



**PATIENT**

Skittles Desavigny

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

6 years

**WEIGHT**

2.78 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Beattie Pet Hospital  
Ancaster

**REFERRING VET**

Dr. Davis

**INVOICE**

30129

**DATE**

5/3/22

**PRESENTING CLINICAL SIGNS**

Assessment: BAR teeth and gingiva looking good PE wnl BCS slightly low but p is a petite build, however 1.5kg weight loss over last year o reports dark black small stools concern for possible liver shunt due to lowBCS and urate crystals meds: Metronidazole 100mg/ml 0.5ml q12h; Cerenia 16mg 1/4 tab q24h; Abnormal PE/Chem/CBC/UA Results: globulins resolved since bw done at EH bun and urea low, globulins resolved fpl high reticulocytes up

**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 dependent sand and suspended debris was noted with urethral sand. No evidence of inflammatory or neoplastic changes was 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 3.8 cm. The right kidney measured 3.88 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 0.18 cm. The left adrenal gland measured 0.24 cm.

**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 was noted.

**Liver**

The **liver** was riddled with multiple, expansive masses and ill-defined contour. The masses occupied the cranial abdomen and deviated the gastrointestinal tract. The masses occupied the right and liver and were multi-focal. The gallbladder was unremarkable.



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**Gastrointestinal**

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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.

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**Pancreas**

The **pancreas** was heterogenous with mixed, hypochoic changes. This may be involved in the neoplastic process.

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**Free Abdomen**

The right cranial abdomen revealed a 3.0 x 2.5 cm hypochoic, undifferentiated mass which is either deriving from the right pancreatic limb or the caudate process of the liver. The undifferentiated aspects of the mass did not allow for complete definition of its origin. However, the position would suggest either hepatic or right pancreatic origin.

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**ULTRASONOGRAPHIC FINDINGS**

Undifferentiated hepatic masses with potential pancreatic involvement.

Bladder calculi.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the various masses is warranted for further definition. The prognosis is guarded to poor depending upon cytology results. There is a minor potential for non-neoplastic necrosis of the pancreas with low-grade neoplasia of the liver. However, this is unlikely.

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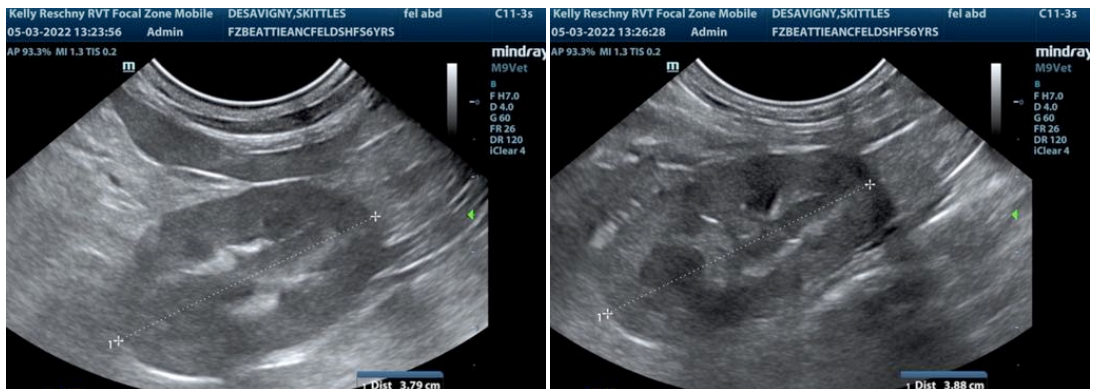
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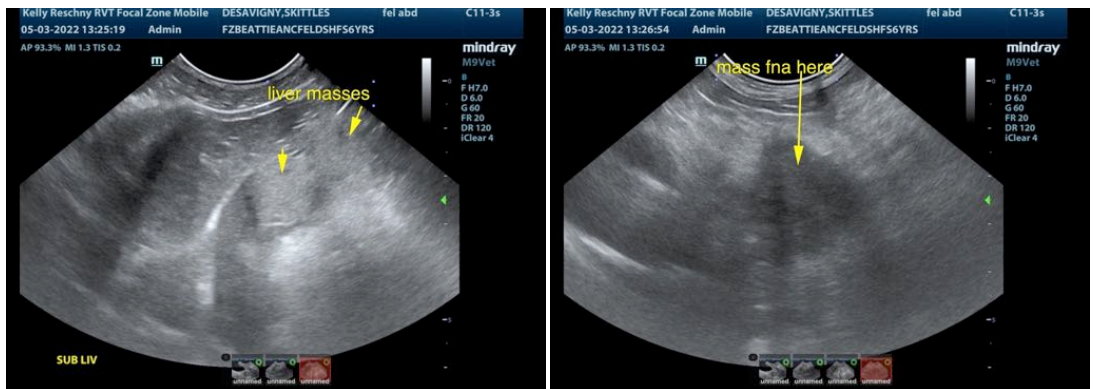
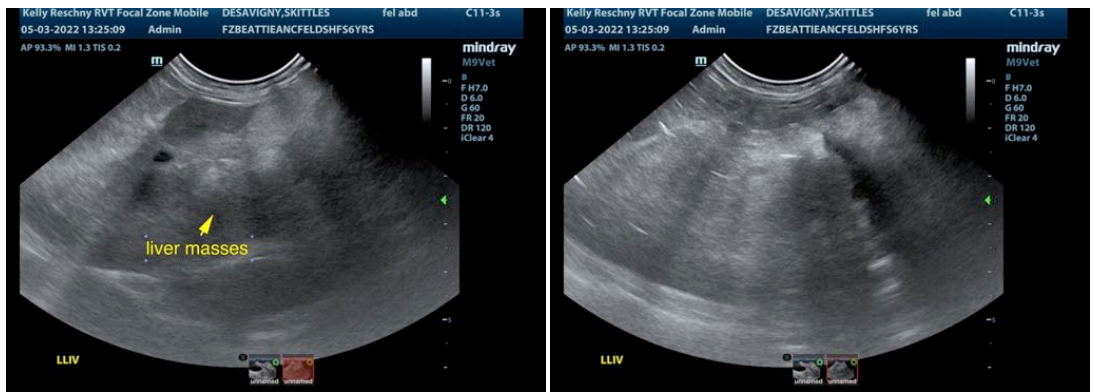
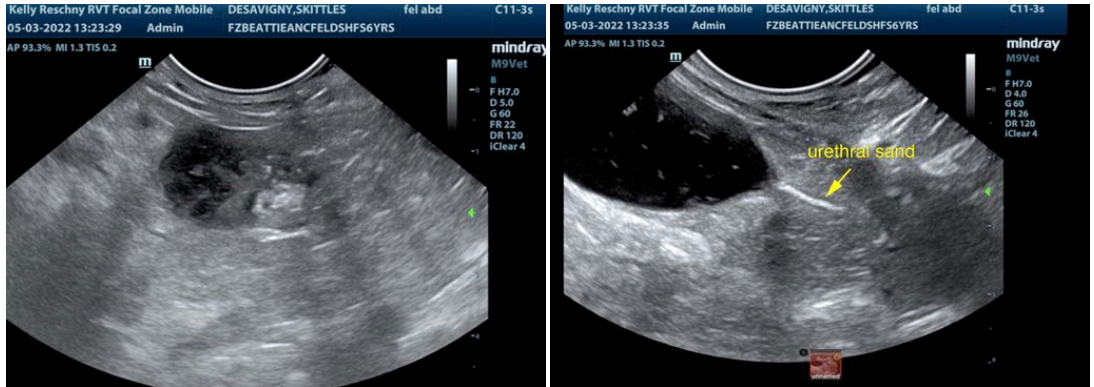
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com

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