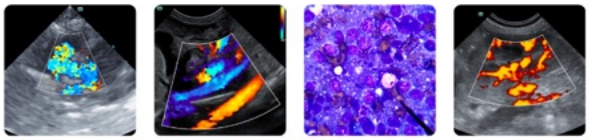


PATIENT

Beau 2 Mitchell

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

12 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle SAVC

REFERRING VET

Dr. Echenrode

INVOICE

69926

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: Presented for significant decrease in appetite over the last month. Refusing to eat his dry food. Currently eating approximately a quarter of a can of Fancy Feast wet food, 3 times per day but this has continued to reduce to now not eating. He is drinking more water than usual but this urination habits are normal, and the size of urine clumps in the litterbox has not changed. Occasional episodes of vomiting, but not on a regular basis. No diarrhea but amount is lessening with reduced appetite. Weight loss approx 16 lbs in April to 12 lbs now. More clingy at home. Fractious but pain/discomfort on palpation along spine and abdominal. Pulling hair along spine bilaterally and reduced muscle mass along spine. No response to Miratraz.
RBC 9.16; HCT 40.2% WBC 18.23 Neut 11.83; Lym 2.07; Mono 0.98; Eos 3.26 Glu 113 SDMA 22; Creat 2.1; BUN 31 ALT 82; ALKP 43; Tbil 0.2 Lipase 5631 Panc Lipase >50.0 (0-4.4) T4 2.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified, and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.04×2.69 cm. Cortical thickness is 0.45 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.34 2.79 cm. Cortical thickness is 0.48 cm in the sagittal plane. Both kidneys: The renal cortex is mildly increased in echogenicity, resulting in increased corticomedullary distinction. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

Adrenal Glands

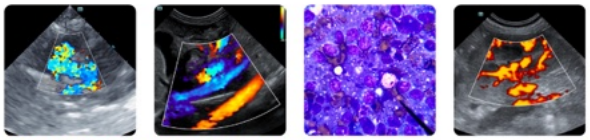
The left adrenal gland measures 0.38 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland is not clearly visualized.

Spleen

Splenic thickness is 0.85 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with normal mural thickness (2.24 mm) and preserved wall layering.

Pylorus: 3.15 mm. Duodenum: 2.28 mm. Jejunum: 2.23 mm. Mucosa: 1.13 mm. Submucosa: 0.72 mm. Muscularis propria: 0.29 mm. Ileum: 1.85–1.90 mm. Mucosa: 0.54 mm. Submucosa: 1.0 mm. Muscularis propria: 0.78 mm Wall layering is preserved. The ileocecal junction was not visualized. No evidence of obstruction, ileus, or foreign material is identified.

Colon: Wall thickness is 0.94 mm, with formed feces present in the descending colon.

Pancreas

The right limb, body, and left limb measure 8.48–8.54 mm. The pancreatic parenchyma is slightly hypoechoic relative to the adjacent omental fat. The pancreatic duct does not appear dilated. Although no definitive continuity between the pancreas and the mass is identified, involvement of the distal portion of the left pancreatic limb cannot be excluded based on the location of the lesion.

Peritoneal Cavity

A large heterogeneous soft tissue mass is identified within the left cranial abdomen, caudolateral to the splenic body. The mass has very poorly defined margins with highly irregular, infiltrative contours and appears to extend along adjacent peritoneal surfaces, raising concern for peritoneal seeding. The lesion is closely associated with the lateral aspect of the splenic body but does not appear to originate from the spleen.

Mild abdominal effusion or peritonitis is present. Cranial mesenteric and ileocecal lymph nodes are not visualized; however, the surrounding regions appear unremarkable. The iliac trifurcation is normal.

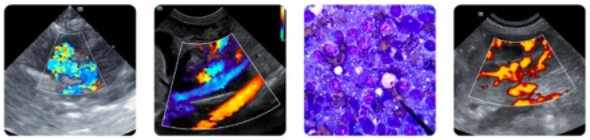
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Large infiltrative heterogeneous soft tissue mass in the left cranial abdomen.
- Poorly defined margins with suspected peritoneal involvement.
- Mild abdominal effusion.
- Mild pancreatic hypoechogenicity.

SECONDARY FINDINGS

- Mildly increased renal cortical echogenicity with medullary rim sign.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic examination reveals a large, poorly marginated, heterogeneous soft tissue mass within the left cranial abdomen, with irregular, infiltrative contours and suspected peritoneal involvement, associated with mild abdominal effusion. The aggressive imaging appearance, lack of clear organ confinement, and suspected peritoneal extension are most consistent with a malignant process.

Although the mass is not definitively arising from the pancreas, a focal pancreatic carcinoma remains a strong diagnostic consideration. In cats, pancreatic adenocarcinoma is rare but typically highly aggressive, often poorly delineated, and frequently associated with early mesenteric or peritoneal extension. Importantly, such tumors may originate from a focal portion of the pancreas and may not result in diffuse pancreatic enlargement or marked alteration of the remaining pancreatic parenchyma, which is compatible with the ultrasonographic appearance in this case. The markedly increased pancreatic lipase concentration further supports inclusion of pancreatic neoplasia within the primary differentials, recognizing that lipase elevation may reflect direct neoplastic involvement or secondary inflammatory change.

A non-pancreatic carcinoma, including primary peritoneal or, less likely, a gastrointestinal carcinoma with transmural or serosal extension, is also considered highly likely given the infiltrative nature of the mass and suspected peritoneal seeding. No overt intestinal wall thickening or loss of layering is identified, making primary intestinal lymphoma less typical in this case.

High-grade lymphoma remains a differential diagnosis. While intestinal involvement is not identified ultrasonographically, high-grade feline lymphoma may present as an extranodal or mesenteric mass with aggressive behavior and minimal intestinal or lymph node changes detectable on ultrasound. However, the absence of intestinal wall abnormalities and the mass-like, infiltrative appearance favor carcinoma over lymphoma as the leading diagnosis.

Recommendations

- Ultrasound-guided fine-needle aspiration or biopsy of the abdominal mass for a definitive diagnosis.
- Cytologic analysis of abdominal effusion, if sufficient fluid is present.
- Consider advanced imaging (CT) to better define lesion origin and extent, if results would alter clinical management.
- Discuss prognosis and diagnostic options with the owner based on suspected aggressive neoplastic disease.

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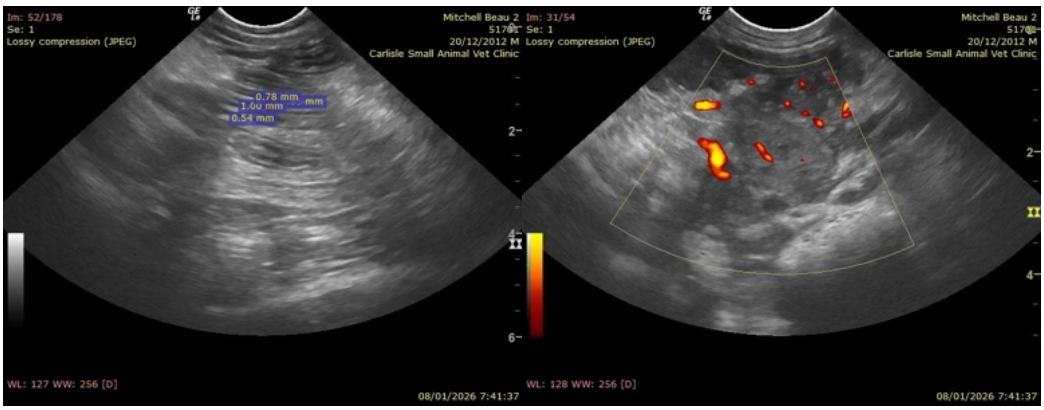
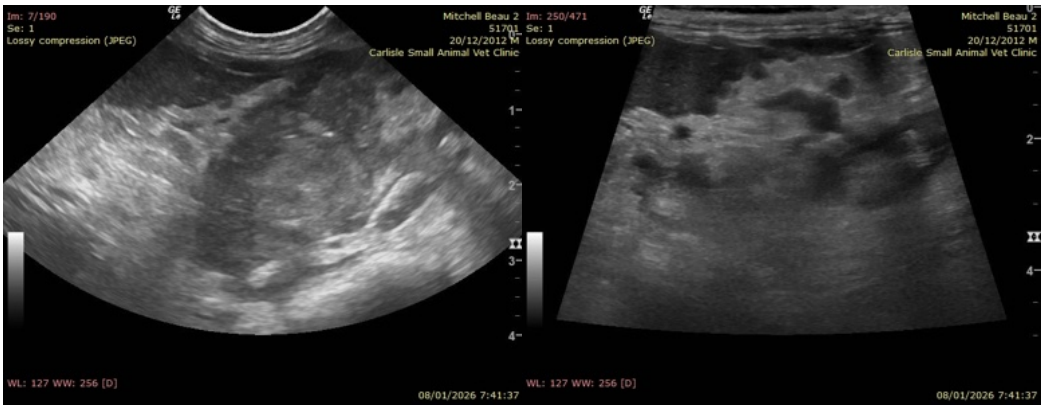
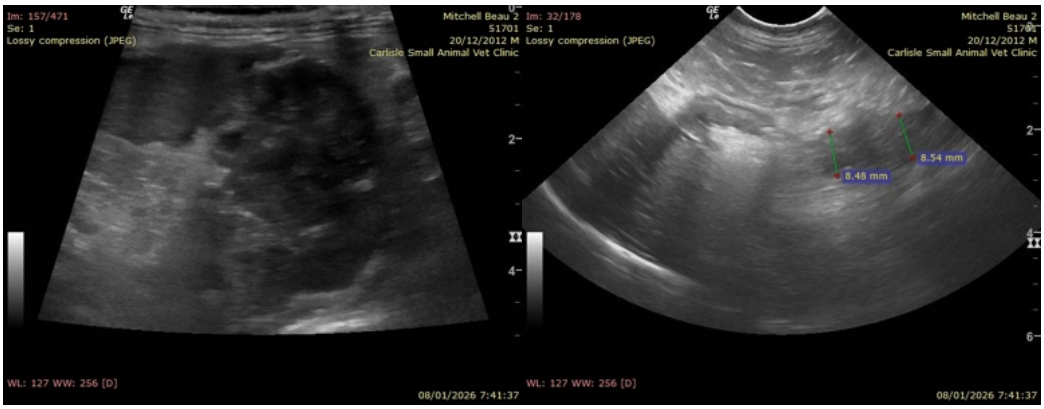


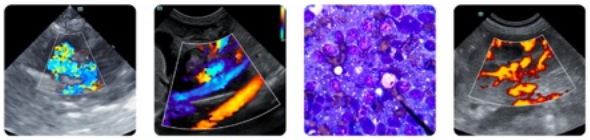




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.



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MV Esp Ultrasound in Domestic and Wild Animals

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