



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Mitzi Kamilos

SPECIES
Feline

BREED
Manx

SEX
Spayed Female

AGE
11 years

WEIGHT
4.02 kg

History: Mitzi presented for abnormal defecation, weight loss, vomiting and lethargy. Everything started back in Jan were she started to become bloated, hyporexic and small defecations/straining to defecate. Presented to her pDVM, BW showed elevated PSL/PLI and Elevated ALT (164), T4 wnl. She was sent home was laxatone for suspected constipation. She seem to improved, starting eating better, defecating better but then a little later declined again. They were only giving the laxatone once a week, they increased it to twice a week which did not seem to help. She continued to be hyporexic eating only 10% of her food intermittently and P noticed weight loss. They re-presented to pDVM in early march, repeat BW showed improving ALT and PSL wnl. She has continued not to improve and O would presented to salem Wilvet for AUS.

Abnormal PE/Chem/CBC/UA Results: Approx. 5% dehydration, distended abdomen - tense on palpation. Abdominal Free fluid: Orange opaque in consistency. In house cytology: 7-10/HPF RBC 4-6/HPF neutrophils and lymphocytes. No obvious bacteria. Mild to moderate amount of large round cells with large nuclei and dark blue foamy cytoplasm

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right kidney measured 3.0 cm.

IMAGING PERFORMED BY

Dr. Gardner

Adrenal Glands

HOSPITAL NAME

Wilvet Salem

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.

REFERRING VET

Dr. Gardner

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

INVOICE

99237

Liver

The **liver** revealed multi-focal, hypoechoic nodular changes with irregular contour and disrupted architecture. The gallbladder and common bile duct were unremarkable.

DATE

4/12/22



PATIENT

Gastrointestinal

Mitzi Kamilos

The **gastrointestinal tract** was unremarkable, yet enveloped by the pancreatic and omental pathology.

SPECIES

Pancreas

Feline

The **pancreas** was hypoechoic with irregular parenchyma. The right limb of the pancreas revealed hypoechoic irregular parenchyma with ill-defined surrounding mesentery.

BREED

Manx

Free Abdomen

SEX

A large amount of free fluid was noted in the abdomen. Nodular omentum was noted.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

Abdominal neoplasia involving the pancreas, liver, free fluid. Carcinomatosis type presentation.

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

FNA of the liver could be considered for further definition and/or cytospin of the free fluid. The prognosis is poor.

4.02 kg

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HOSPITAL NAME

Wilvet Salem

REFERRING VET

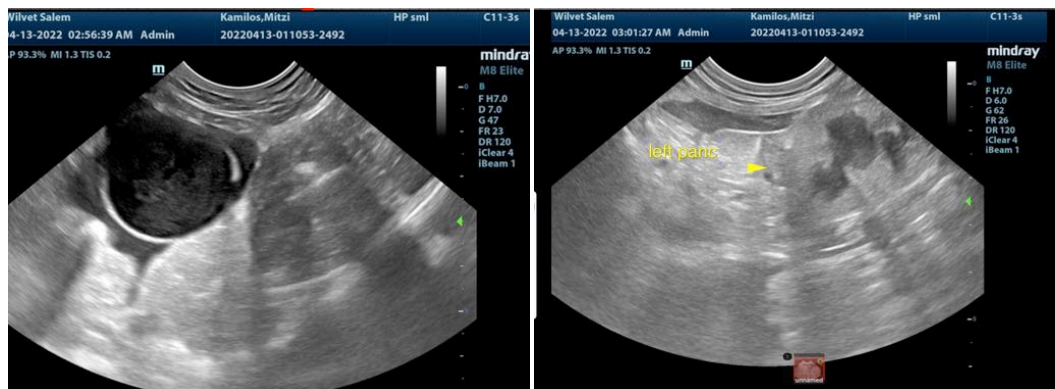
Dr. Gardner

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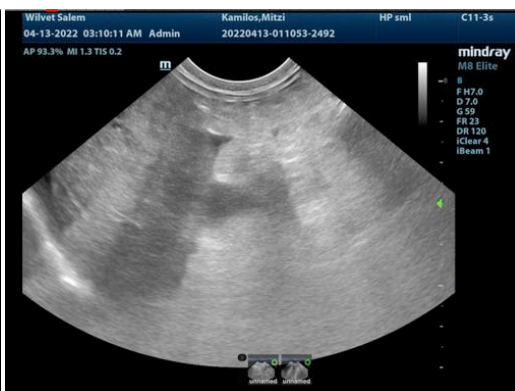
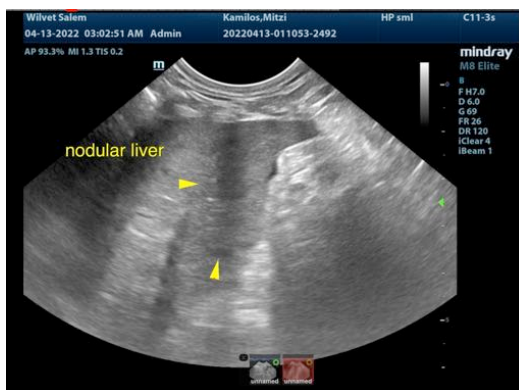
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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