



PATIENT

Kate Barks

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Grau

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

DATE

4/22/22

PRESENTING CLINICAL SIGNS

Decreased appetite and weight loss
Abnormal PE/Chem/CBC/UA Results: muscle loss, ALT 318, HCT 28, mildly regenerative, tried prednisolone. no improvement clinically or in labs, now has increased wasting and fluid wave, chest rad suggests some effusion cranial ventral thorax

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 3.0 cm. The right kidney measured 3.5 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. Both adrenal glands measured 0.4 cm each.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** revealed multiple, expansive, mixed, hypoechoic masses that coalesced with ill-defined margins up to 3.0 cm and occupied the left cranial liver. Other nodular, irregular to isoechoic masses were noted in the caudate process and swollen, irregular liver. The gallbladder was deviated owing to internal mass effects in the liver.

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



PATIENT

Kate Barks

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Feline

Pancreas

Heterogenous **pancreatic** changes were noted and may be a primary source for the neoplastic presentation.

BREED

Domestic Shorthair

Free Abdomen

Abdominal ascites was noted. This is likely paraneoplastic.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Diffuse hepatic neoplasia, possibly involving the pancreas.

AGE

10 years

Paraneoplastic effusion.

WEIGHT

8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is warranted for further definition. However, the prognosis is poor. This is a particularly aggressive presentation.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Grau

HOSPITAL NAME

Fredon AH

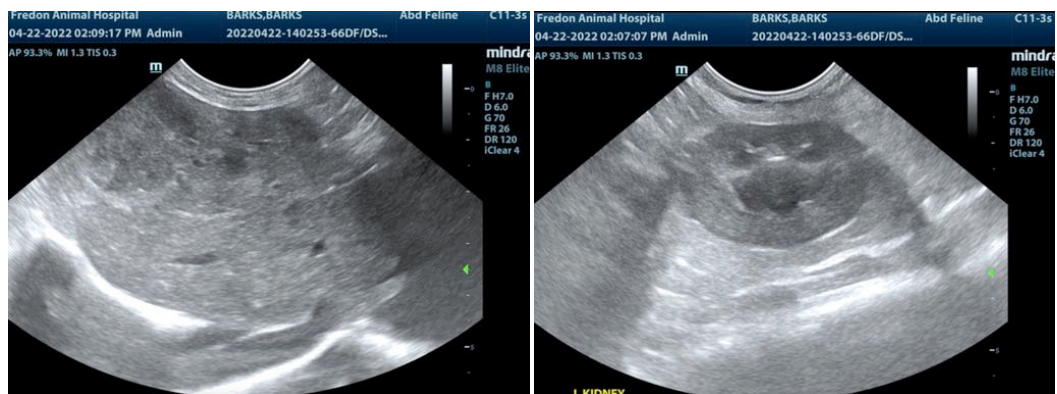
REFERRING VET

Dr. Grau

INVOICE

DATE

4/22/22





PATIENT

Kate Barks

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Grau

HOSPITAL NAME

Fredon AH

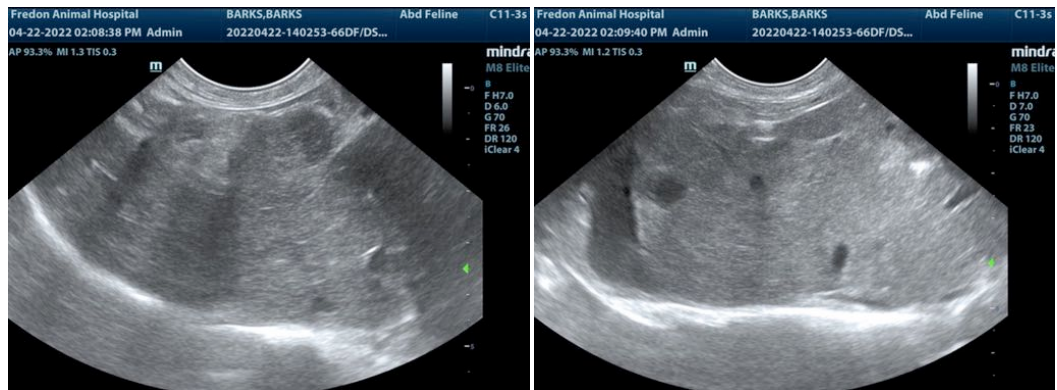
REFERRING VET

Dr. Grau

INVOICE

DATE

4/22/22



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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com