

**DATE**

3/25/22

PRESENTING CLINICAL SIGNS

History: Anorexia, lethargy, ascites. Pulled 930mL yellow fluid from abdomen today. Directly after scan pet was found to have a temp of 96, grey MM and BP of 30mmHg.

PATIENT

Leonidis Gjoni

Current Medications: None.

SPECIES

Feline

Lab Results: Elevated WBCs, BG slightly elevated, decreased N+, elevated K+, elevated lipase, decreased chloride, slightly elevated BUN.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

BREED

DSH

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

8/15/09

Urinary System

The **urinary bladder** revealed minor thickening and echogenic debris. A minimal amount of urine was present at the time of the sonogram.

WEIGHT

11.06 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 4.4 cm. The left kidney measured 4.58 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 0.48 cm.

HOSPITAL NAME

Festival VC

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.

REFERRING VET

Dr. Fallston

INVOICE

14515

Liver

Significant heterogeneous parenchymal changes were noted in the **liver** with hypoechoic coalescing nodules. Increased portal markings noted in the liver. No hepatic vein dilation noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** was structurally unremarkable and curvilinear patterns were respected. Some gastric stasis was noted. The colon was filled with hard stool.

Pancreas

Hypochoic nodular changes were noted in the **pancreas** with disrupted architecture and coalesced omentum.

Free Abdomen

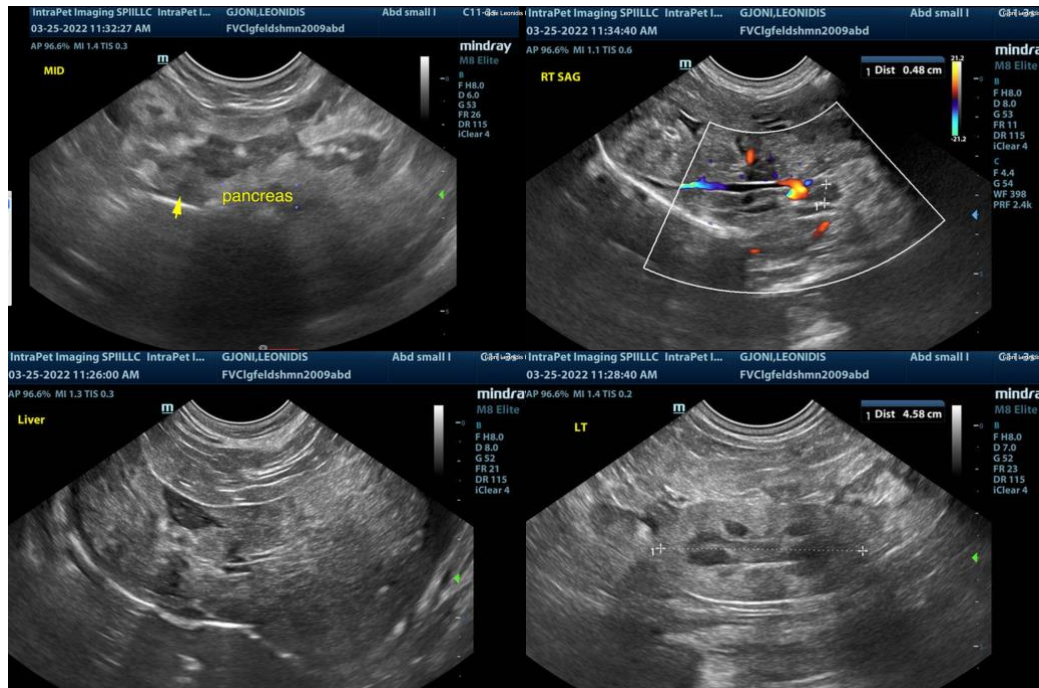
A moderate amount of **free fluid** was noted.

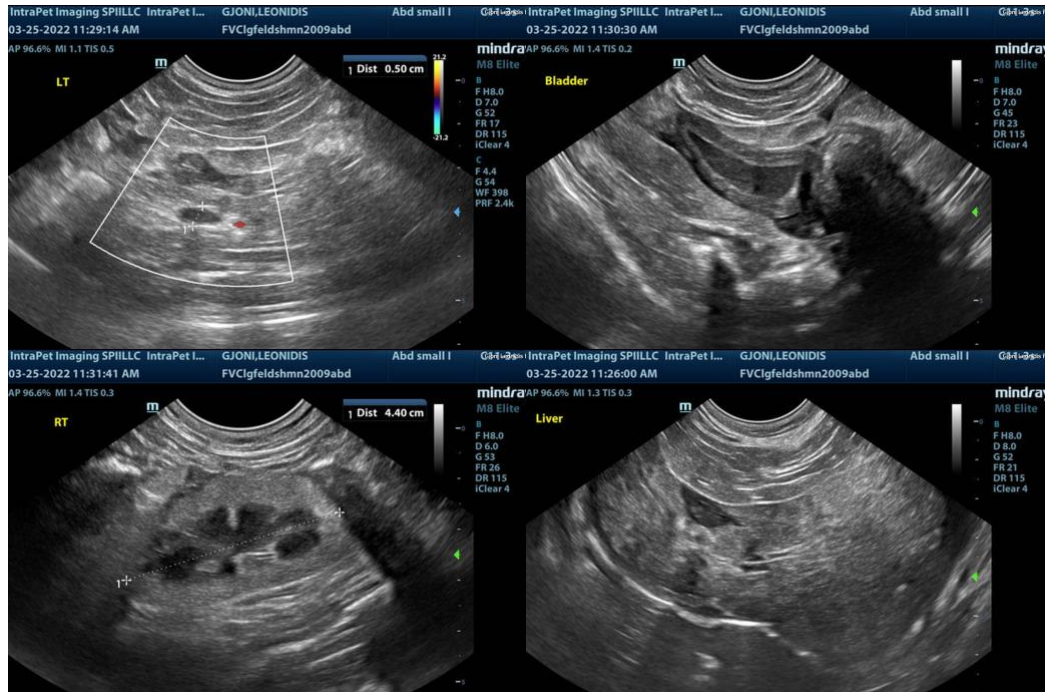
ULTRASONOGRAPHIC FINDINGS

- Abdominal presentation was strongly consistent with pancreatic carcinomatosis or similar neoplasia with likely hepatic involvement
- Free fluid
- Gastric stasis noted. Hard stool noted in the colon
- Urinary bladder thickening with echogenic debris
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis and cytospin of the free fluid and FNA of the liver all indicated. Prognosis is poor.





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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