



**PATIENT**

Moseley Despot

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

6 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Slenbaker

**INVOICE**

25802

**DATE**

9/25/21

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for lethargy, trouble breathing, wheezing, hypersalivating. O tried giving pill when she noticed cat lethargic today, he kept spitting it out and getting stressed. O stopped trying. Previous Health Concerns: blocked 2 yrs ago, allergies Current Medications: chlor-trimeton (doesn't take pills well last one was earlier this week) Appetite/When did they eat last: didn't eat today Abnormal PE/Chem/CBC/UA Results: MM/CRT: light purple, tacky - on O2 therapy in the hospital Painful Cranial abdomen Thoracentesis- 215ml thick fluid; blood/cream colored; lymphocytes present Rads: no serosal detail in abdomen, plural effusion in the chest, atelectasis of the lungs CBC: Neu 14.94; Lym 0.47; Mono 0.04 Chemistry: Glu 172 Epoc: wnl

**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 left kidney measured 4.2 cm. The right kidney measured 4.6 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**Liver**

Heterogeneous **hepatic** changes were noted. 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**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. No overt evidence of active inflammatory or neoplastic disease was noted.



**PATIENT**

**Free Abdomen**

Moseley Despot

A large amount of free fluid was noted in the abdomen with enhanced mesentery. Nodular omentum noted throughout the mid cranial abdomen, encompassing the gastrointestinal tract and pancreas. The ascites presented a large amount of echogenic debris.

**SPECIES**

Feline

Pleural effusion noted through the diaphragm.

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

DSH

- Bicavitory effusion with nodular omental changes
- Interstitial nephrosis renal pattern
- Heterogeneous hepatic changes
- Volume contracted spleen

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This presentation is most consistent with carcinomatosis, dual cavity neoplasia. Abdominocentesis and pleurocentesis with cytospin as well as FNA of the liver would be appropriate for definitive diagnosis. However, prognosis is poor.

**AGE**

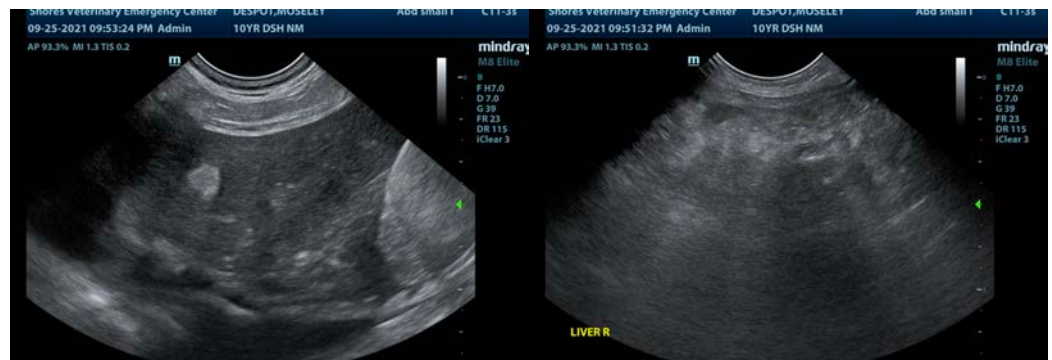
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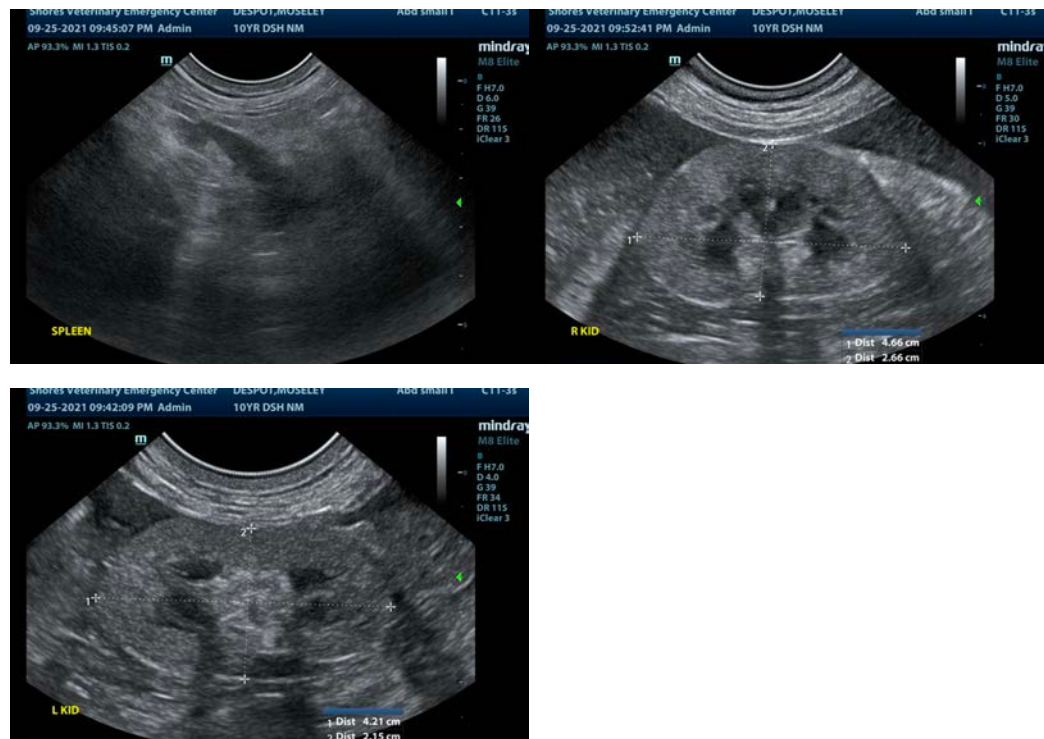
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@SonoPath.com](mailto:info@SonoPath.com)