



PATIENT

Blackie Baker

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

6.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care VC

REFERRING VET

Dr. Stump

INVOICE

78032

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Acute onset of vomiting and anorexia for one week.

Abnormal PE/Chem/CBC/UA Results: RDVM found peritoneal effusion and a cranial abdominal mass. Chemistry was unremarkable. CBC profound anemia. Today's radiographs confirm loss of abdominal detail and a cranial abdominal mass.

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. A minor amount of debris was noted. 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. Multiple nodules were noted throughout the kidneys with cortical infarct and disruptive architecture. The left kidney measured 4.2 cm. The right kidney measured 3.6 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.

Spleen

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

Liver

The **liver** revealed subtle heterogenous parenchymal changes and mild irregular contour. 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.

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. A mixed hypoechoic intestinal mass was noted in this patient measuring 3.2 x 2.6 cm.



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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.

Free Abdomen

A large amount of echogenic free fluid was noted throughout the abdomen.

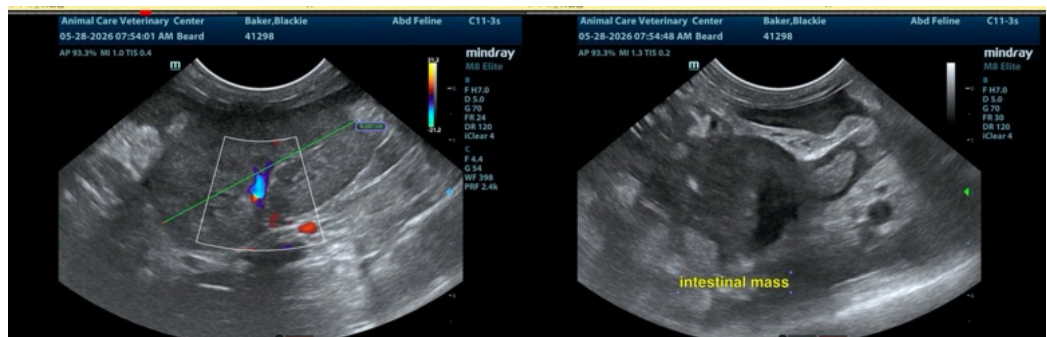
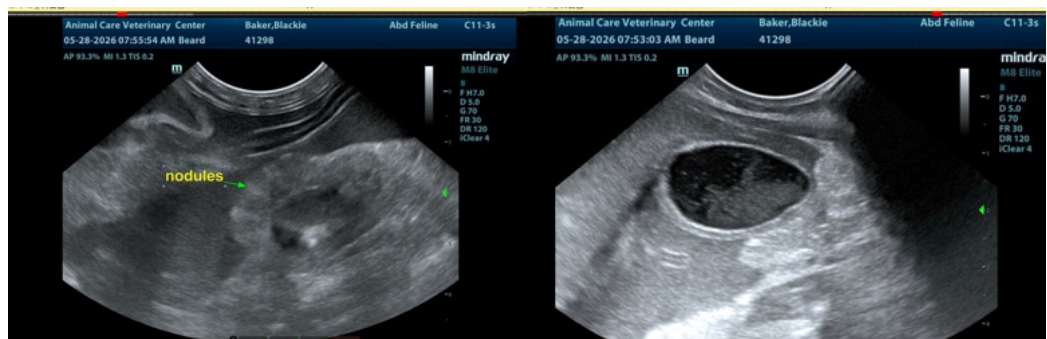
Nodular omental changes were noted extending throughout the mesentery and the pancreas.

ULTRASONOGRAPHIC FINDINGS

Intestinal mass with carcinomatosis type presentation with abdominal spread and likely renal, potential hepatic involvement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is poor. This is not a surgical presentation. FNA of the mass and/or abdominocentesis and cytopsin are recommended for a definitive diagnosis, yet the prognosis is poor.





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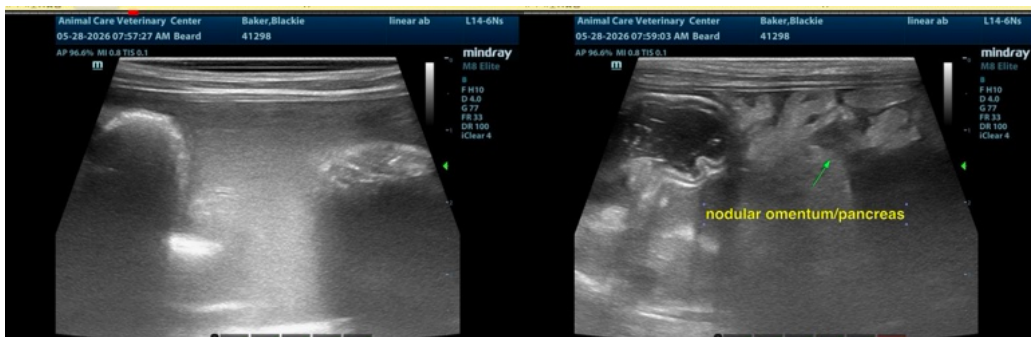
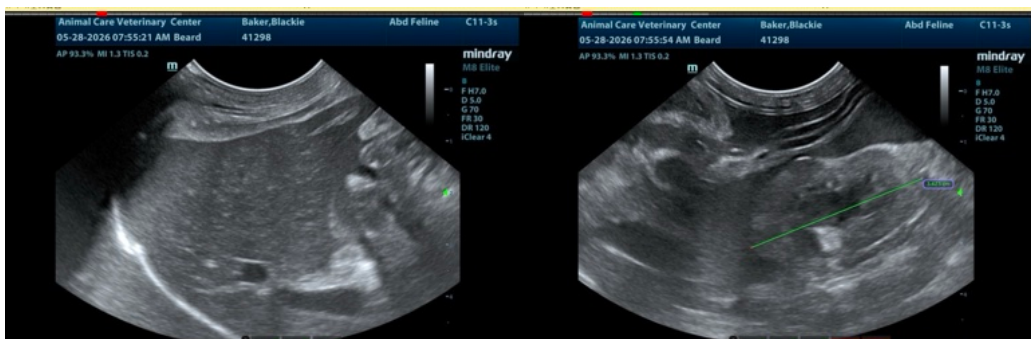
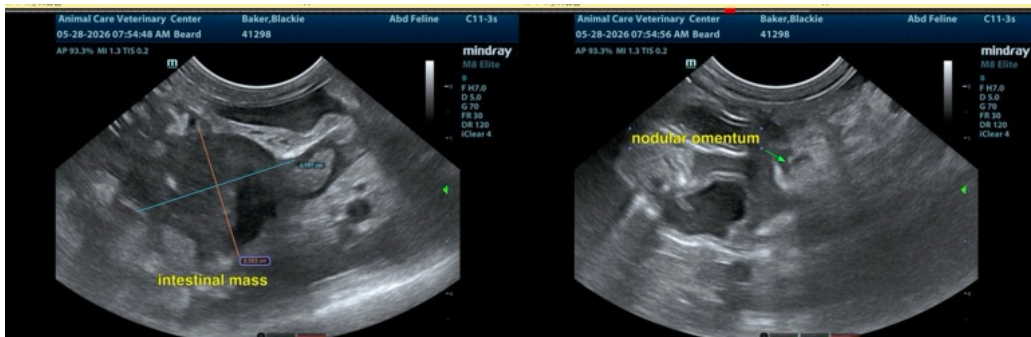
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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