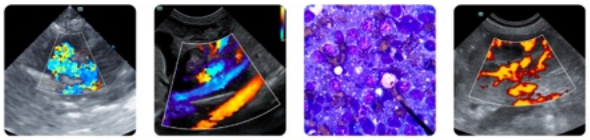


PATIENT

Winston Pusch

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 ½ years

WEIGHT

6.2 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Ernst

INVOICE

74386

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: O noted P has gradually been (unintentionally) losing weight over the last 2 months despite eating well. On fast scan (yesterday) noted -small, cystic structure caudal to liver parenchyma but cranial to stomach
CBC:-nsf Chemistry: -mildly increased amylase -mild hypercalcemia: -mild hyperbilirubinemia -mild hyperproteinemia: Urinalysis: -nsf USG: 1.050 - concentrated sample T4: wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is moderately distended. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4.37×2.70 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.91×2.62 cm, with a cortical thickness of 0.42 cm in the sagittal plane. The renal cortex is mildly hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.37 cm at the cranial pole and 0.37 cm at the caudal pole. The right adrenal gland measures 0.32 cm at the cranial pole and 0.36 cm at the caudal pole.

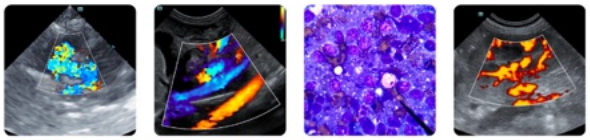
Spleen

Splenic thickness is 1.19 cm. The parenchyma demonstrates normal echogenicity and 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. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, containing a small amount of fluid. Wall thickness ranges from 1.30–1.83 mm, with preserved layering. The pylorus is not measured. The duodenum measures 1.91 mm. The jejunum measures 2.27 mm, with layering as follows: mucosa 1.23 mm, submucosa 0.41 mm, muscularis propria 0.20 mm. The ileum measures 1.75 mm, with mucosa 0.53 mm, submucosa 0.43 mm, and muscularis propria 0.72 mm. The ileocecal junction measures 2.74 mm, with mucosa 1.27 mm and muscularis 0.71 mm. Wall layering is preserved throughout. No evidence of obstruction, ileus, or foreign material is identified. The colon measures 0.54–0.78 mm depending on the segment, with formed fecal material present.

Pancreas

Pancreatic thickness is 5.40 mm. The parenchyma is isoechoic relative to the adjacent mesenteric fat. The pancreatic duct measures 0.84 mm. No peripancreatic fat hyperechogenicity or fluid is identified.

Adjacent to the pancreatic parenchyma, there is a well-defined, round lesion measuring 2.11×2.25 cm (maximum dimensions from three measurements). The lesion has a relatively thickened wall and contains organized hyperechoic internal material.

Free Abdomen

No abdominal effusion or peritonitis is identified. Cranial mesenteric lymph nodes measure 4.67 mm, and ileocecal lymph nodes range from 1.76–3.64 mm; shape and echogenicity are within normal limits. Mild hyperechogenicity of the perinodal fat is noted. The iliac trifurcation appears unremarkable.

PRIMARY FINDINGS

- Complex cystic lesion (2.11×2.25 cm) adjacent to the pancreas, with thickened wall and internal echogenic material

SECONDARY FINDINGS

- Subtle renal cortical hyperechogenicity.
- Mild hyperechogenicity of perinodal mesenteric fat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The principal finding is a complex cystic lesion adjacent to the pancreas, characterized by a relatively thickened wall and heterogeneous internal content. These features are not consistent with a simple benign cyst, which would be expected to have a thin wall and purely anechoic content.
Given the morphology, the main differentials include:

- Cystic or necrotic neoplasia.
- Pancreatic or peripancreatic abscess.
- Less likely: complex congenital or retention cyst.

The absence of peripancreatic fat inflammation, lack of abdominal effusion, and no history strongly

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supportive of pancreatitis make an abscess less likely, although not completely excluded. Importantly, the clinical context—progressive weight loss despite preserved appetite, mild hypercalcemia, and mild hyperbilirubinemia—raises concern for an underlying neoplastic process and increases the clinical significance of this lesion.

The pancreas itself is otherwise unremarkable in size and echotexture, which does not support active pancreatitis.

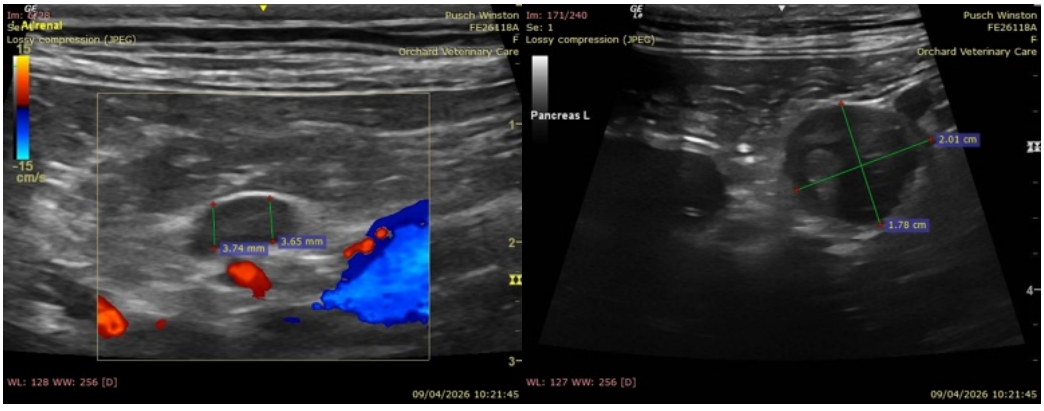
Mildly increased muscularis-to-mucosa ratios are noted at the ileum and ileocecal junction (approximately 0.64 and 0.56, respectively). While this may be seen with chronic enteropathy or low-grade lymphoma, the preservation of wall layering and lack of diffuse intestinal changes make these findings nonspecific in isolation.

Mild renal cortical hyperechogenicity is a common, nonspecific finding in cats of this age and is not considered clinically significant in the absence of supportive laboratory abnormalities.

Recommendations

- Ultrasound-guided fine needle aspiration of the lesion, if technically feasible and safe.
- Fluid analysis if aspirated: Cytology and possible culture if purulent material is suspected.
- Reassessment of serum calcium -preferably ionized calcium-to confirm and better characterize the hypercalcemia (persistent hypercalcemia would further support a paraneoplastic process).
- Short-term recheck ultrasound to assess growth, wall or internal changes.

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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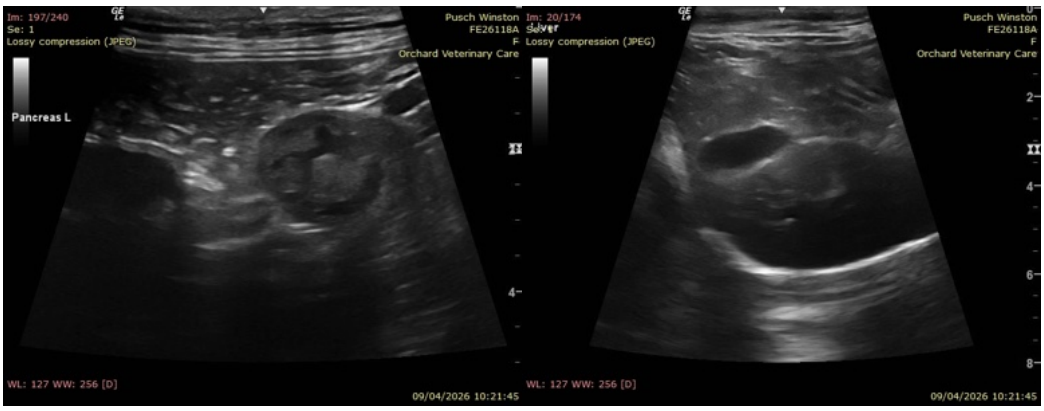

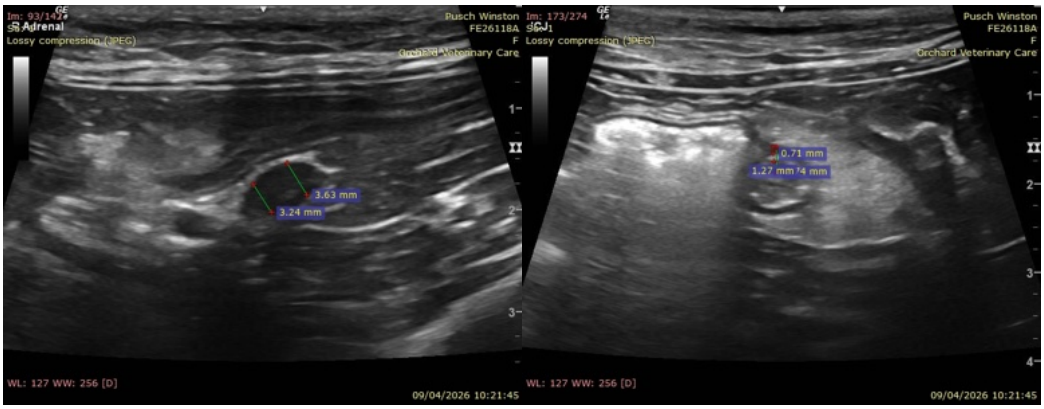

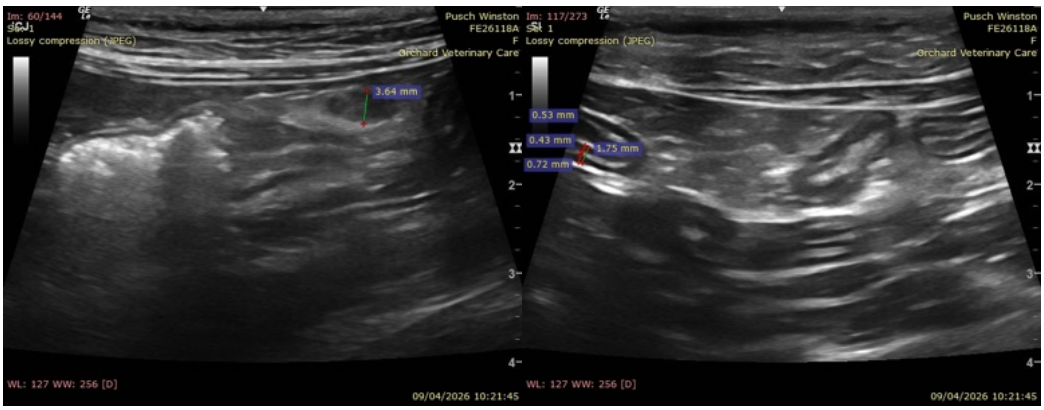

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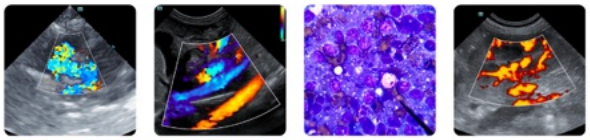

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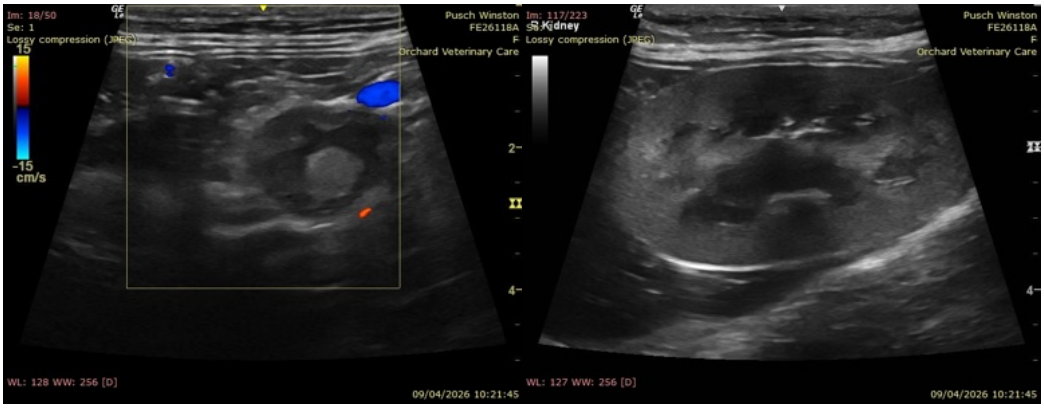

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com