



PATIENT

Max Cartoni

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

15 years

WEIGHT

16 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Jelena Janjusevic

HOSPITAL NAME

Camden Pet Hospital

REFERRING VET

Dr. Janjusevic

INVOICE

74888

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: - Max presented 6 days ago for acute onset of vomiting and anorexia, hx of ckd
Labs revealed Pancreatitis, elevated renal values

PE dehydration 5%, suspected abdominal mass or organomegaly, left cranial abdomen, abdominal pain during the scan free abdominal fluid noted - collected sample serosanguineous fluid

Presents for sedated AUS doing well at home, eating better. Fast this morning. SCVD no

WT: 16 lbs, TEMP: 101.2 F, HR: 180, RR: 26

Gallop.

Swelling/edema left thoracic limb - from elbow to carpus, non painful, no lameness noted
ro infection vs inflammation vs neoplastic vs due to GI vs vascular vs open

- palpable left cranial abd mass - ro enlarged liver lobe vs open

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly distended, with a thin and smooth wall. The urine is predominantly turbid with scant suspended echoes. The bladder neck and proximal urethra appear normal. No calculi or ultrasonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is small and irregular in contour, measuring 2.71×1.94 cm, with a cortical thickness of 0.35 cm. The cortex is isoechoic relative to the liver parenchyma, with decreased corticomedullary definition. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

No video clips of the right kidney were available for evaluation.

Adrenal Glands

Not visualized.

Spleen

Splenic thickness is 0.96 cm. The parenchyma demonstrates normal echogenicity and 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 is homogeneous and isoechoic relative to the falciform fat. A cystic lesion measuring 0.95×1.46 cm is identified. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended, with a thin wall and primarily anechoic contents with a small amount of biliary sludge. The common bile duct measures 2.41–2.23 mm.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.82 mm and preserved wall layering. The pylorus measures 2.99 mm. Duodenum: 2.37 mm.

At the level of the proximal duodenum, near the duodenal flexure, there is a round hypoechoic mass measuring 2.08×2.25 cm, appearing to arise from the muscularis or serosal layer of the duodenum, with extraluminal growth extending into the region of the right pancreatic limb. The exact origin (duodenal vs pancreatic) cannot be definitively determined based on the provided images.

Jejunum: 2.60 mm (mucosa 2.10 mm, submucosa 0.52 mm, muscularis propria 0.46 mm), with preserved wall layering. The ileum and ileocecal junction were not confidently visualized. No ultrasonographic evidence of obstruction or foreign material is identified. Colon: incompletely evaluated, containing formed feces.

Pancreas

In the region of the right pancreatic limb, the previously described mass is identified. The left pancreatic region does not show overt ultrasonographic abnormalities.

Free Abdomen

There is severe abdominal effusion, described as turbid with abundant suspended echogenic debris. The peritoneum is markedly thickened and hyperechoic throughout the cranial and mid-abdomen. No lymphadenomegaly is noted in the provided clips.

PRIMARY FINDINGS

- Rounded hypoechoic mass (2.08×2.25 cm) at the proximal duodenum/right pancreatic region
- Severe turbid abdominal effusion with marked peritoneal thickening (peritonitis)

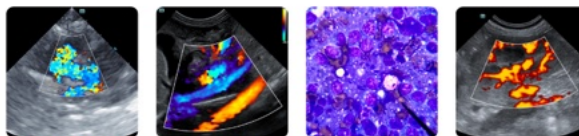
SECONDARY FINDINGS

- Small, irregular left kidney with decreased corticomedullary definition.
- Incidental small hepatic cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant finding is a hypoechoic mass centered at the proximal duodenum/right pancreatic region, with extraluminal growth. Although the exact tissue of origin cannot be definitively determined, the lesion appears most closely associated with the duodenal wall (muscularis/serosa), with secondary involvement of the adjacent pancreatic region.

The presence of severe turbid abdominal effusion with abundant echogenic debris and marked peritoneal thickening is most consistent with an exudative process. Differential considerations include



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inflammatory, septic, or neoplastic (carcinomatosis) effusion; definitive characterization requires fluid analysis.

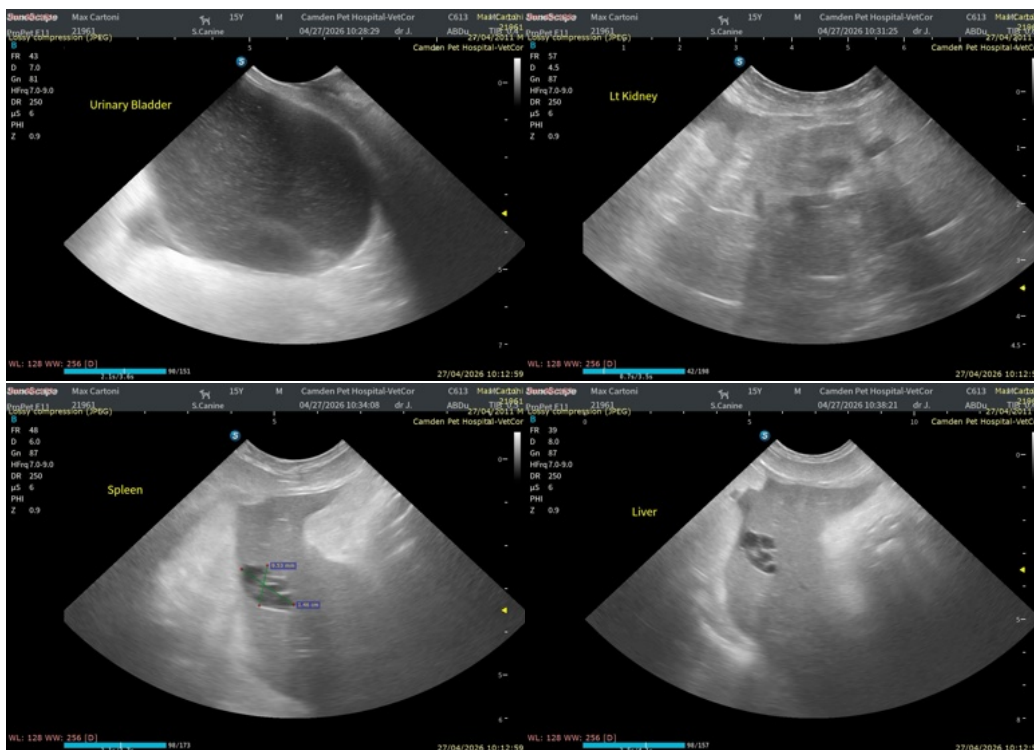
The left kidney changes are consistent with chronic kidney disease, in keeping with the clinical history, and are not the primary driver of the current presentation.

The hepatic cyst is considered incidental.

Recommendations

- Abdominocentesis with fluid analysis is strongly recommended (cytology ± culture) to characterize the effusion and differentiate between inflammatory, septic, and neoplastic causes.
- Consider ultrasound-guided FNA of the mass.
- Antibiotic therapy may be considered, particularly if there is clinical concern for septic peritonitis, but should ideally be guided by fluid analysis when feasible.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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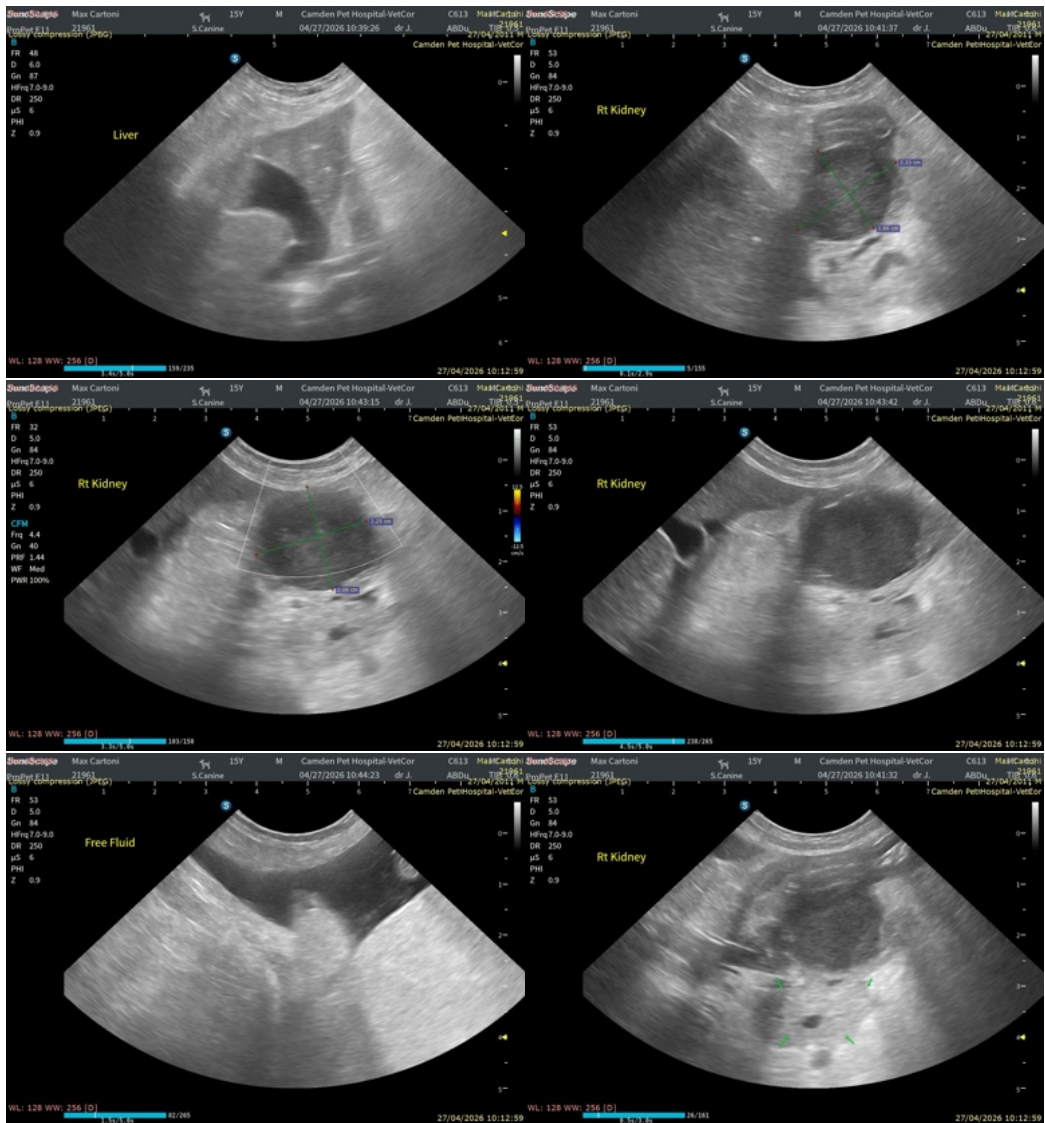
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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