



**PATIENT**

Chief Grondin

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

10 Years 8 Months

**WEIGHT**

15 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Peyser

**INVOICE**

40136

**DATE**

8/4/22

**PRESENTING CLINICAL SIGNS**

Presented yesterday for lethargy and decreased appetite for 2 days. Indoor/outdoor cat. Sedated with Gabapentin PO and low dose Kitty Magic, painful on deep palpation of abdomen. FNA of R pancreas and Cytospin of abdominal fluid.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 6/9, intermittent wheeze on expiration. RADS: decreased serosal detail, intestines shifted to left side, possible splenomegaly. BW: SDMA 16, Ca 7.5, TP 5.5, Alb 2.7. Spec FPL: normal

**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. The right kidney measured 4.9 cm. The left kidney measured 4.9 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. The left adrenal gland measured 0.40 cm.

**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 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**

The **gastrointestinal tract** was structurally unremarkable, yet was enveloped by the pancreatic and omental pathology.



**PATIENT**

**Pancreas**

Chief Grondin

The **pancreas** was enlarged, hypoechoic and irregular with loss of structural detail. Regional surrounding omental nodules noted.

**SPECIES**

**Free Abdomen**

Feline

Free fluid noted.

**BREED**

DMH

**ULTRASONOGRAPHIC FINDINGS**

- Pancreatic carcinomatosis type presentation
- Interstitial nephrosis renal pattern
- Free fluid and omental nodular changes

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered Male

FNA should prove effective regarding definitive diagnosis. Prognosis is poor.

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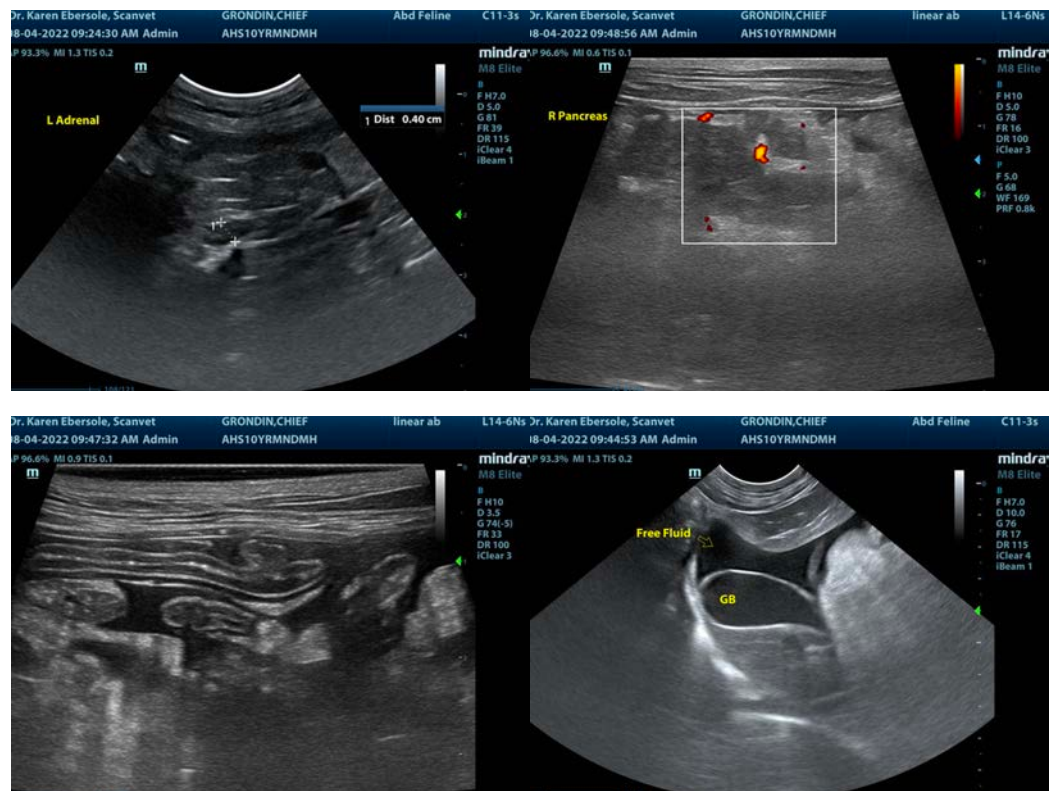
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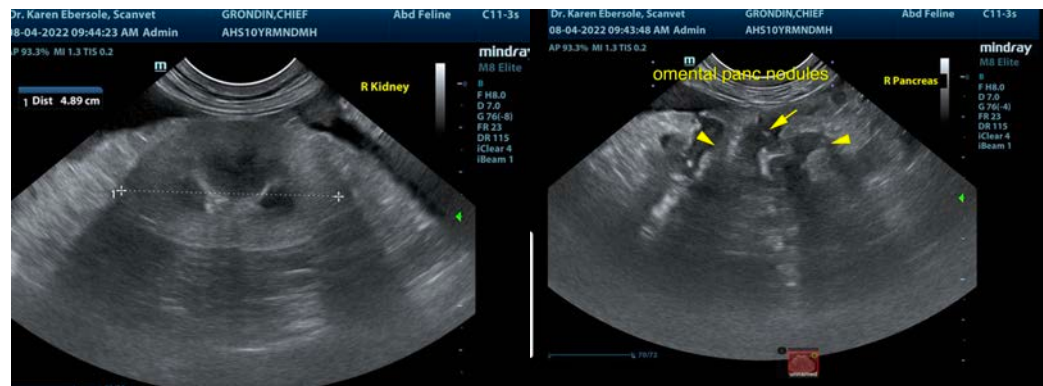
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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