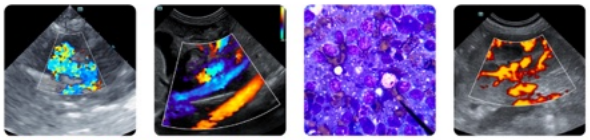


PATIENT

Langston Kalman

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

11 years

WEIGHT

5.7 kg (prior to abdominocentesis)

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Cat and Dog Hospital of Portland

REFERRING VET

Dr. Woodside

INVOICE

78338

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: Acute onset of hyporexia ~1-1.5 weeks ago. Stopped eating the dry food he usually preferred and was eating only ~1 tablespoon of canned food, 3 times a day. No vomiting. No diarrhea. Mild lethargy.
Abnormal PE/Chem/CBC/UA Results: BCS 4/9, Moderate muscle mass decrease, increased skin turgor. Distended abdomen with mass effect in central abdomen. No pain response with abdominal palpation. Mild dental calculus. Mild gingivitis associated with 104, 407. On 4/25/2026 CBC, CHEM, T4, proBNP normal. Thoracic radiograph report: Generalized unstructured interstitial and mild to moderate bronchial pattern. Given the absence of related clinical signs, age-related changes and exacerbation by superimposition of wet-hair artifact is also considered. Chronic lower airway disease cannot be excluded. There is no evidence of cardiovascular abnormalities or metastatic neoplasia. Severe peritoneal effusion, for which a cause is not evident.

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.

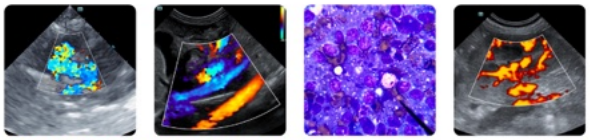
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.0 cm. The right kidney measured 4.4 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** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured up to 1.3 cm.



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Liver

The **liver** revealed a hyperechoic mass in the cranial liver measuring 2.4 cm. Other nodular changes were noted throughout the liver. There was no evidence of passive congestion. The gallbladder and common bile duct were unremarkable.

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.

Pancreas

Heterogenous, mixed hypoechoic, ill-defined, tissue creating a mass was noted in the **pancreatic** region and measured 5.0 cm as a grouping of irregular tissue enveloping the upper gastrointestinal tract.

Free Abdomen

A large amount of ascites was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

Abdominal carcinomatosis, lymphomatosis type presentation with concurrent hepatic mass. The hepatic mass may be incidental. The mass is primarily in the pancreatic region.

Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is most consistent with pancreatic carcinomatosis, lymphomatosis is also possible with splenomegaly. FNA of the cranial abdominal mass should prove effective for a definitive diagnosis. Otherwise, abdominocentesis and cytospin is indicated. The prognosis is poor.

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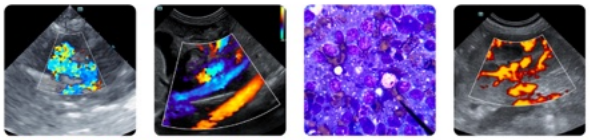

Clinical Sonography & Telecytology
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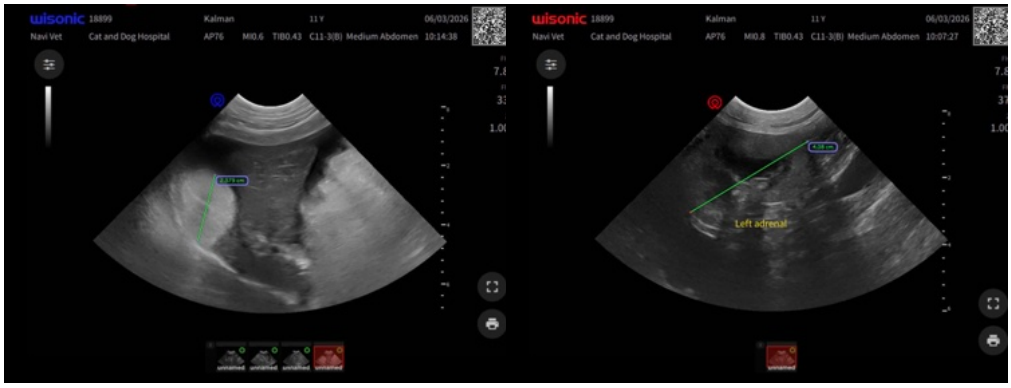

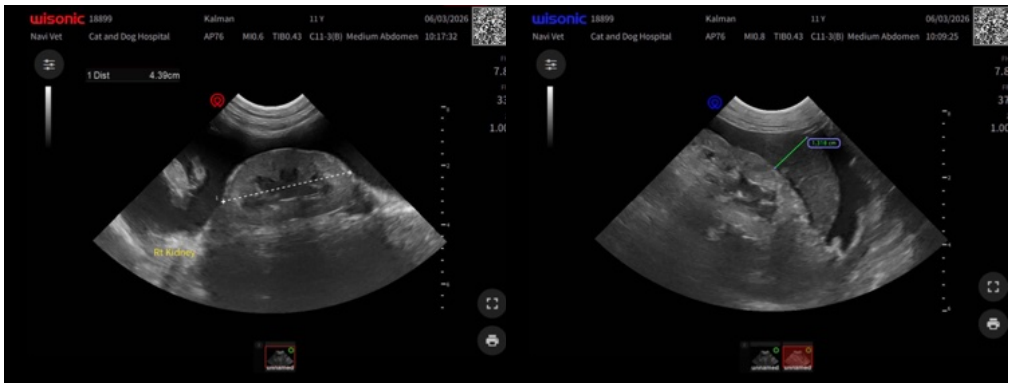

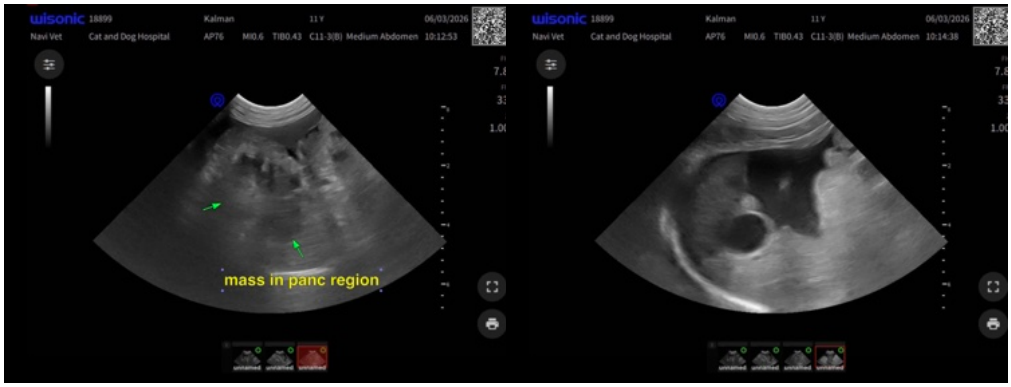

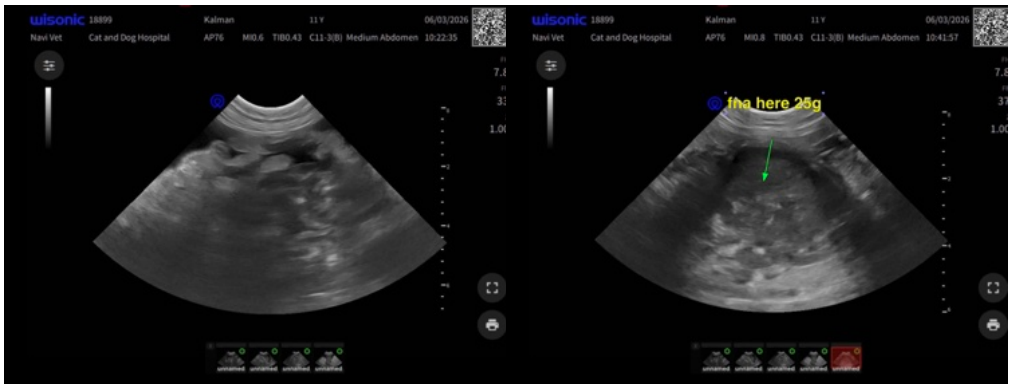

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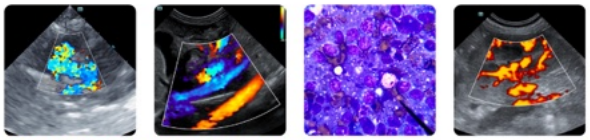

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com