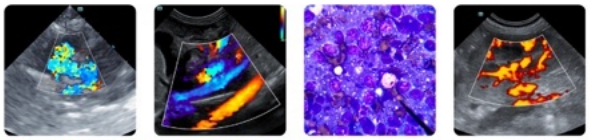


PATIENT

Pamela Vorhees Nothwehr

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

8 years

WEIGHT

7 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Rebecca Neis

HOSPITAL NAME

Animal Health Care Arkansas

REFERRING VET

Dr. Neis

INVOICE

69400

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Vomiting started 2-3 months ago, gradually becoming more frequent. Last 2 weeks has been vomiting 1-2 times daily, usually undigested food. Has had diarrhea for the past few days, but owner commented her stool was normal this morning. P still has a good appetite and normal activity.
Abnormal PE/Chem/CBC/UA Results: 1.8 lbs weight loss since last visit 5 months ago.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or sonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.57x1.93 cm, with a cortical thickness of 0.35 cm in the sagittal plane. The renal cortex is mildly increased in echogenicity compared to the liver. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are observed. Color Doppler evaluation shows a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.70x1.69 cm, with a cortical thickness of 0.30 cm in the sagittal plane. The renal cortex is isoechoic to the liver. Corticomedullary ratio and definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation is unremarkable.

Adrenal Glands

Both adrenal glands appear normal in shape and echogenicity. The left adrenal gland measures 0.21 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland measures 0.19 cm at the cranial pole and 0.20 cm at the caudal pole.

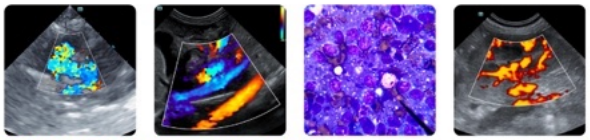
Spleen

Splenic thickness is 0.89 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture.

The gallbladder lumen is moderately distended. The wall is thin. The contents are primarily anechoic. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 1.86 mm, with preserved wall layering. The pylorus measures 2.45 mm and contains a small amount of intraluminal fluid.

The duodenum wall measures 2.11 mm. The jejunum measures 1.70 mm, with the following wall layer measurements: mucosa 0.94 mm, submucosa 0.34 mm, muscularis propria 0.17 mm. The ileum measures 1.99 mm, with mucosa 1.13 mm, submucosa 0.49 mm, and muscularis propria 0.40 mm. Wall layering is preserved. The ileocecal junction measures 2.39 mm, with muscularis thickness of 0.63 mm. No evidence of inflammation, ileus, or intraluminal foreign material is identified.

The colon measures 1.05 mm and contains formed feces within the descending segment.

Pancreas

The right pancreatic limb measures 4.29 mm. Pancreatic parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct measures 0.49 mm. No sonographic evidence of active pancreatitis or focal peritonitis is identified.

Peritoneal Cavity

No abdominal effusion or generalized peritonitis is observed.

An ill-defined hypoechoic soft tissue structure measuring 8.45x9.40 mm is identified in the cranial abdomen, adjacent to the gastric body and along the course of the extrahepatic portal vein, within the pancreatoduodenal/portal region. A definitive organ of origin cannot be determined.

Associated regional lymph nodes are identified:

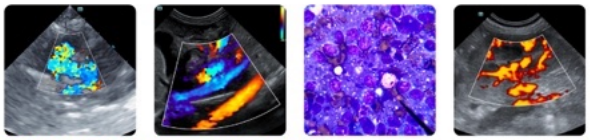
- Ileocecal lymph nodes measuring 1.9–2.95 mm in thickness (completely normal)
- Right pancreaticoduodenal lymph node measuring 4.86x5.22 mm, with normal shape and echogenicity.
- Left gastric lymph node measuring 1.17x0.73 cm.

The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Ill-defined hypoechoic soft tissue lesion in the pancreatoduodenal/portal region.
- Mild-to-moderate regional lymphadenopathy with variable echogenicity.
- Small isolated hypoechoic hepatic focus.
- Mildly increased renal cortical echogenicity (left kidney).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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The primary ultrasonographic abnormality is the presence of a small, ill-defined hypoechoic soft tissue lesion within the pancreatoduodenal/portal region, accompanied by mild-to-moderate regional lymphadenopathy. The lesion does not demonstrate clear continuity with a specific organ, and the pancreas itself appears largely preserved.

The intestinal tract demonstrates normal wall thickness, preserved layering, and normal muscularis-to-mucosa relationships, with no evidence of infiltrative intestinal disease. As such, primary inflammatory bowel disease or intestinal lymphoma is considered unlikely as the primary driver of the current clinical signs.

The appearance of the regional lymph nodes is abnormal but not overtly aggressive. The lymph nodes are mildly enlarged and variably hypoechoic, without marked architectural distortion or extensive perinodal fat reaction. These findings are compatible with reactive or inflammatory lymphadenopathy, although early or low-volume lymphoproliferative disease cannot be definitively excluded based on imaging alone.

Overall, the findings are most consistent with a focal inflammatory or infiltrative process centered in the pancreatoduodenal/portal region, with associated regional lymph node response. However, while ultrasonography helps localize the process, it does not allow for a definitive diagnosis in this case. Differentials include:

- Focal pancreatitis or peripancreatic inflammatory disease
- Reactive lymphadenopathy secondary to pancreatic or (less likely) gastrointestinal disease
- Early or low-grade lymphoproliferative disease.
- Early neoplastic process of pancreatic origin.

Recommendations

- Due to a focal peripancreatic inflammatory process cannot be excluded, measurement of fPLI may be considered to further assess pancreatic involvement and aid clinical correlation.
- Ultrasound-guided fine-needle aspiration of the focal hypoechoic soft tissue lesion and/or the most abnormal regional lymph node is recommended to further characterize the nature of the process and differentiate inflammatory from neoplastic disease.
- If cytology is non-diagnostic, advanced imaging (CT) may be considered to better define lesion origin and extent.
- Medical management of gastrointestinal signs (antiemetics, dietary modulation, cobalamin supplementation) may be continued while diagnostic workup proceeds.
- Corticosteroid therapy is not recommended prior to tissue sampling, as it may obscure cytologic interpretation if lymphoproliferative disease is present.
- Serial ultrasonographic monitoring may be considered if invasive diagnostics are deferred.

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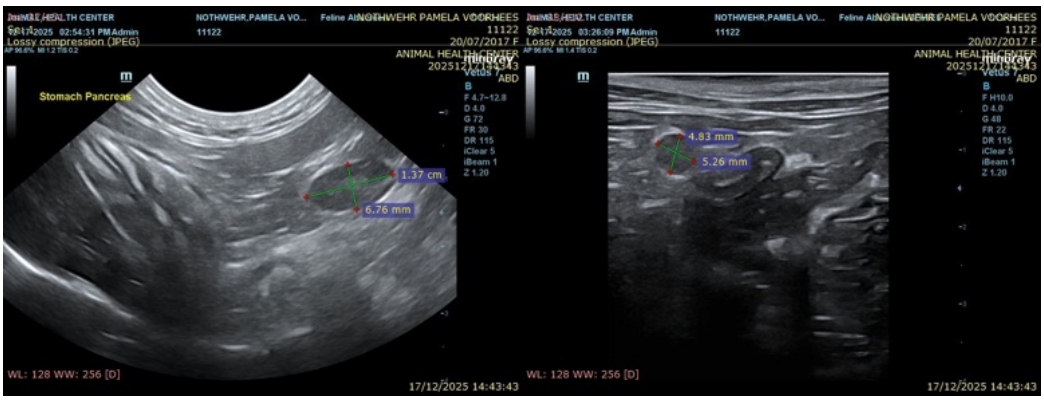

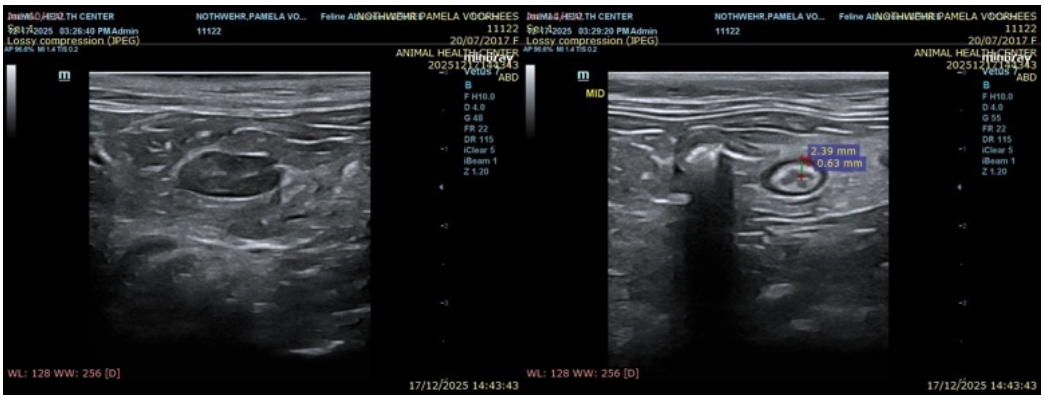

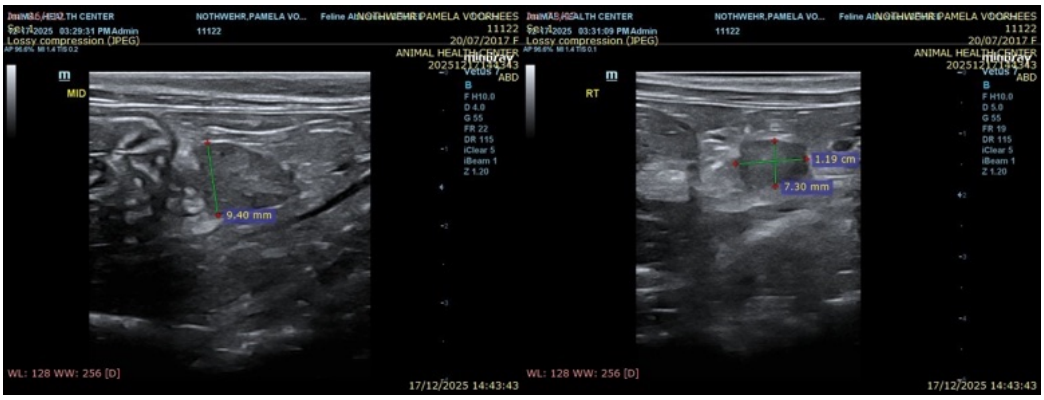

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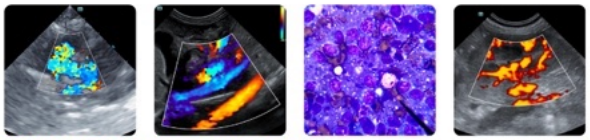

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com