



**PATIENT**

Sampson Palamaris

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

11.26 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Albany AH

**REFERRING VET**

Dr. Spangler

**DATE**

2/10/22

**Invoice**  
95973

**PRESENTING CLINICAL SIGNS**

Lethargy, diarrhea Grade 2-3/6 systolic heart murmur No respiratory abnormalities Abdomen soft, non-painful, no fluid wave appreciated but able to aspirate pink tinged fluid after rads taken and revealed Current Medications cerenia, ampicillin Radiographic Findings Abdominal effusion, pleural effusion Primary Question/Differential to Be Answered in This Exam Etiology of abdominal effusion - ddx: neoplasia, obstruction, CHF, infectious, open  
Abnormal PE/Chem/CBC/UA Results: Inflammatory leukogram (leukocytosis 18K/uL - neutrophilia 16K, monocytosis 0.76K) SDMA 24 (creatinine 1.1) Hypocalcemia 7.6mg/dL Hypoalbuminemia 2.2g/dL Hyponatremia 141mmol/L Hypochloremia 104mmol/L

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.29 cm. The right kidney measured 3.82 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 right adrenal gland measured 0.56 cm. The left adrenal gland measured 0.4 cm.

**Spleen**

The **spleen** presented multi-focal, hypoechoic nodular changes. The nodular changes on the spleen expanded upon the capsule with adhesions.

**Liver**

Multi-focal, hypoechoic hepatic nodules that coalesced into masses were noted and occupied the entire liver. Pleural effusion was noted through the diaphragm. The gallbladder was deviated caudally.



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**Gastrointestinal**

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The **gastrointestinal tract** was structurally unremarkable, yet enveloped by the nodular omentum.

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**Pancreas**

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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.

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**Free Abdomen**

**SEX**

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A moderate amount of ascites was noted in the abdomen. Nodular omental changes were noted throughout the mid abdomen.

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**Heart**

Rapid view of the heart revealed no evidence of pathology.

**WEIGHT**

11.26 lbs

**ULTRASONOGRAPHIC FINDINGS**

Carcinomatosis, lymphomatosis type presentation.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Abdominocentesis and cytopspin of the free fluid and/or FNA of the spleen and liver should prove fruitful regarding a definitive diagnosis.

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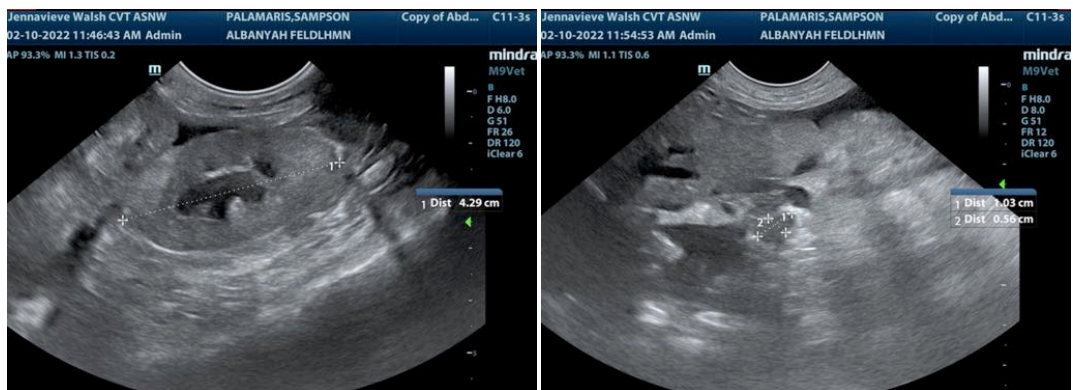
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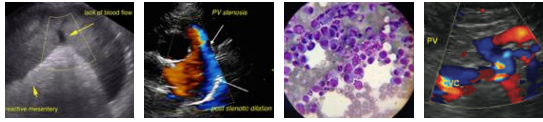
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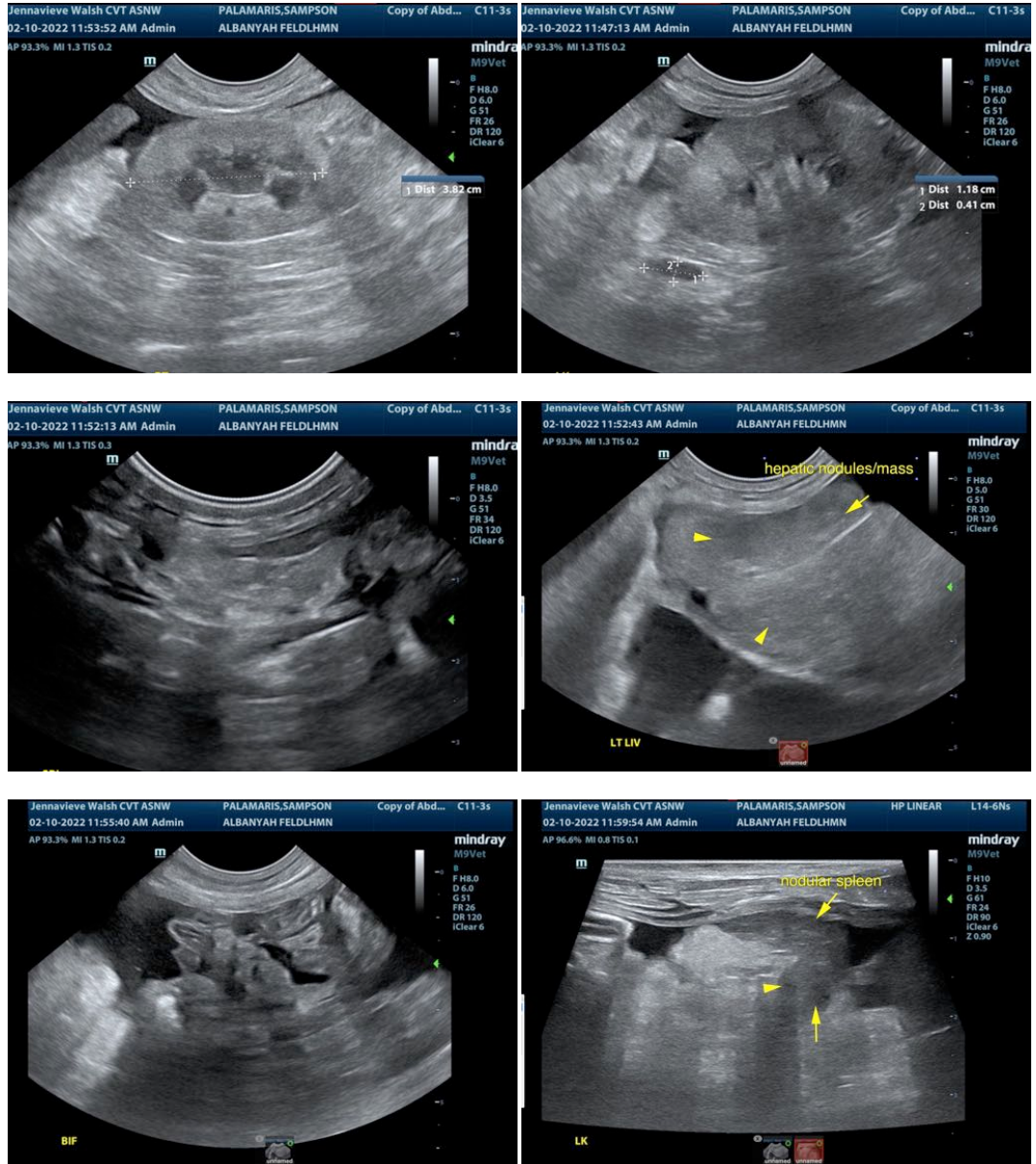
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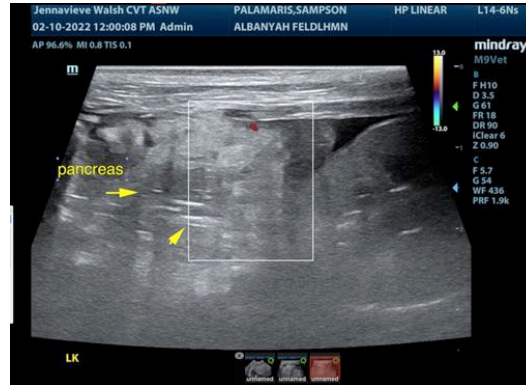
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com