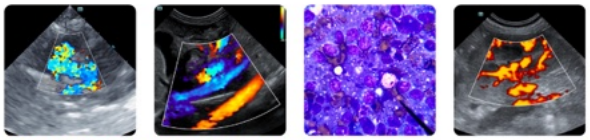


PATIENT

Crosby Kondel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

12.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K Vet Animal Care

REFERRING VET

Dr. Hougentogler

INVOICE

71370

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- Patient has history of intermittent constipation; x-rays taken showed concern for mass in the cranial left abdominal quadrant_
- BAR; BCS 7/9; discomfort noted on abdominal palpation_
- sonographer's impressions for this exam: Large, mixed echogenicity, irregular mass in left cranial quadrant

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. Urine is predominantly anechoic with a small amount of suspended echoes. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.80×2.69 cm in the sagittal plane. Cortical thickness measures 0.35 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal perfusion pattern.

The right kidney is normal in shape and size, measuring 3.99×2.30 cm in the sagittal plane. Cortical thickness measures 0.31 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal perfusion pattern.

Adrenal Glands

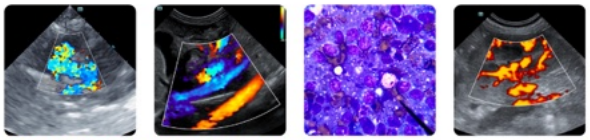
Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.21 cm at the cranial pole and 0.22 cm at the caudal pole. The right adrenal gland is not clearly visualized.

Spleen

Splenic thickness measures 0.76 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture. No focal splenic lesions are identified. The splenic capsule is smooth and regular.

Liver

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



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

Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 1.82 mm, with preserved wall layering. The pylorus measures 2.55 mm.

The duodenum measures 1.98 mm in wall thickness. The jejunum measures 2.01 mm, with the following mural components: mucosa 1.10 mm, submucosa 0.31 mm, muscularis propria 0.20 mm. The ileum measures 1.81 mm, and the ileocecal junction measures 2.45 mm. Wall layering is preserved throughout.

No ultrasonographic evidence of mural inflammation, ileus, or foreign material is identified.
The colon measures 0.71 mm in wall thickness and contains formed feces within the descending colon.

Pancreas

The pancreas is identifiable and appears within normal limits up to the level of the junction between the pancreatic body and the left pancreatic limb, measuring 7.33 mm in thickness. The pancreatic parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.16 mm in diameter. Distal to this level, involving the left pancreatic limb, the pancreas reaches a thickness of 2.3 cm and becomes markedly distorted and ill-defined, appearing infiltrated by an irregular, invasive-appearing mass with poorly defined margins. Multiple adjacent cavitary, fluid-filled structures containing internal echoes are also present.

Peritoneal Cavity

Increased echogenicity of the peripancreatic fat is present in the left cranial abdomen. Abdominal lymph nodes are not visualized.

ULTRASONOGRAPHIC FINDINGS

- Irregular, ill-defined, infiltrative mass involving the left pancreatic limb.
- Marked distortion and loss of normal pancreatic architecture in the affected segment.
- Multiple adjacent cavitary, fluid-filled structures with internal echoes.
- Increased echogenicity of the peripancreatic fat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The key ultrasonographic abnormality in this patient is a focal, aggressive-appearing lesion involving the left pancreatic limb, characterized by loss of normal pancreatic architecture, poor margin definition, infiltrative appearance, and associated cavitary fluid-filled structures with internal echoes. In cats, this

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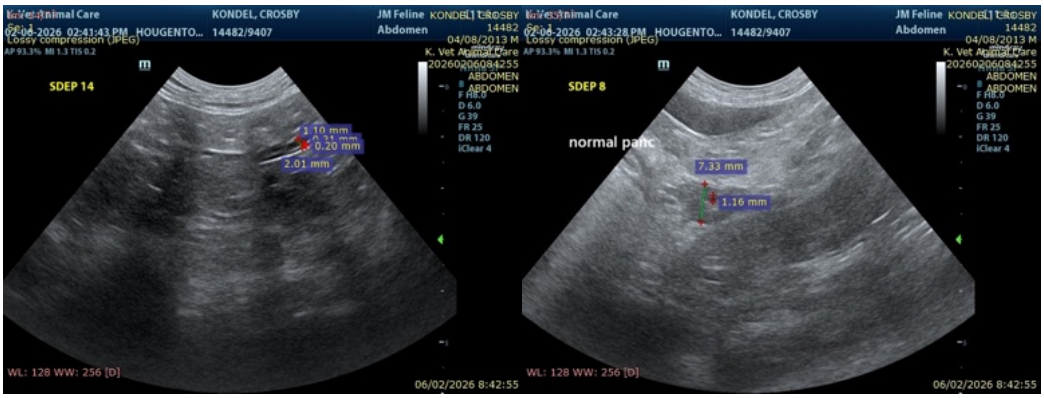
constellation of findings is highly suspicious for pancreatic neoplasia, particularly given the segmental involvement, marked distortion, and invasive appearance of the left pancreatic limb. The presence of multiple adjacent cavitary structures raises concern for necrosis, cystic degeneration, or secondary cavitation within or adjacent to a neoplastic process, accompanied by localized peripancreatic fat hyperechogenicity.

No ultrasonographic evidence of splenic, hepatic, gastrointestinal, or renal disease is identified to suggest an alternative primary source for the mass.

Overall, it is important to note that ultrasonography is not a histopathologic modality and, as such, cannot provide a definitive tissue diagnosis. The ultrasonographic appearance of the left pancreatic limb in this patient is highly suspicious for pancreatic neoplasia based on its focal, infiltrative nature, marked architectural distortion, and associated cavitary changes; However, a severe or chronic inflammatory pancreatic process cannot be completely excluded. In cats, advanced pancreatitis may occasionally result in marked focal pancreatic enlargement and structural distortion that can overlap with the appearance of neoplastic disease on imaging alone.

Recommendations

- Advanced imaging (contrast-enhanced CT).
- Ultrasound-guided FNA or biopsy may be considered, but with caution:
    - Diagnostic yield in pancreatic masses is variable.
    - Risk of complications must be weighed against potential benefit.
- Baseline pancreatic and systemic assessment (fPLI, CBC, biochemistry) may help contextualize concurrent ultrasonographic findings.



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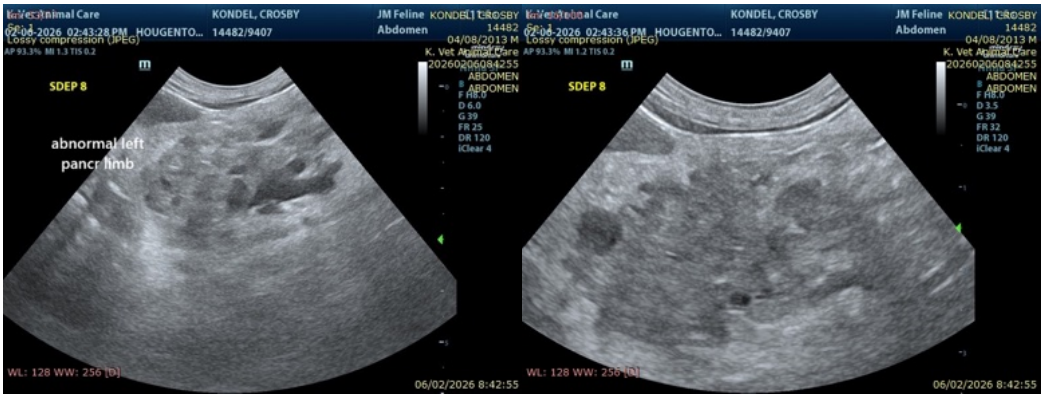

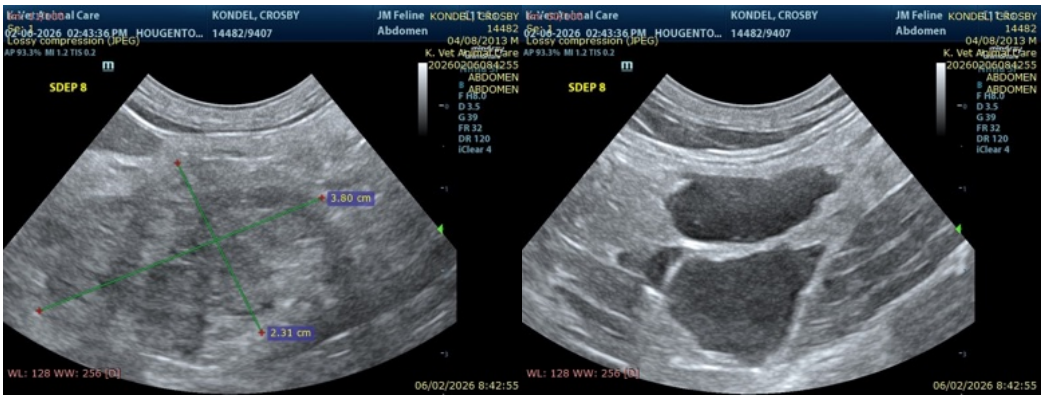

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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