

**DATE**

3/22/22

PRESENTING CLINICAL SIGNS

Presented 3/18 for second opinion for weight loss, intermittent vomiting and ascites. PE: Grade 4/9 BCS with muscle wasting along thoracic spine, possible cranial abdominal mass palpated, gallop rhythm. Suspect thyroid slip, no murmur.

PATIENT

Baylor Wiker

Current Medications: 3/18/22- current: Gabapentin 50mg BID and Methimazole 2.5mg BID.

Lab Results: 2/7/22- T4 5.2- untreated, remaining chem/CBC wnl.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

Imaging Performed By: Andi Parkinson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9/16/07

WEIGHT

11.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Baer

INVOICE

97000

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation.

Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 4.07 cm. The right kidney measured 3.84 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 right adrenal gland measured 0.7 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed multi-focal, hypoechoic nodular changes were noted with increased portal markings. 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

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

The midabdomen revealed coalescing nodular pancreatic mass. Coalescing omentum was noted around the pancreatic mass.

Free Abdomen

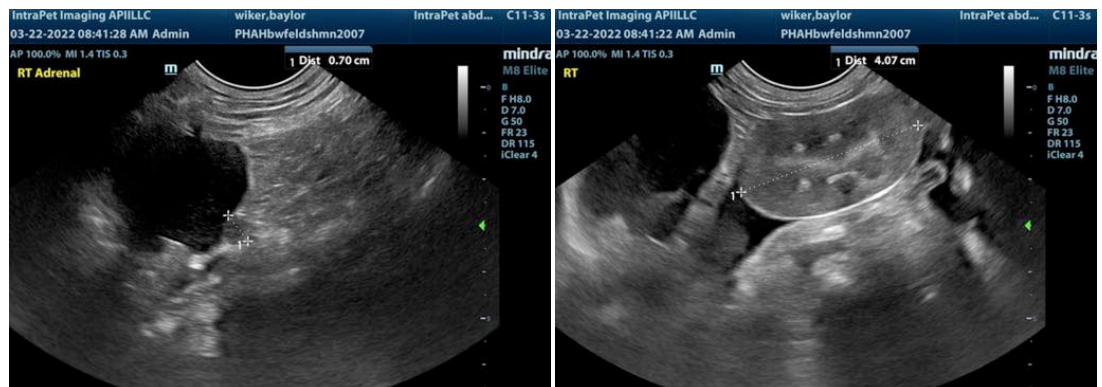
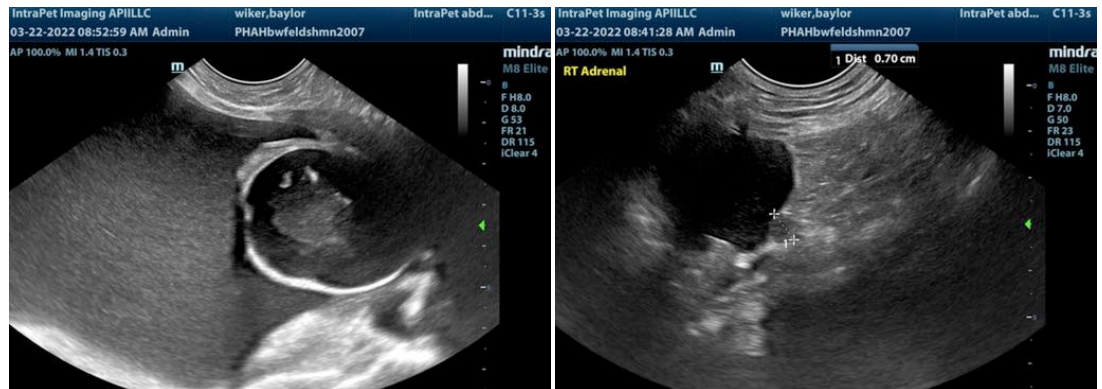
A large amount of echogenic ascites was noted.

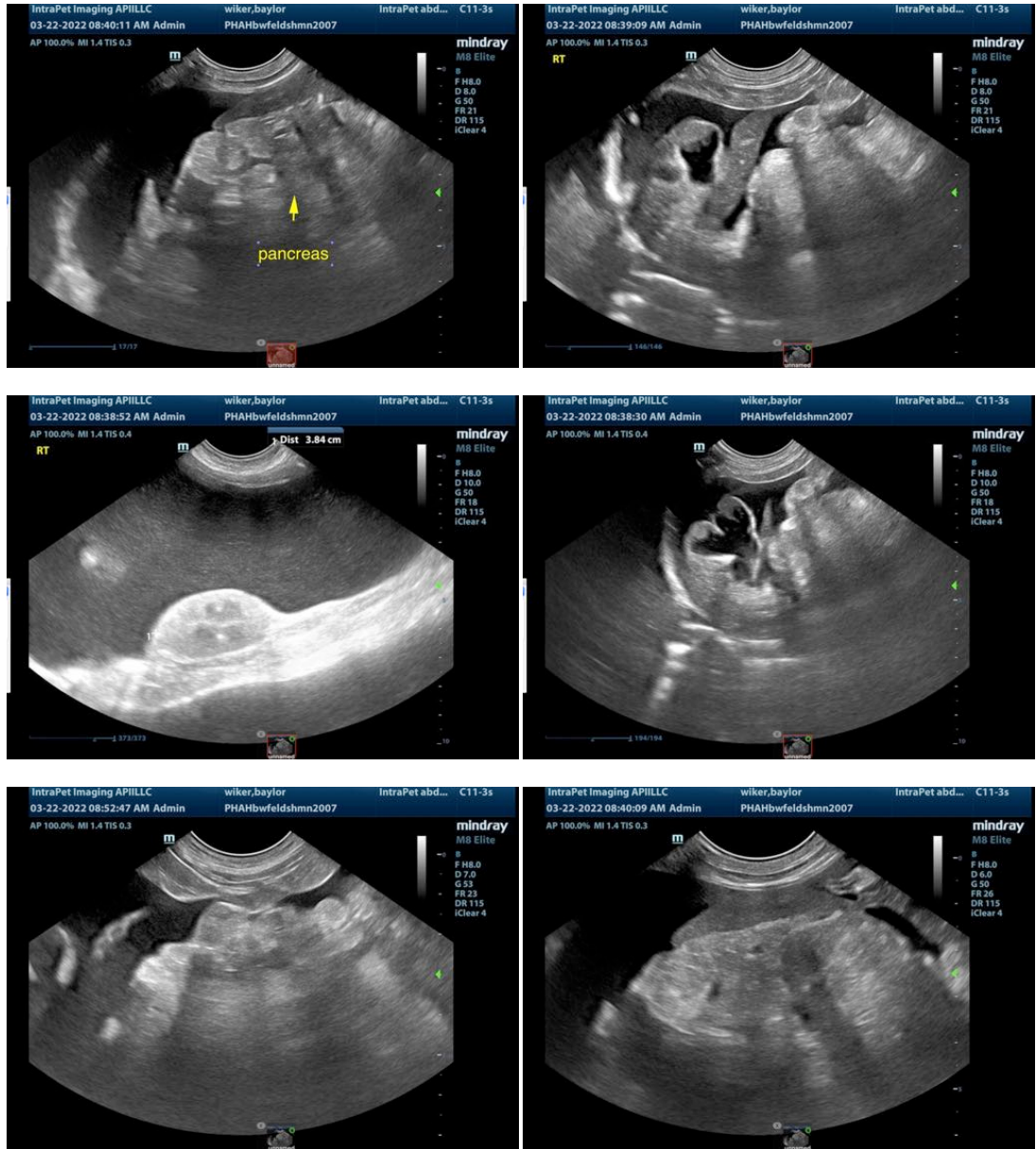
ULTRASONOGRAPHIC FINDINGS

Pancreatic carcinomatosis or similar presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of passive congestion noted in the liver. Abdominocentesis and cytopsin is recommended for further definition; however, the prognosis is poor. Carcinomatosis, lymphomatosis, mastocytosis or similar is suspected.





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.

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