. A cortical infarct was noted in the dorsal cortex of the right kidney.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 unremarkable with uniform parenchyma and slight coarse architecture, expected for this age patient. No evidence of passive congestion. 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 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

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The **pancreas** revealed nodular heterogenous parenchymal changes, strongly consistent with pancreatic carcinomatosis. The changes were ill-defined.

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Free Abdomen

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A moderate amount of **free fluid** was noted in the abdomen.

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Other

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Pleural effusion was noted through the diaphragm as well.

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- Nodular omentum and pancreas
- Free fluid and pleural effusion
- Right renal infarct
- Slight coarse architecture in the liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dual cavity neoplasia is suspected, such as lymphomatosis, carcinomatosis. Cannot completely rule out left and right sided heart failure, however, full echocardiogram is necessary to assess this potential. Abdominocentesis and cytopsin are warranted to assess for exfoliating neoplasia. Prognosis is very guarded to poor.

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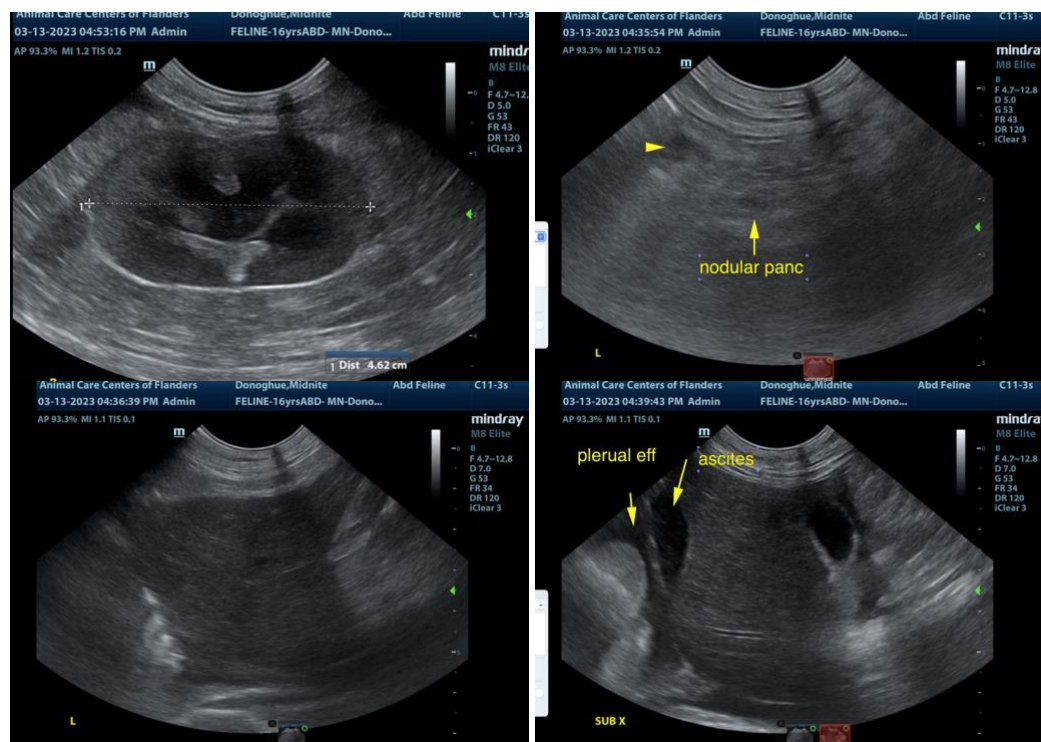
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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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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