



PATIENT

Mayhem O'Connell

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4 years

WEIGHT

10.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

46519

DATE

8/10/23

PRESENTING CLINICAL SIGNS

History: Hx FeLV +, recently lethargic, decreased appetite. Rads: ascites on abd. rads., thorax clear. Tapped yellow fluid in abd. Current Meds: Convenia
Abnormal PE/Chem/CBC/UA Results: wbc 32k; bili 1.0; Fluid analysis/cyto of ascites pending.

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 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 3.73 cm. The right kidney measured 4.25 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 measured 0.36 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. The spleen measured 0.58 cm.

Liver

The **liver** was mildly swollen and uniform. There was no evidence of hepatic vein dilation. There was no evidence of passive congestion. The gallbladder and common bile duct were unremarkable.

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. The mesenteric lymph nodes were mildly enlarged, reactive and measured 1.5 x 1.71 cm.



PATIENT *Pancreas*

Mayhem O'Connell

Heterogenous nodular changes were noted throughout the region of the **pancreas** and omentum with regional lymphadenopathy.

SPECIES

Feline

Free Abdomen

Echogenic free fluid was noted throughout the abdomen.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

Ascites, consistent with peritonitis, carcinomatosis, lymphomatosis or similar with nodular omental and pancreatic changes.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

4 years

Abdominocentesis and cytospin are warranted to assess for granulomatous disease versus carcinomatosis or other neoplasia. Cytospin of the free fluid is recommended with immediate slide preparation.

WEIGHT

10.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

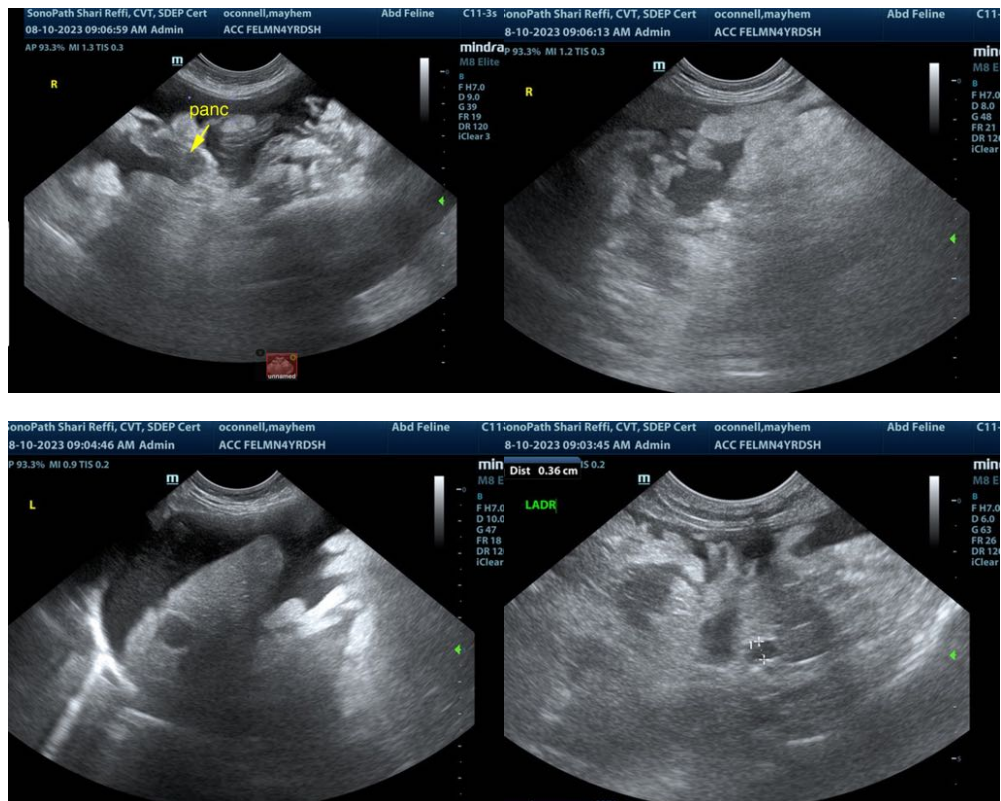
Dr. Hallihan

INVOICE

46519

DATE

8/10/23





PATIENT

Mayhem O'Connell

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4 years

WEIGHT

10.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

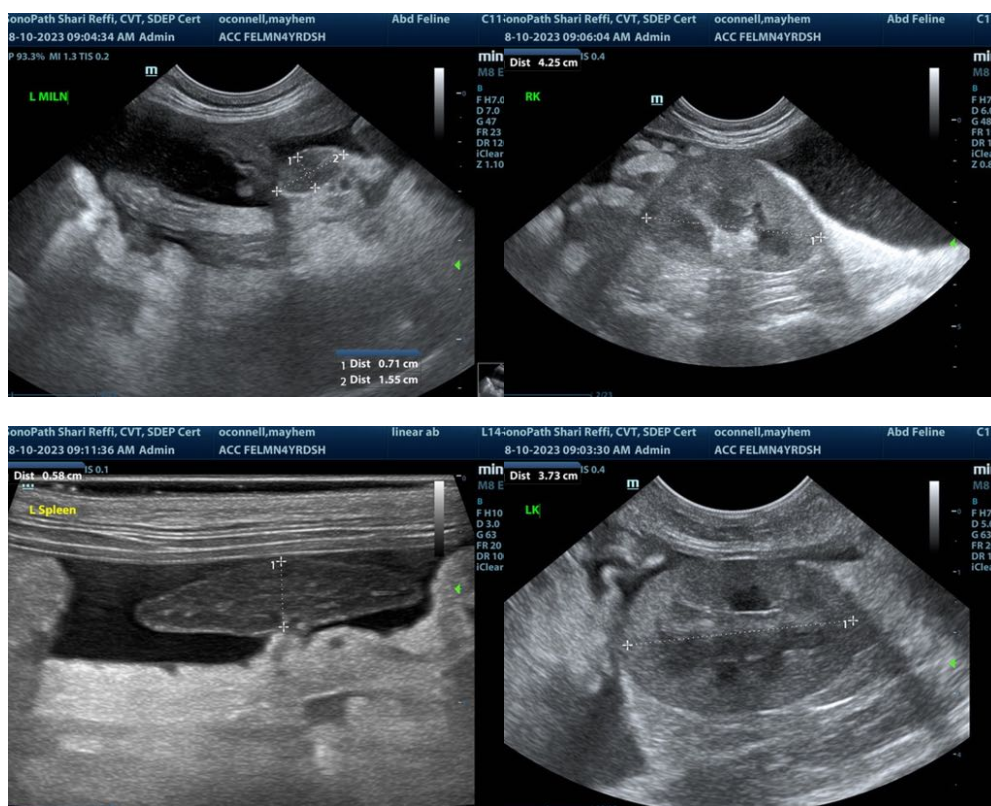
Dr. Hallihan

INVOICE

46519

DATE

8/10/23



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