



Wren McClarin

**PRESENTING CLINICAL SIGNS**

**SPECIES**

History: sedated- not eating well for several weeks- vomiting intermittently- seems very painful- fractious today which is not in his nature- Abnormal PE/Chem/CBC/UA Results: LABS pending

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

DSH

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Neutered Male

The left kidney is normal size (4.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

4 years

The right kidney is normal size (4.31 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**WEIGHT**

10 lbs

**Adrenal Glands**

The left adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM (Small  
Animal Internal Medicine)

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

**Spleen**

The spleen is normal in size (0.64 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT,  
I VT

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and slightly mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**HOSPITAL NAME**

Brighton Greens VH

**REFERRING VET**

Dr. Amber Murphy

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discrete masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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**Pancreas**



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The left limb/base is severely enlarged with a >3.5 cm irregular, hypoechoic to heterogenous, vascular mass arising from the left limb. The pancreatic duct in this region is dilated (0.50 cm). The mesentery surrounding the mass is hyperechoic.

**SPECIES**

Feline

**Free Abdomen**

Trace free fluid is observed. Several prominent lymph nodes are observed within the cranial abdomen, the largest measuring 1.77 cm in length.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**SEX**

Neutered Male

- Large left pancreatic mass with concurrent pancreatitis and regional peritonitis. Neoplasia (i.e., adenocarcinoma) is the top differential, with a low possibility of benign pathology.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The prominent abdominal lymph nodes could be consistent with reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia.

**AGE**

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**WEIGHT**

10 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the pancreatic mass if clotting status is appropriate. If cytology results are inconclusive, surgical biopsies can be considered. However, the prognosis for this patient is considered guarded.

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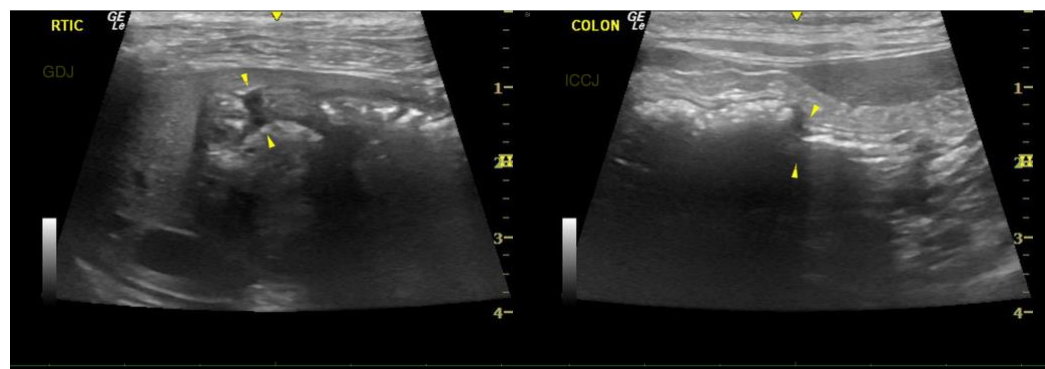
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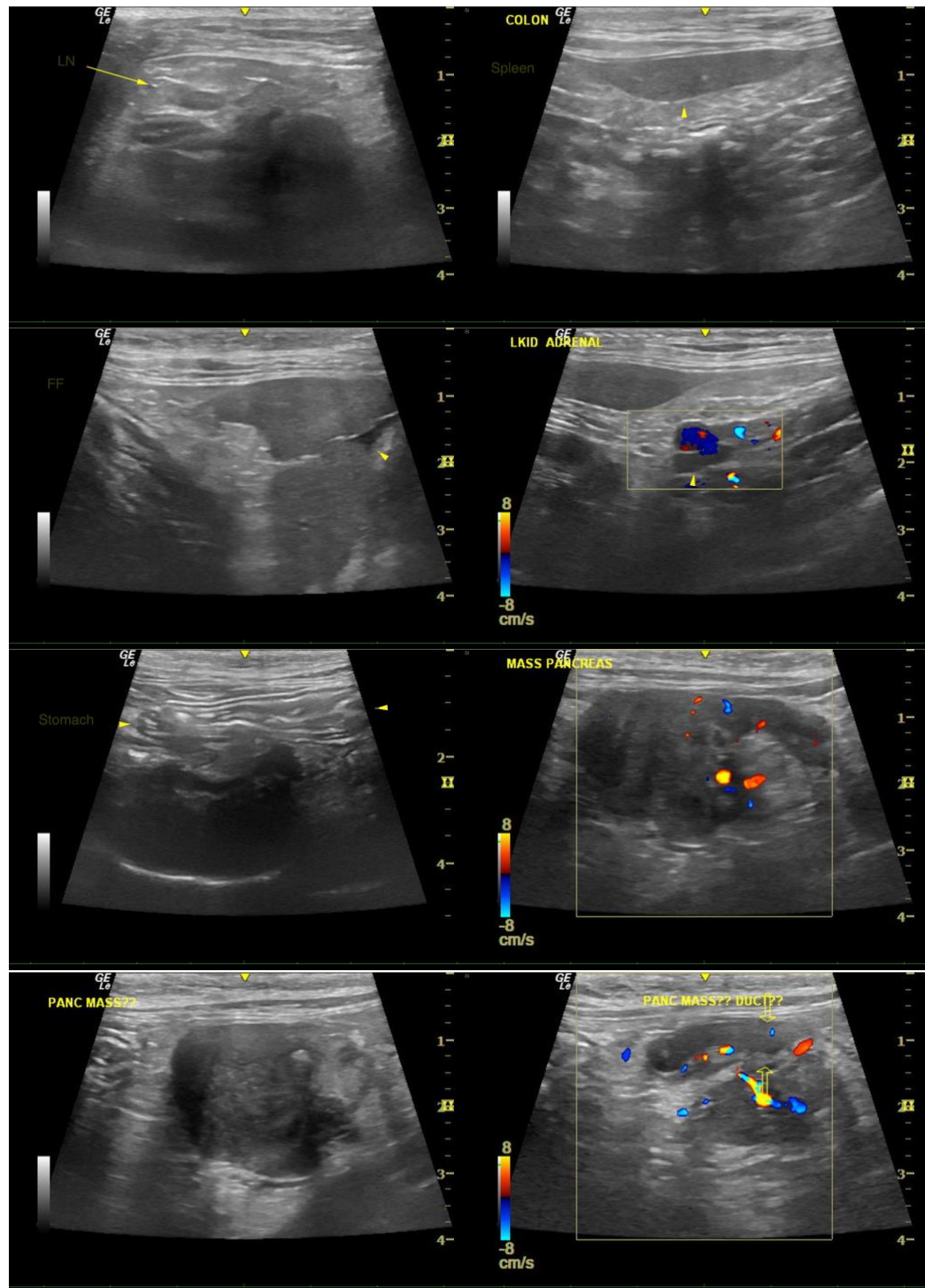
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**SPECIES**

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**SEX**

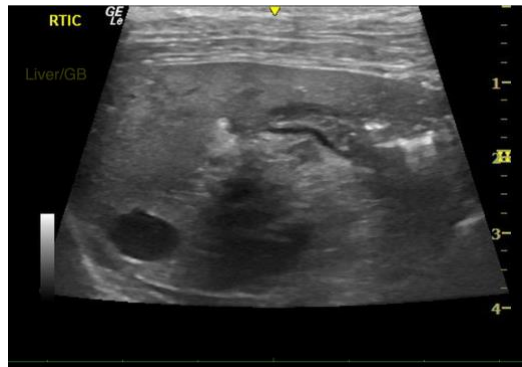
Neutered Male

**AGE**

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**WEIGHT**

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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.

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