



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Beauregard Palmiotto	Vomiting.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> , 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 2.0 cm beyond the cystourethral junction.
Ragdoll	
<b>SEX</b>	The <b>kidneys</b> presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.8 cm. The left kidney measured 4.28 cm.
Neutered Male	
<b>AGE</b>	
7	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
11.2	The regions of the <b>adrenal glands</b> were unremarkable.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Eric Lindquist, DMV	The <b>spleen</b> 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.
DABVP, Cert. IVUSS	
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Jenn	The <b>liver</b> 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.
<b>HOSPITAL NAME</b>	
Rockaway AH	
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Maniar	The <b>stomach</b> was unremarkable. A mixed hypoechoic, moderately complex 6.0 cm mass was noted in the mid abdomen associated with the intestinal tract. Free fluid noted and enhanced surrounding mesentery. There appears to be some luminal dilation and luminal foreign matter associated with the mass. There is a possibility that this is non-neoplastic and owing to embedded foreign body.
<b>INVOICE</b>	
47177	
<b>DATE</b>	<b>Pancreas</b>
5/5/23	The base and limbs of the <b>pancreas</b> were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



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Beauregard Palmiotto

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**INTERPRETED BY**

Eric Lindquist, DMV

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Rockaway AH

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Dr. Maniar

**INVOICE**

47177

**DATE**

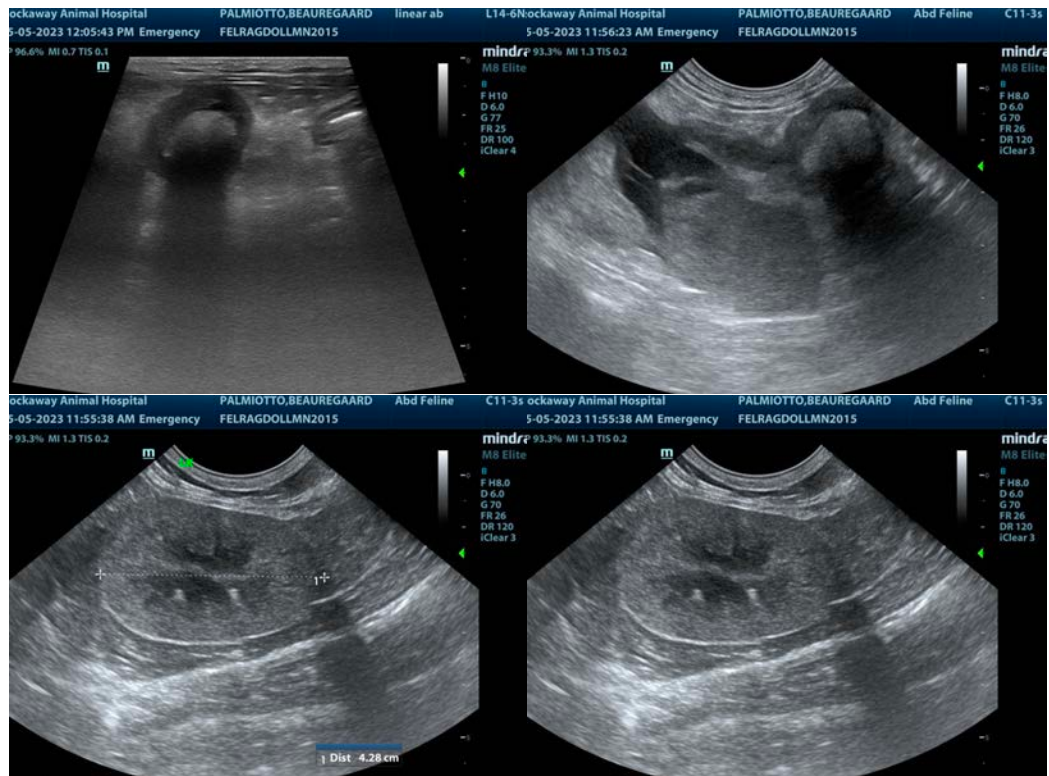
5/5/23

**ULTRASONOGRAPHIC FINDINGS**

- Mid abdominal mass – suspect intestinal, possibly owing to intestinal foreign body with perforation, carcinoma, lymphoma, or other are potentials.
- Interstitial nephrosis renal pattern
- Free fluid and enhanced mesentery – consistent with peritonitis or possibility of carcinomatosis, lymphomatosis.
- Age related pancreatic changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA warranted. Surgical intervention with exploratory surgery recommend in this particular case. Prognosis is very guarded. Chest radiographs warranted to assess for metastatic disease.



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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