



PATIENT

Teddy Roosevelt
Edelstein

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Smatt

INVOICE

73615

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- Patient has heart murmur for long period of time. Not eating, lethargic, losing weight
- CBC - elevated neutrophils Chem - normal U/A - 2+ protein, 1+ Bilirubin

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right 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. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** revealed moderate to severe splenomegaly up to 1.9 cm with granular appearance.

Liver

The **liver** in this patient was coarse architecture and over distended gallbladder. Increased portal markings were noted. There was no evidence of passive congestion.

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

Heterogenous nodular omental changes were noted particularly around the **pancreas** with an overt pancreatic mass. The mass measured 2.3 x 1.6 cm.

Free Abdomen

Mildly echogenic free fluid was noted in the abdomen owing to lymphatic obstruction from infiltrative neoplasia.

ULTRASONOGRAPHIC FINDINGS

Splenomegaly.

Over distended gallbladder.

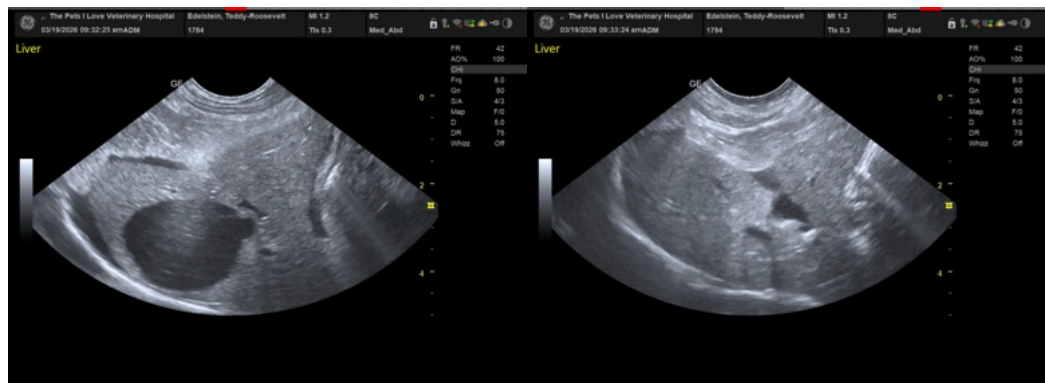
Pancreatic mass.

Nodular omental changes.

Free fluid, likely owing to lymphatic obstruction from infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the pancreatic mass is recommended. This is strongly consistent with carcinomatosis, lymphomatosis, mastocytosis or similar. FIP is a remote potential. Abdominocentesis and cytospin of the free fluid with immediate slide preparation may also prove fruitful in a definitive diagnosis. However, the prognosis is poor.





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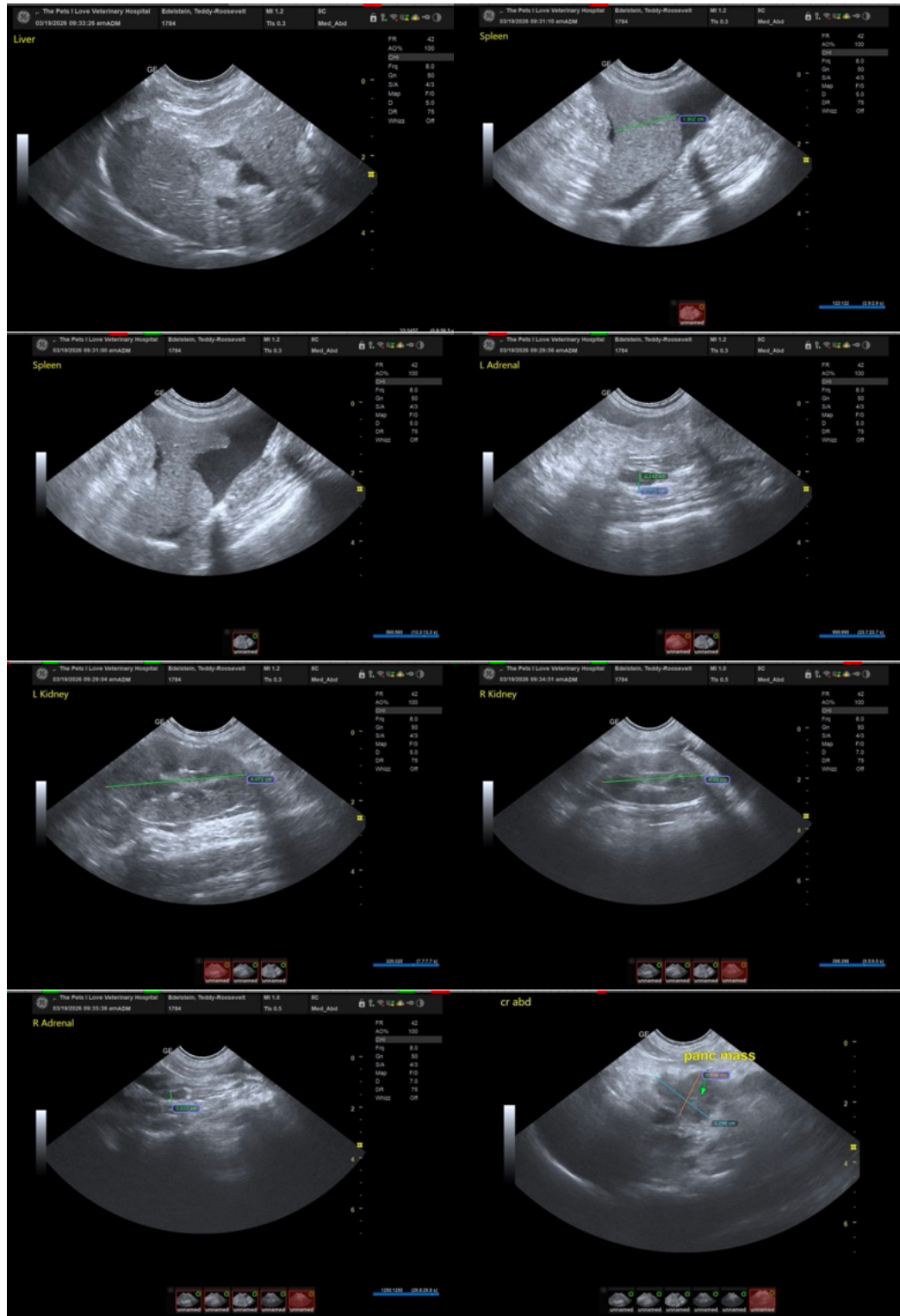
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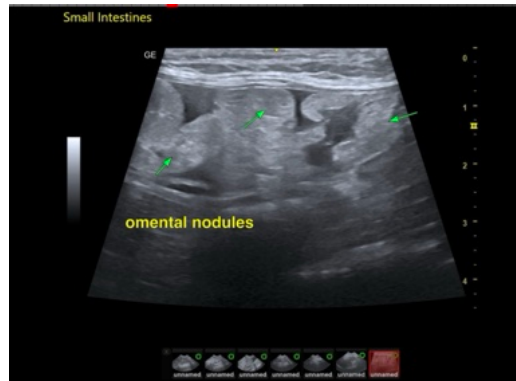
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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