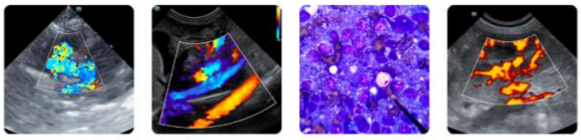


DATE

3/27/26

PATIENT

Rusty Barczak

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2/1/10

WEIGHT

8.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Baer

INVOICE

36381

PRESENTING CLINICAL SIGNS

Patient History: Progressive weight loss of about 1lb since December with some lethargy and decreased appetite, no vomiting or diarrhea, normal drinking and urination. PE: cardiac murmur grade 3/6, mild muscle atrophy generalized, slightly ropey intestines.

Current Medications: None.
Labwork Results: Labwork not attached, reported as: 03/24/26 Diagnostic/Laboratory Results Summary. CBC- Hgb (L) 10.4, WBC (H) 22.5, Neut (H) 20.2, Mono (H) 0.94, Eos (H) 0.135. CHEM 27- Crt (L) 0.7, ALT (L) 13. Alkp. T4 WNL 2.3. UA- USG: 1.025, pH: 6, protein 1+. A: Leukocytosis with neutrophilia and monocytosis
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined, not safe to administer.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 3.8 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged, 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour.

The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Other

The **thorax** in this patient presented a large amount of pleural effusion with a 3.0 cm x 5.0 cm mixed hypoechoic undifferentiated lung mass with areas of mineralization. The left thoracic mass is likely of lung origin given the peripheral air entrapment within the mass.

The **heart** revealed volume contraction with normal contractility. No evidence of primary pathology.

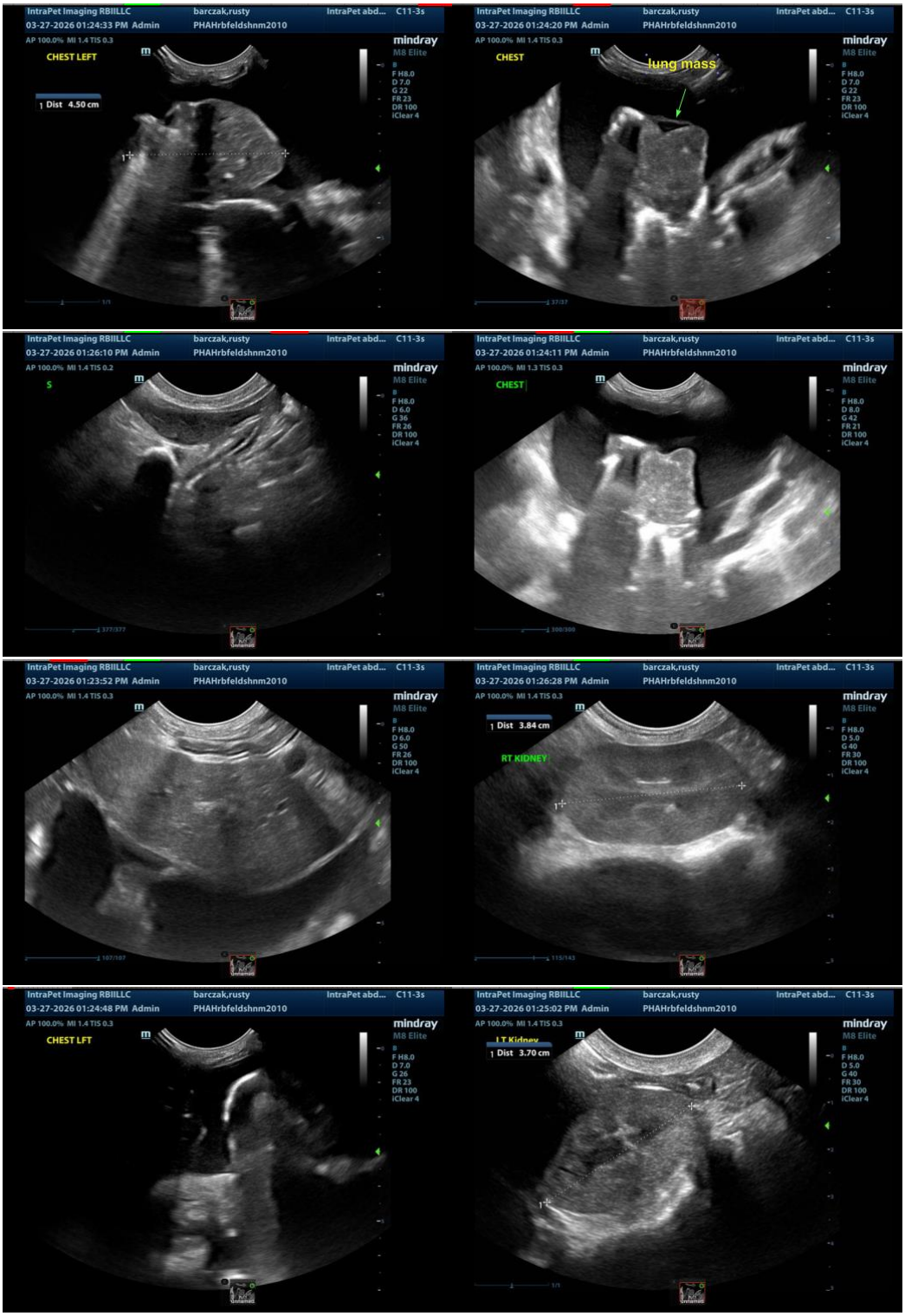
ULTRASONOGRAPHIC FINDINGS

- Thoracic neoplasia-lung mass/masses with secondary pleural effusion. Suspect carcinomatosis, sarcomatosis, or similar.

- Geriatric abdomen otherwise- no related disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pleurocentesis and cytospin to assess for neoplastic cells in the sediment or ultrasound guided drainage of the chest and FNA of the lung mass would be indicated. Prognosis is poor.


IntraPet Imaging RBIILLC
barczak,rusty
IntraPet abd...
C11-3s
03-27-2026 01:24:33 PM Admin
PHAHrbfeldshnm2010
CHEST LEFT
Dist 4.50 cm
mindray
M8 Elite
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barczak,rusty
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CHEST
lung mass
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PHAHrbfeldshnm2010
Dist 3.84 cm
RT KIDNEY
mindray
M8 Elite
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barczak,rusty
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CHEST LFT
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M8 Elite
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PHAHrbfeldshnm2010
Dist 3.70 cm
mindray
M8 Elite

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,
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info@SonoPath.com