



PATIENT

Furrious Rasinski

SPECIES

Feline

BREED

Feline

SEX

Neutered Male

AGE

14 Years

WEIGHT

14.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

Chrissy Krell, DVM

INVOICE

22908

DATE

6/14/23

PRESENTING CLINICAL SIGNS

History: Patient seen in May 2023, normal at that time, blood work unremarkable from senior health screening. Owner mentioned that Furrious was in the litter box straining, eating less lately and drinking less more recently. Lethargic some and his abdomen seemed to increase in size over the past few days. Worried about constipation.

Abnormal PE/Chem/CBC/UA Results: Abnormal: notably distended abdomen, moderately uncomfortable on palpation, Temp 98.6F aural (rectal even lower). pulses seem strong/synchronous, dehydrated about 6%, tacky gums. CBC: neutrophilia, monocytosis, mild lymphopenia Chem: SDMA 32 (was 12 last month), BUN 82 (was 27), Phos 8.4 (was 4.4), Cl 109 (was 114), lipase 653 (WAS 72 low), (CREAT 2.4) Abdominal fluid cytology in house: modified transudate, neutrophils, large RBCs, some monocytes, TP 8.8, Creat 2.5. Feline Triple: Heartworm Ag + X-rays: mild cardiomegaly, ownl thorax, abdomen - loss of detail, no obvious obstruction, BBs found Pending ELISA HW and abdominal fluid cytology/analysis.

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 **kidneys** 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. This is a moderate change. A cortical infarct was noted in the left kidney cortex. The right kidney measured 4.5 cm. The left kidney measured 4.1 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** 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** 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



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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. No evidence of hepatic vein dilation noted.

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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.

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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. **See Free Abdomen section.

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Free Abdomen

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A large amount of **ascites** was noted in this patient. Multiple nodular changes were noted throughout the omentum. Coalesced omentum was noted around the upper gastrointestinal tract.

Other

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A rapid view of the **heart** revealed no evident pathology (LA/AO June Boone 1.0, FS 35%, LA/AO Heart Base 1.3). No evidence of volume overload.

ULTRASONOGRAPHIC FINDINGS

- Coalescing nodular mass in the mid abdomen around the pancreas consistent with pancreatic carcinoma/carcinomatosis with secondary free fluid
- Interstitial nephrosis pattern with left kidney cortical infarct
- No evidence of pathology in the heart

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis and cytospin are warranted to confirm carcinoma/carcinomatosis.

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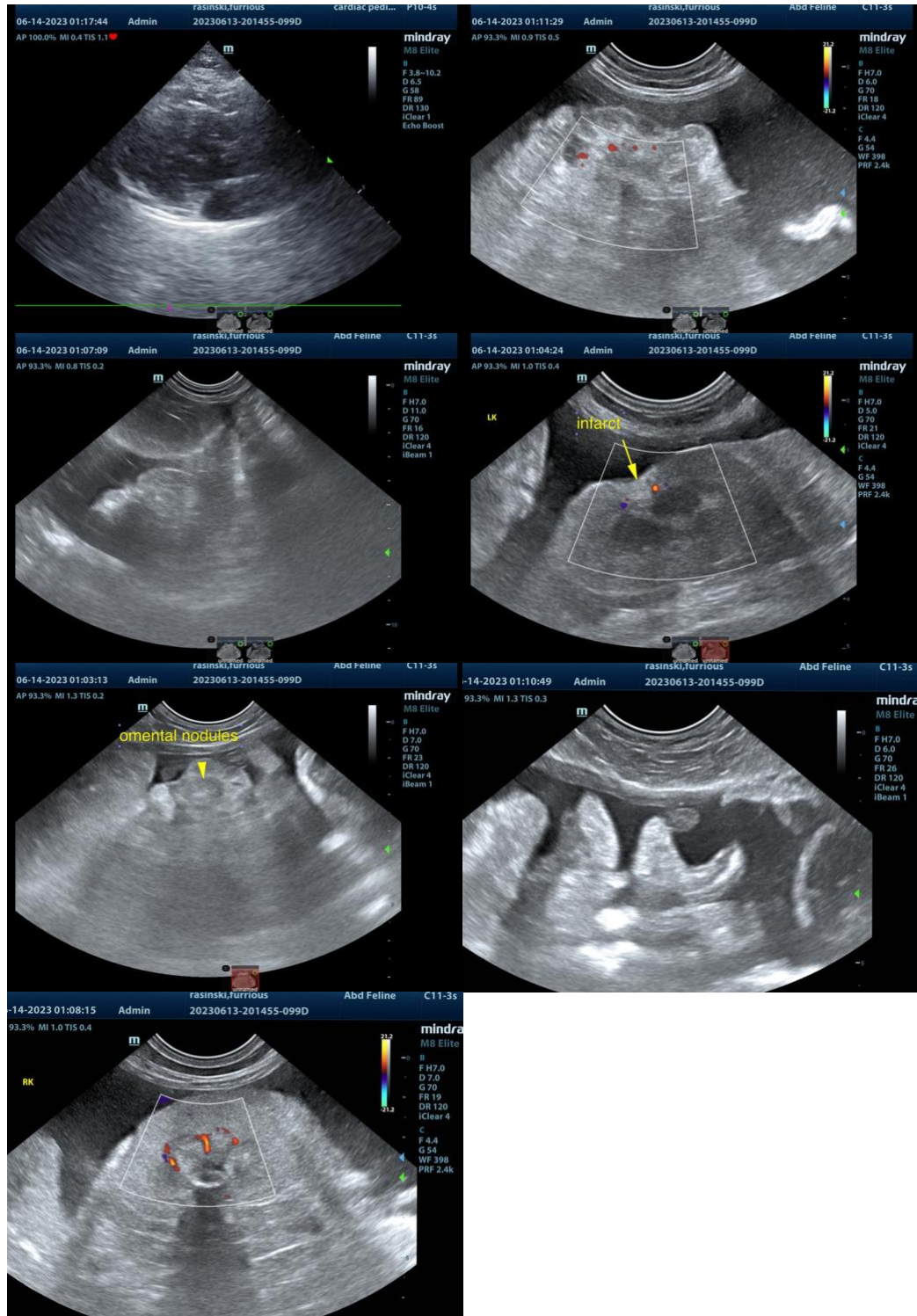
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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