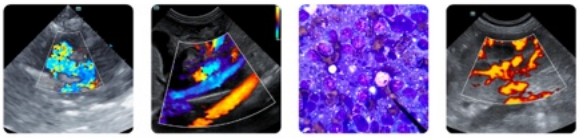


SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT

Hexene Gensen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

5 years

WEIGHT

61 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ginny Dodd DVM, DABVP (CFP

HOSPITAL NAME

Monroe Road AH

REFERRING VET

Dr. Fackrell

INVOICE

68804

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: Owner has 4 indoor cats well cared for, First seen 10/28 for sneezing and conjunctivitis. Abdomen felt firm. labs declined. Seen 11/4 for hyporexia. CBC- WBC 23.9, Neut 21`918, mono 765, plt 495 CHEM- SDMA 13 (N < 14), creat 0.7-low, Na 134, K 5.7, Na:k 24, TP 7.0, alb 2.8, glob 4.2, ALT 17-low Recheck 11/10- abd more distended, no fever
Abnormal PE/Chem/CBC/UA Results: Recheck 11/17 - Abd radds- moderate amount of fluid, kidneys appeared sl irregular and more firm on palpation abdominocentesis- 640 ml golden color fluid aspirated TS 7.0 Cytology- rbc and macrophages FIP-PCR- NEG

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 left kidney measured 3.4 cm. The right kidney measured 3.4 cm with a cortical infarct at the cranial pole of the right kidney.

Adrenal Glands

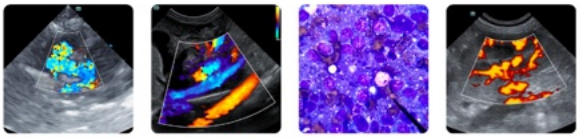
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.44 cm.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. The spleen measured 1.5 cm.

Liver

The **liver** was mildly heterogenous. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

The **gastrointestinal tract** per se was unremarkable, yet enveloped by the cranial abdominal pathology. 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.

Pancreas

The region of the **pancreas** revealed macronodular mass effects with nodules measuring up to 1.8 cm. Coalescing omentum and nodular changes were noted around the pancreas.

Free Abdomen

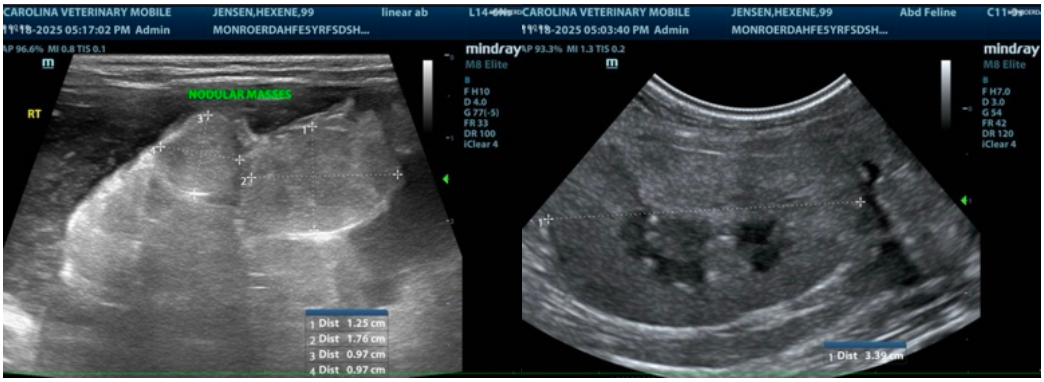
A large amount of echogenic free fluid was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic carcinomatosis type presentation.
- Paraneoplastic renal infarct.
- Splenic enlargement.
- Heterogenous liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytospin of the abdominal fluid with immediate slide preparation of the sediment is indicated for a definitive diagnosis and/or FNA of the pancreatic lesions. Carcinomatosis likely deriving from the pancreas. Lymphomatosis, mast cell disease and FIP are all lesser potentials.



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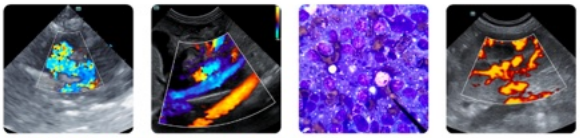

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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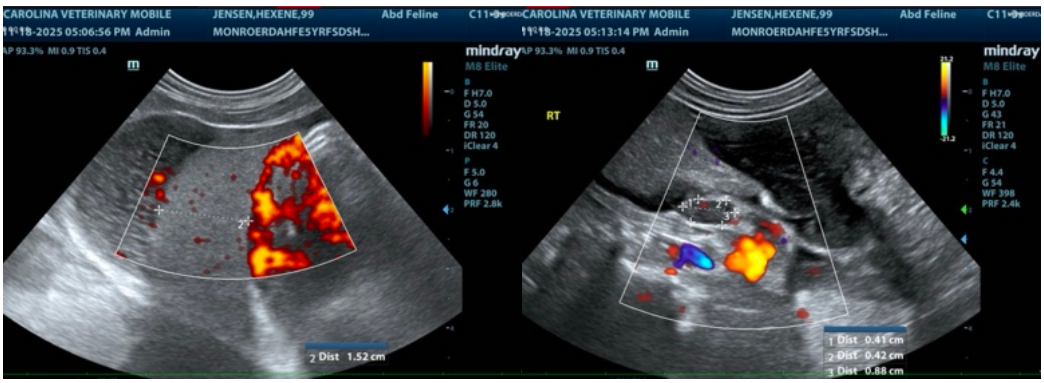

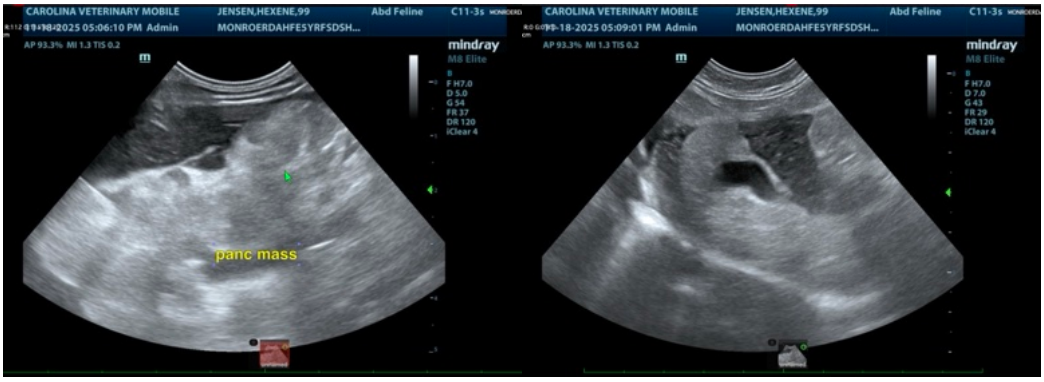

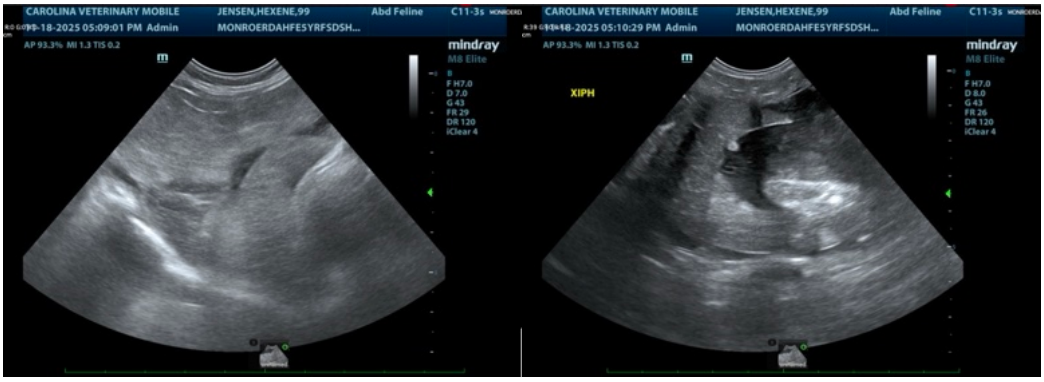

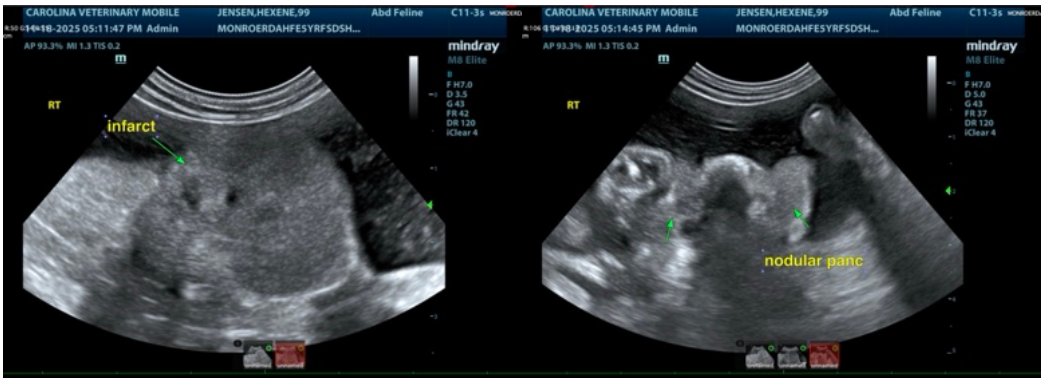

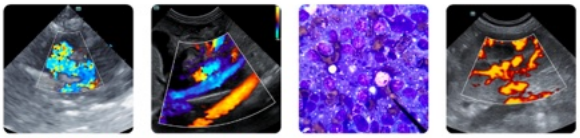

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com