



**PATIENT**

Sneakers Cerrone

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

13.5 Years

**WEIGHT**

7.0 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Claudia Giuliani

**HOSPITAL NAME**

The Pet Hospital of Stratford

**REFERRING VET**

Dr. Claudia Giuliani

**INVOICE**

36773

**DATE**

4/6/22

**PRESENTING CLINICAL SIGNS**

Pt presented on 3/30 for weight loss and lethargy. Decreased appetite, not having BM's, drinking, urinating a lot but water intake is about the same. P has also been vomiting bile. PE: dehydrated, underweight, and has distended abd. Unsure how much weight she lost, as this was her first time to a vet in years. O was concerned about possible lead exposure from water, so screened to r/o. Tried pt on clavamox, but no improvement in eating and still lethargic as of today. Attached bw results.

**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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. The iliac trifurcation was unremarkable.

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 his 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 3.0 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 0.40 cm.

**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** revealed multifocal nodules and masses with surrounding free fluid. Target type lesions noted throughout the liver. The gallbladder was deviated, yet 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**

Heterogeneous omental changes noted in the region of the **pancreas**.



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**Free Abdomen**

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A large amount of mildly echogenic free fluid noted in the abdomen.

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**ULTRASONOGRAPHIC FINDINGS**

- Diffuse hepatic neoplasia with probable pancreatic origin – carcinomatosis type presentation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

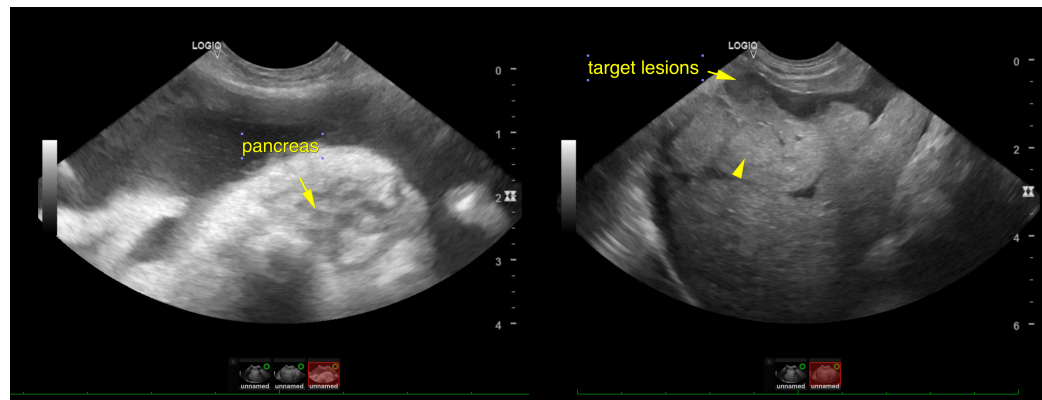
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FNA of the liver lesions could be considered and/or abdominocentesis and cytospin for further definition. However, prognosis is poor. Humane euthanasia should be considered in this patient once quality of life is compromised.

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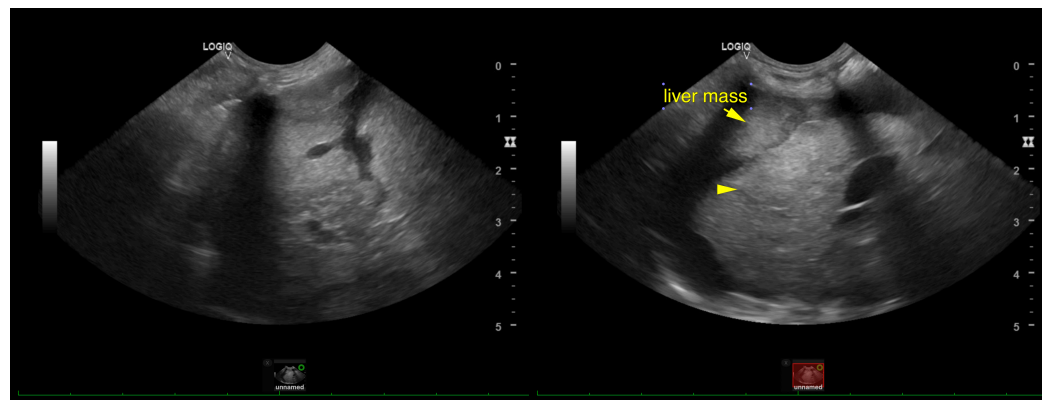


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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](mailto:info@SonoPath.com)

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