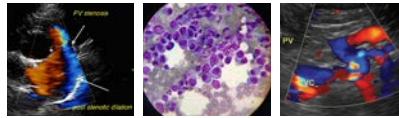


IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE

9/30/22

PATIENT

Sir Patrick Pierce

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/16/18

WEIGHT

11.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Andi Parkinson RDMS

HOSPITAL NAME

Pet Wellness Center

REFERRING VET

Dr. Twardus

INVOICE

41816

PRESENTING CLINICAL SIGNS

9/15/22 presents for not eating and weight loss.

Current Medications: Lactulose 1mL SID started 9/26/22.
Lab Results: WNL.

Radiographs: Cranioventral portion of the abdomen appears to have a soft tissue opacity. Concern of possible fluid/inflammation in abdomen as well.

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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** 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 right kidney measured 3.37 cm. Enhanced surrounding mesentery also noted.

Adrenal Glands

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

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** revealed an expansive left-sided mixed hypoechoic coalescing nodular mass with other nodular changes noted throughout the liver and surrounding free fluid.

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.

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.

Other

The mesenteric root revealed an undifferentiated mixed hypoechoic mass measuring 2.6 cm with other variable lymph nodes mildly enlarged and rounded.

Nodular omental changes also present.

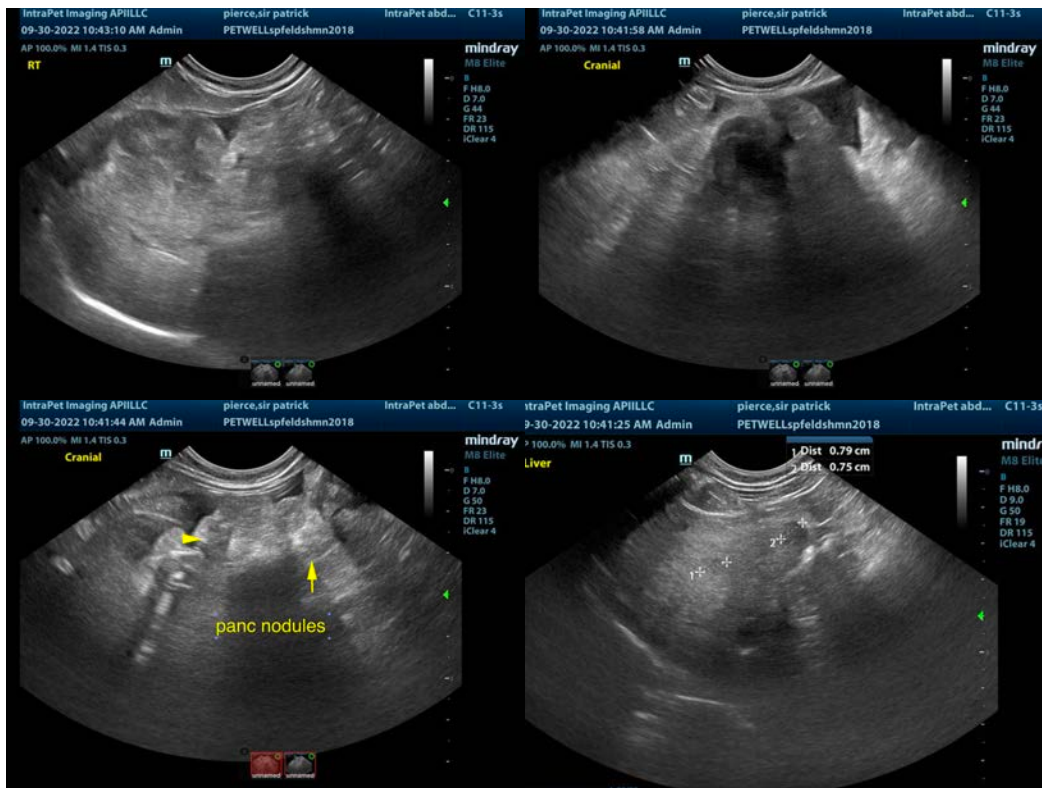
ULTRASONOGRAPHIC FINDINGS

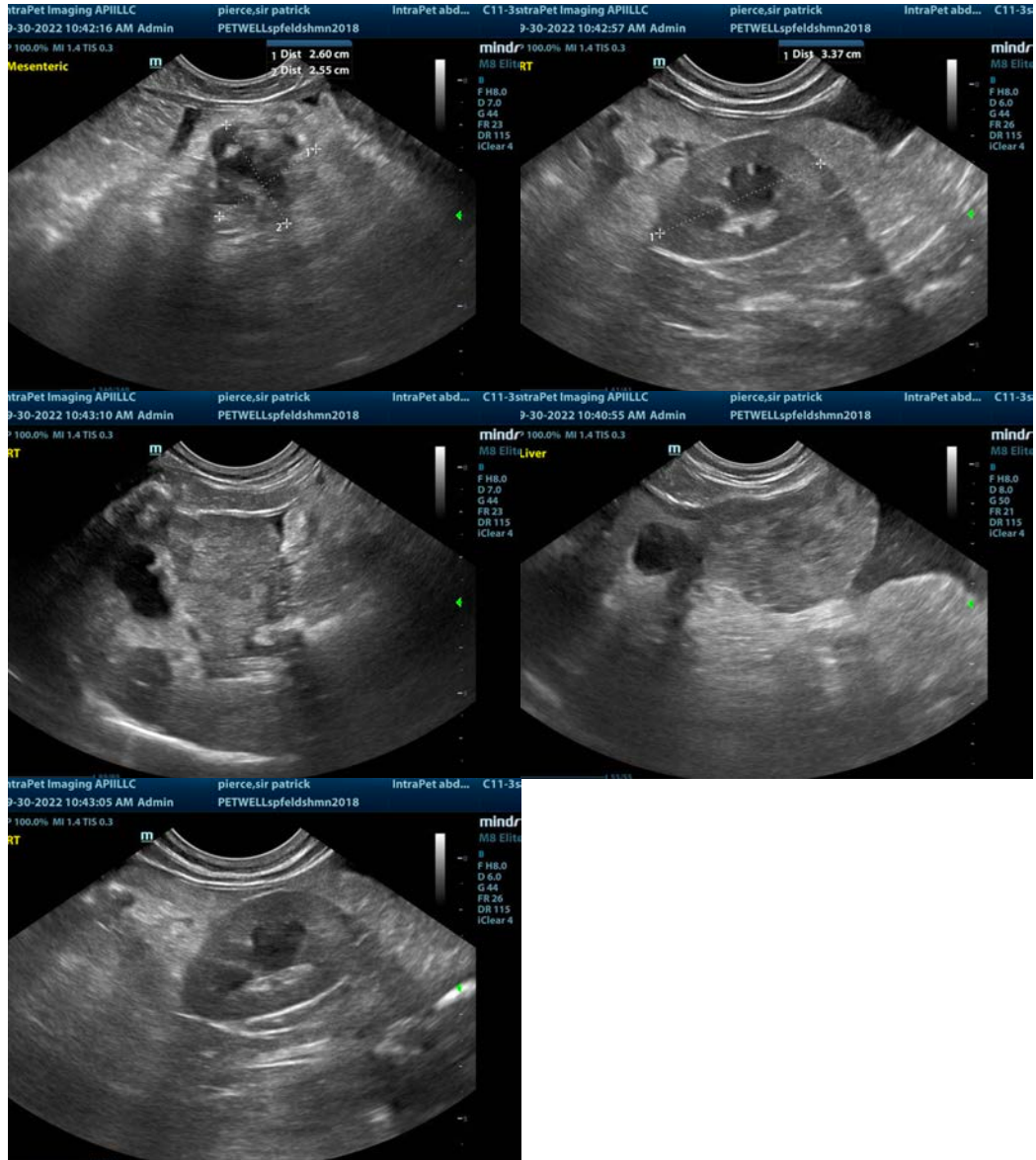
- Hepatic mass with surrounding free fluid
- Undifferentiated mesenteric root mass with nodular omental changes
- Variable enlarged lymph nodes and nodular omental changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Carcinomatosis type presentation or similar. FNA of the affected organs and cytospin of the free fluid could be considered for further definition. This is not a surgical presentation. Prognosis is poor.

Radiographs: Cranial abdominal mass.





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
info@SonoPath.com