



**PATIENT**

Zumi Cooper

**SPECIES**

Feline

**BREED**

Siamese X

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

3.94 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Guenther

**HOSPITAL NAME**

Central Island VEH

**REFERRING VET**

Dr. Guenther

**INVOICE**

21699

**DATE**

3/18/23

**PRESENTING CLINICAL SIGNS**

History: Anorexic for about 1wk. No vomiting. Not seen drinking recently but suspected to drink a lot prior. P adopted 1 yr ago. Age unknown. Indoor only since adopted. P initially seen March 14 and treated w/ symptomatic care (fluids/antinauseants/analgesics) as O declined further workup. No improvement.

Abnormal PE/Chem/CBC/UA Results: Uncomfortable with abd palpation. Abd distended now and did not seem to be on March 14. Severe dental dz Jaundice Cachexia Low grade heart murmur Bloodwork from March 14: CBC - mild nonregen anemia (hct 27.7) Mild neutrophilia (15.34) w/ left shift Mild stress hyperglycemia (9.65mmol/L) Hyperglobulinemia (69g/L) Normal albumin (28g/L) TBil elevated (27) TT4 high normal (58) fPL abnormal No UA. Abd free fluid is clear straw/yellow colored and viscous.

**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** 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 3.5 cm. The right kidney measured 4.56 cm.

**Adrenal Glands**

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

**Spleen**

The **spleen** was mildly enlarged with fairly uniform parenchyma, and scalloping irregular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.

**Gastrointestinal**



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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. The GI was enveloped by the omental and pancreatic pathology.

### Pancreas

The **pancreas** was hypochoic, irregular and nodular with nodular omentum.

### Free Abdomen

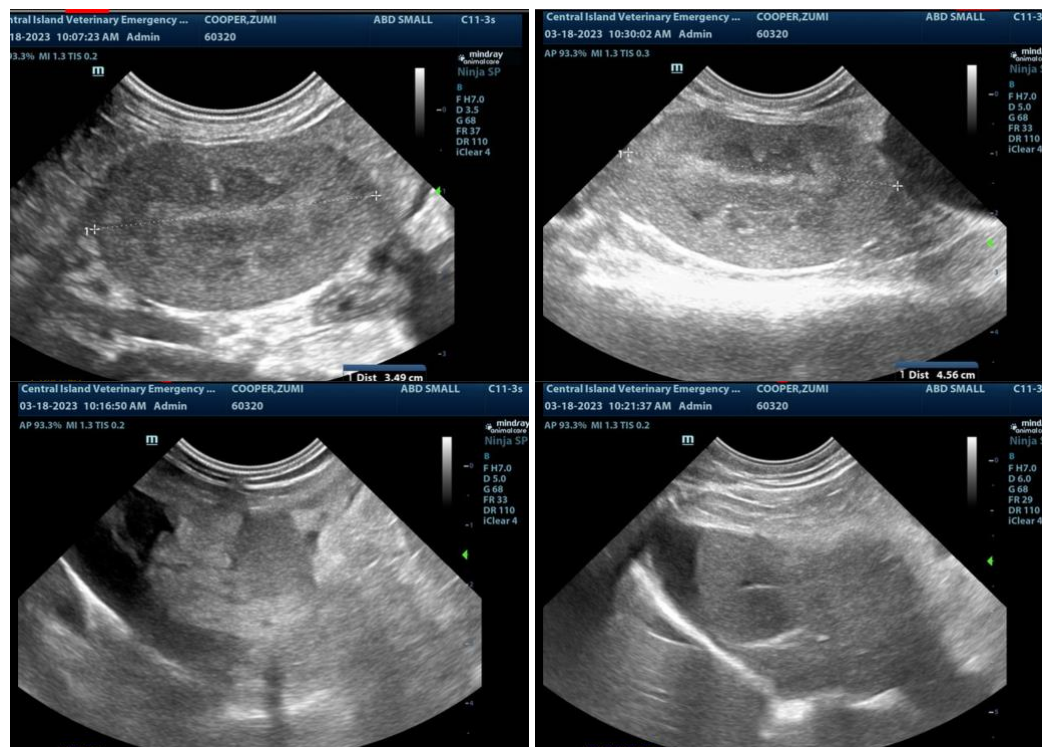
A moderate amount of mildly echogenic **free fluid** was noted throughout the abdomen.

## ULTRASONOGRAPHIC FINDINGS

- Hypochoic, irregular and nodular pancreas- carcinomatosis/lymphomatosis/mastocytosis type presentation
- Nodular omentum
- Free fluid
- Scalloping spleen
- GI enveloped by the pancreatic and omental pathology

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is likely pancreatic carcinomatosis. Septic abdomen is possible yet depends upon the abdominocentesis and cytospin sample to assess for mixed inflammation or suppurative inflammation vs carcinomatosis/lymphomatosis or similar. Prognosis is poor. If cytology is not definitive, then exploratory surgery is indicated to inspect and obtain biopsies.





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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 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