



**PATIENT**

George Sokolovska

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

6.35 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Corvallis Cat Care

**REFERRING VET**

Dr. Blouin

**DATE**

12/21/21

**Invoice**  
94765

**PRESENTING CLINICAL SIGNS**

Previous history of tubular adenocarcinoma of small bowel. Current Medications 1 dose of Palladia 10 mg on Friday 12/17

**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. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** were normal in size and contour with a slightly increased cortical echogenicity, yet not clinically significant. The structure was maintained. The right kidney measured 4.6 cm. The left kidney measured 4.6 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 was normal and measured 0.38 cm. The right adrenal gland measured 0.39 cm.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. Nodules were noted in the spleen. 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 was noted.

**Liver**

The **liver** revealed slight, heterogenous parenchymal changes, yet there was no significant disruption of architecture. The gallbladder and common bile duct were normal.

**Gastrointestinal**

The upper **gastrointestinal** tract was obstructed with stasis in the stomach and small intestine to the level of the mid small intestine where an annular, ill-defined, 3.0 x 2.0 cm mass was noted with concurrent intussuscepted bowel. This was preceded by intestinal stasis with empty small bowel following the mass.



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**Pancreas**

Free fluid was noted throughout the abdomen with nodular omental changes and regional lymphadenopathy. This extended into the area of the left pancreatic limb, which was heterogenous and nodular.

**Free Abdomen**

A moderate amount of free fluid was noted in the abdomen.

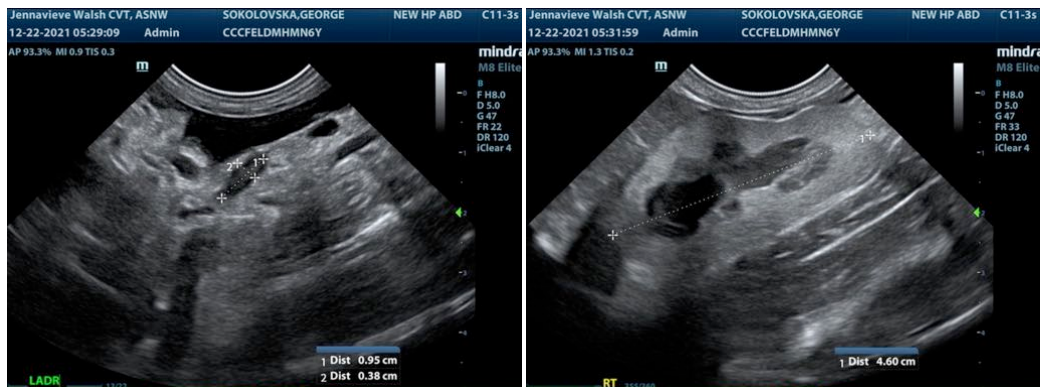
**ULTRASONOGRAPHIC FINDINGS**

Carcinomatosis type presentation with recurrence of intestinal mass and concurrent intussusception.

Multi-focal lymphadenopathy and nodular omentum with secondary ascites owing to lymphatic obstruction.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The prognosis is poor in this patient. Humane euthanasia should be considered given the extent of the pathology. Abdominocentesis and cytospin could be considered to assess the suspicion for exfoliating neoplasia +/- FNA of the intestinal mass. Given the multi-focal lymphadenopathy and nodular omental changes I do not feel that this is a surgical solution even though obstructing the bowel. Exploratory surgery could be considered for further definition. However, this appears to be a significantly aggressive metastatic process.





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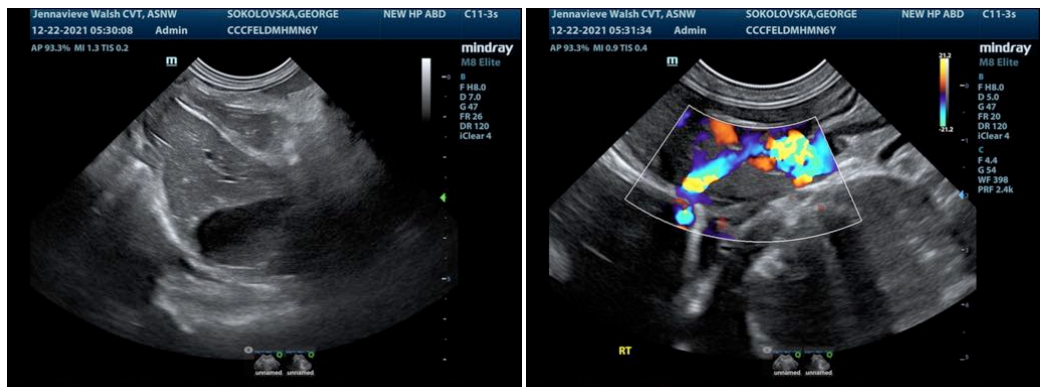
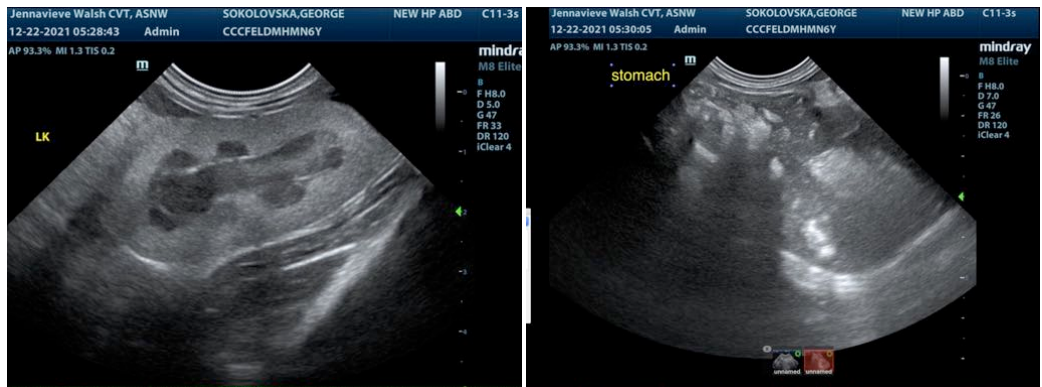
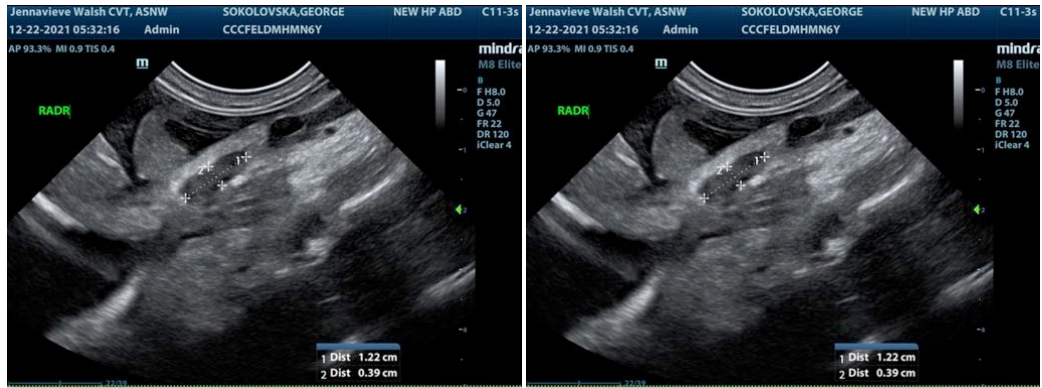
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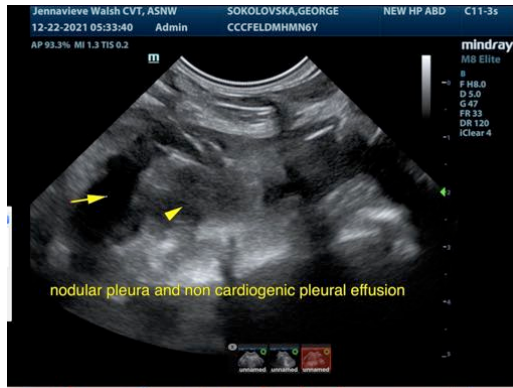
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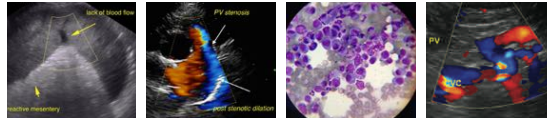
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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