



PATIENT

Remi Fiore

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

12 years

WEIGHT

11.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alicia Walter

HOSPITAL NAME

Alicia Walter, DVM

REFERRING VET

Dr. Walter

INVOICE

75333

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Presented one month ago for anorexia/hypoxia partial response to mirtazapine, cerenia, gabapentin. Better response Elura, B12, WDX: pancreatitis, inflammatory bowel disease, stress hyperglycemia.

Abnormal PE/Chem/CBC/UA Results: Firm mid abdomen. Hyperglycemia, glucose 265, normal fructosamine. Low alb 2.4. Normal T4. Abnormal feline pancreatic specific lipase. (No urinalysis yet).

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 right kidney measured 3.7 cm. The left kidney measured 3.39 cm. Blood flow to the kidneys appeared to be adequate on color flow assessment.

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 0.39 cm.

Spleen

The **spleen** was enlarged and folded upon itself with scalloping contour. Subtle micronodular changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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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 cranial abdomen in the region of the **pancreas** revealed an ill-defined, hypoechoic, irregular parenchyma that was undifferentiated and expanded into the surrounding mesentery. This along with the free fluid is suggestive for carcinomatosis, lymphomatosis or less likely mastocytosis. FIP is a potential, yet unlikely.

Free Abdomen

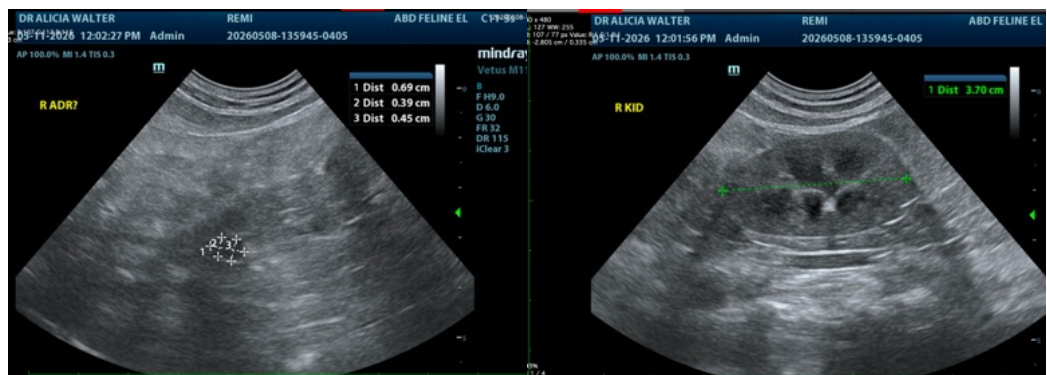
A mild to moderate amount of mildly echogenic free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Abdominal neoplastic presentation involving the omentum, pancreas and possibly spleen with secondary ascites. Differentials include pancreatic carcinomatosis, lymphomatosis, mastocytosis or FIP.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominocentesis and cytospin of the free fluid can be considered to assess for exfoliating neoplasia. Prognosis is poor.





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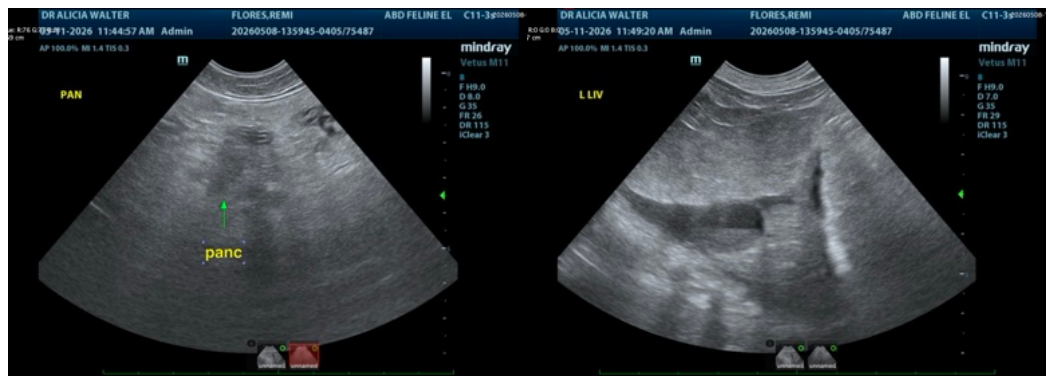
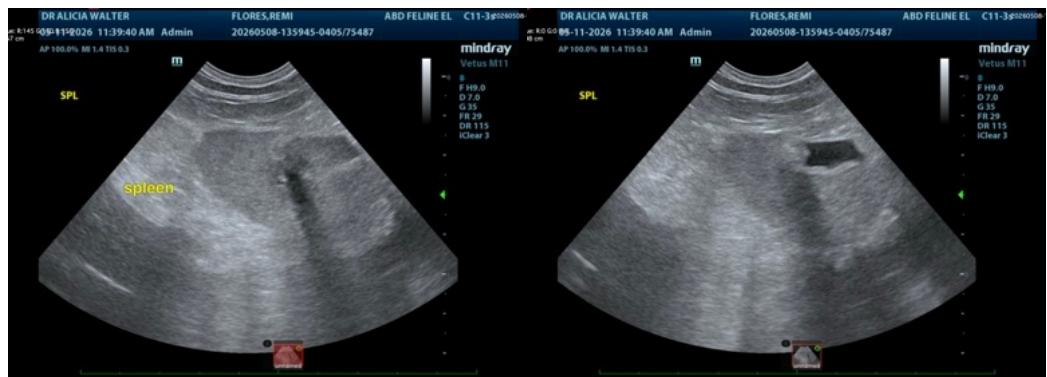
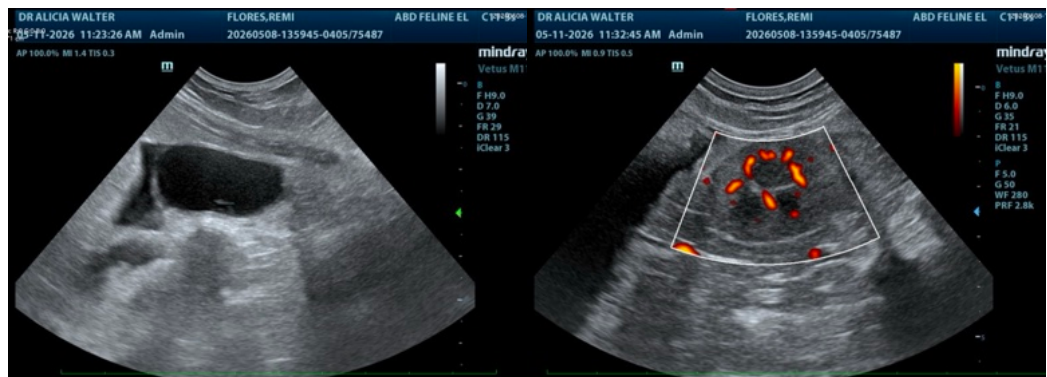
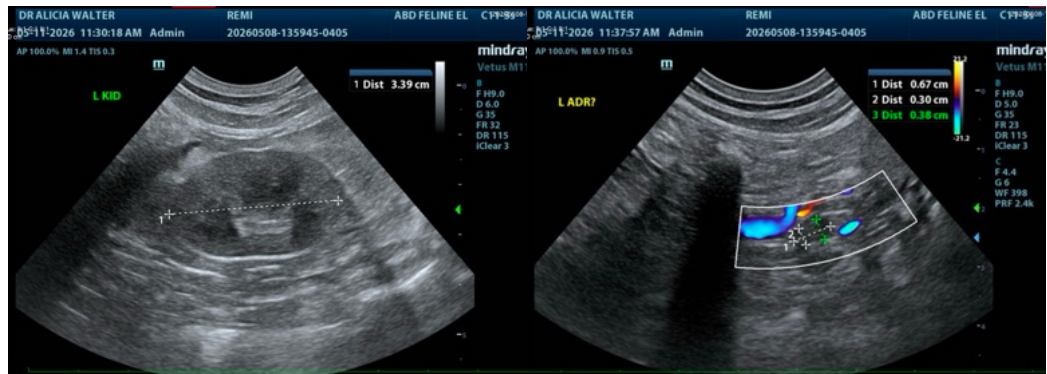
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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