



PATIENT

PRESENTING CLINICAL SIGNS

Batman Hand

History: not eating or drinking and acting very lethargic , went to ER 2 days ago and had full blood work and all was normal xray shows peritoneal effusion

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: cbc,chem on 6/22 unremarkable cbc,chem today : pending cpl : positive xray shows abdominal effusion temp 103.5 f mm : yellow

BREED

Siamese

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.

SEX

Neutered Male

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 3.63 cm. The right kidney measured 3.6 cm. A cortical infarct was noted in the cranial pole of the right kidney.

AGE

9 Years

WEIGHT

9 Pounds

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 0.4 cm. The right adrenal gland measured 0.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Gabriel

HOSPITAL NAME

Central Jersey AH

Liver

The **liver** was mildly swollen and hypoechoic. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. Gabriel

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable yet minor areas of intestinal thickening were noted. The colon was unremarkable.

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Pancreas

The **pancreas** was enlarged (up to 1.5 cm), hypoechoic and irregular. Enhanced surrounding mesentery was noted, suggestive for inflammation.

DATE

6/24/23



PATIENT

Free Abdomen

Batman Hand

Ascites was noted in the abdomen with echogenic debris. Reactive mesentery was noted throughout the mid abdomen.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Intestinal thickening
- Reactive mesentery
- Prominent irregular pancreas, suggestive for pancreatitis
- Free fluid
- Mildly swollen hypoechoic liver
- Age-related renal changes with cortical infarct

BREED

Siamese

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas and ultrasound guided abdominocentesis of the free fluid with cytospin is recommended. An echocardiogram is warranted to ensure no passive congestion as the cause of ascites, yet I do not see any hepatic vein dilation that would suggest passive congestion. FIP is a minor potential (less likely). Prognosis is guarded. Carcinomatosis, lymphomatosis, mastocytosis, and peritonitis are all possible.

AGE

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WEIGHT

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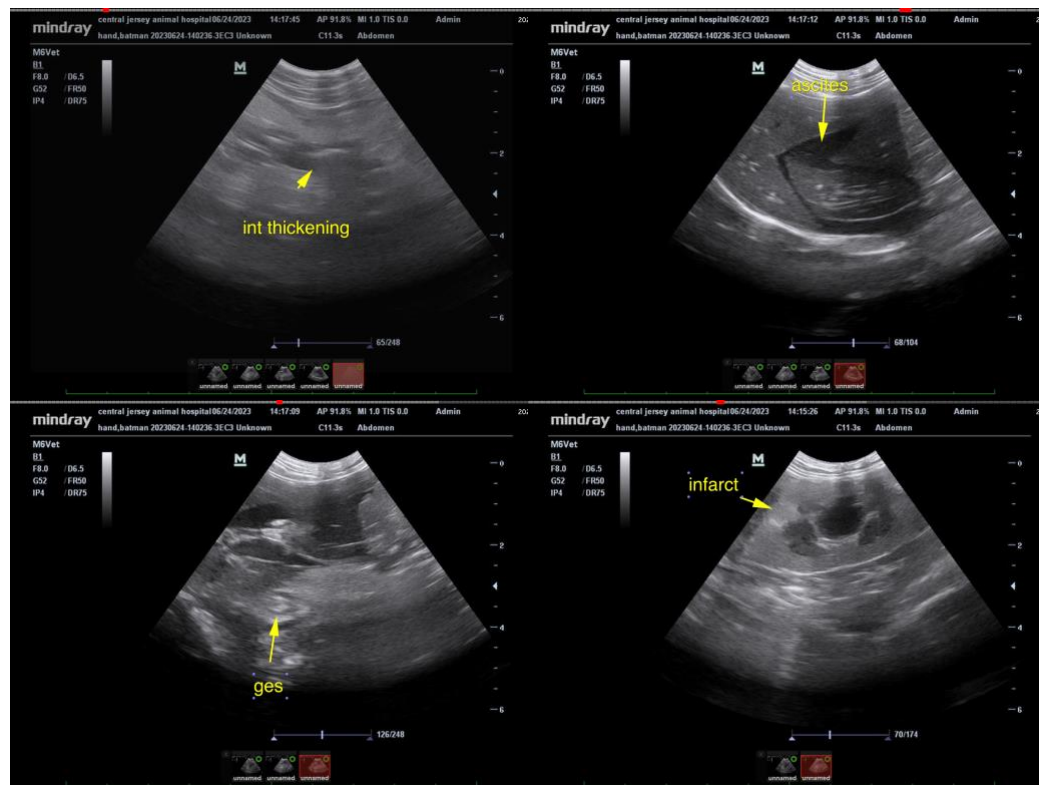
Dr. Gabriel

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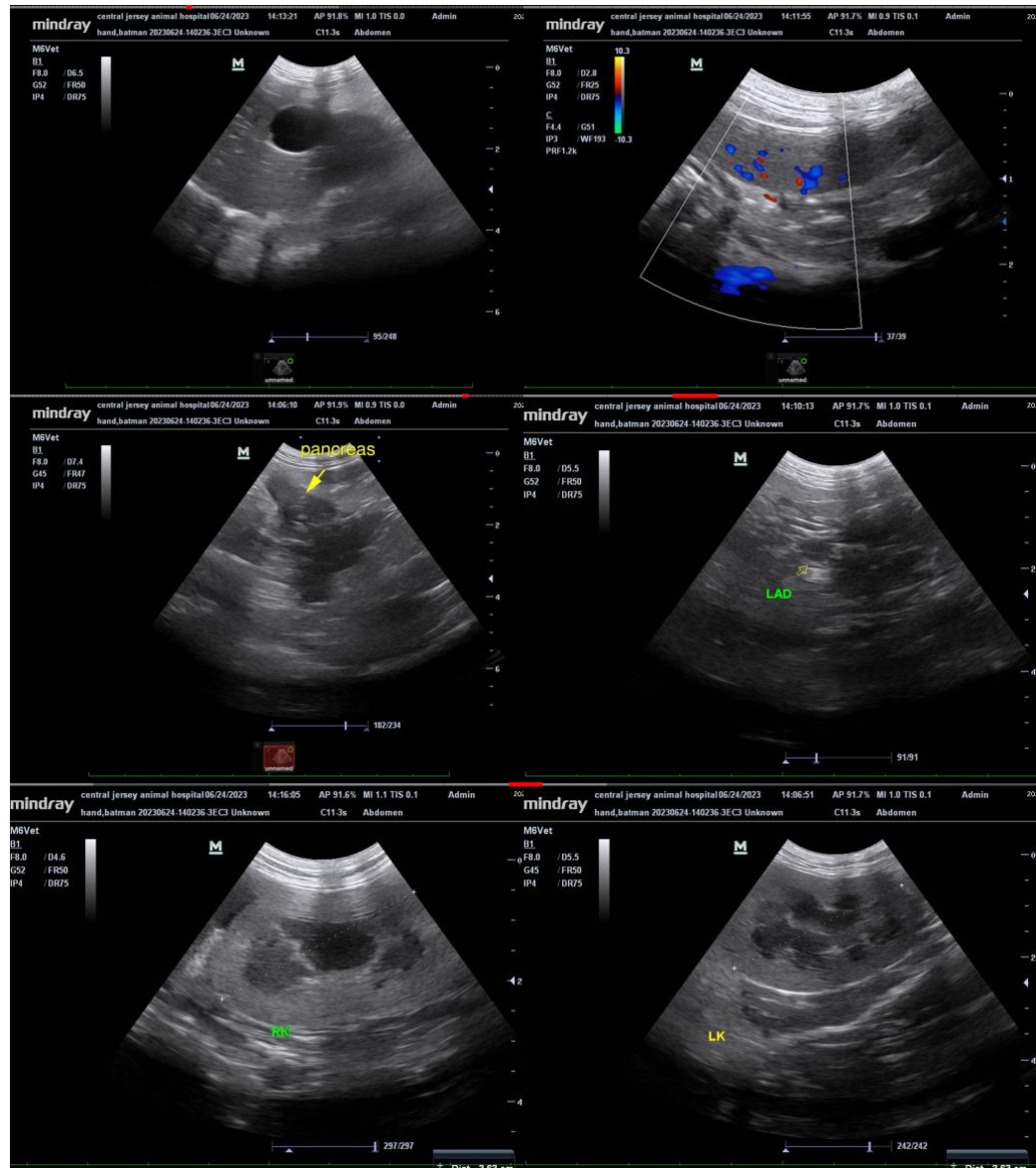
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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