



**DATE PRESENTING CLINICAL SIGNS**

1/20/26 **Patient History:** Presenting Complaint: Pancreatitis, Not Eating, Diabetes Mellitus.

**PATIENT Current Medications:** Buprenorphine, Alfaxalone, Ondansetron, Gabapentin.

Spidey Swoboda **Labwork Results:** Labwork reveals mild hyperglycemia. PCV and chem panel otherwise normal.

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** IV Propofol.

**Stat Report:** STAT requested.

**SPECIES Imaging Performed by:** Rachel Brillhart, RDMS.

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED Urinary System**

Domestic shorthair

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Male, neutered

The left kidney is normal in size (3.91 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Striations are observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

6/19/2015

The right kidney is normal in size (4.41 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. Striations are observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

12.7 lbs.

**INTERPRETED BY**

**Adrenal Glands**

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**Spleen**

The spleen is prominent in size (0.97 cm in width at the level of the hilus) with smooth peripheral contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.39 x 1.12 cm irregular heterogeneous multi-septated cystic nodule is observed on the right side. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

**INVOICE**

13405

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.22 cm in width).

**Gastrointestinal**

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

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Shannahan

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### ***Pancreas***

The base and limbs of the pancreas are normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

### ***Lymph nodes***

A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 1.62 x 0.57 cm. In addition, 1-2 prominent lymph nodes are observed near the aortic trifurcation, one of the nodes measuring 0.72 x 0.41 cm. Surrounding mesentery is hyperechoic.

### ***Free Abdomen***

There is no obvious evidence of free fluid.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

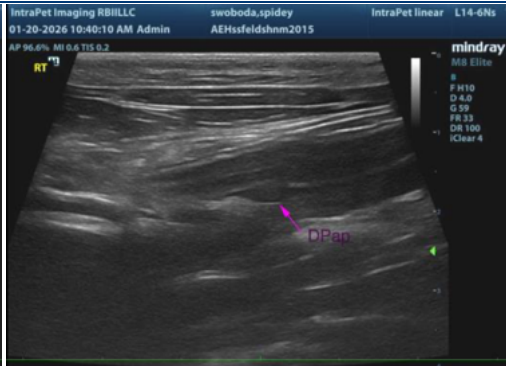
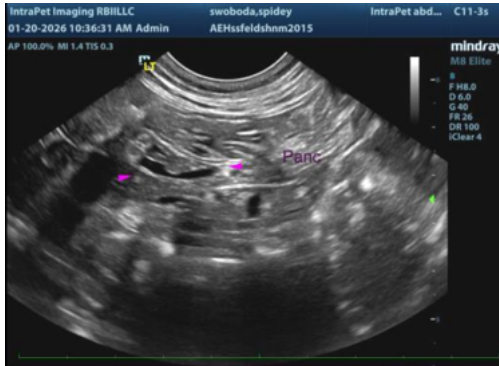
- Minor pancreatic parenchymal remodeling
- The cystic hepatic mass could be consistent with biliary cystadenoma or biliary cystadenocarcinoma

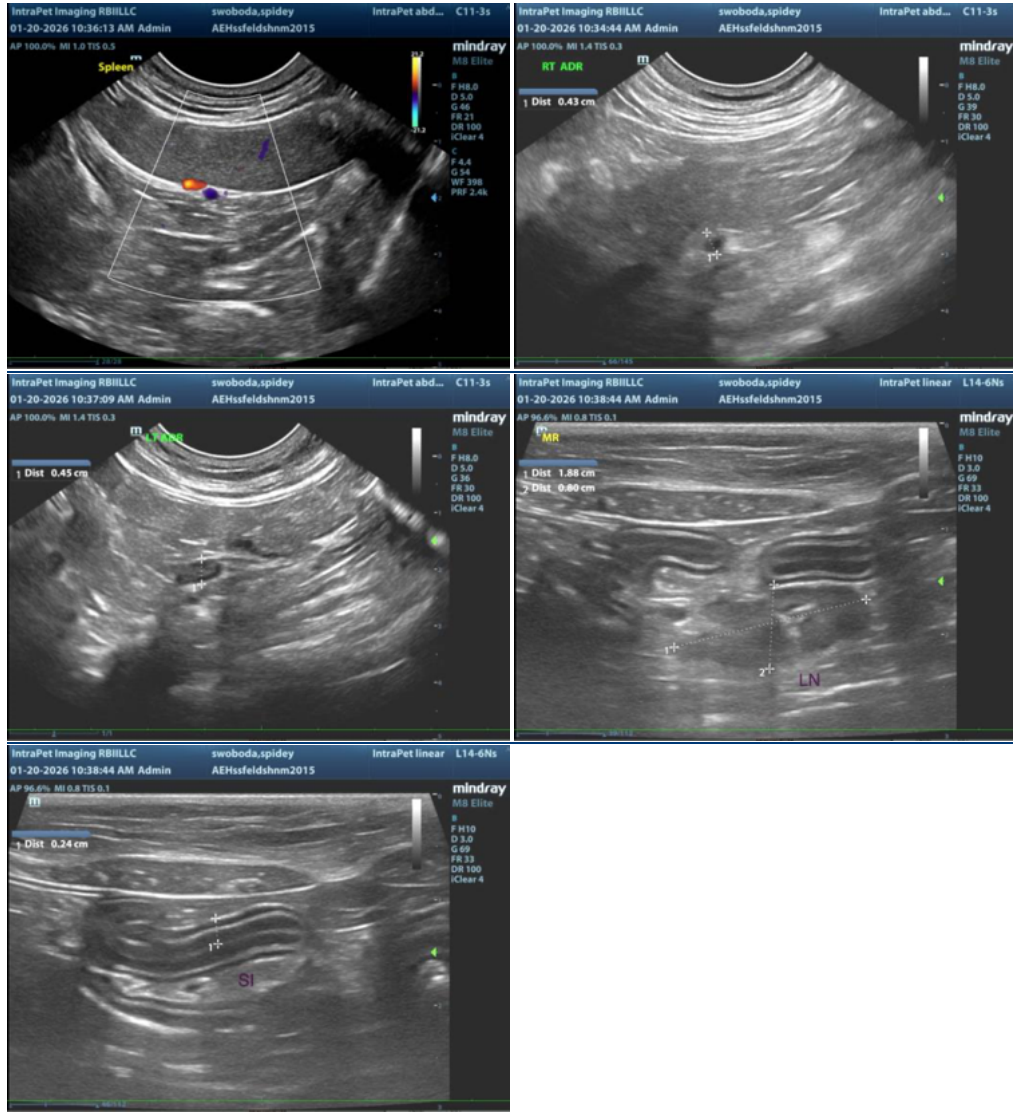
### **Secondary Findings:**

- Bilateral nonspecific, age-related renal changes with dystrophic mineralization
- The mild splenomegaly may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, emerging neoplasia.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or less likely, emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Given the patient's diabetic status, a urinalysis with a culture and sensitivity are recommended.
2. Consider a GI panel including serum cobalamin, folate, TLI and PLI to assess for maldigestion/malabsorption and pancreatic disease.
3. Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
4. Depending on the results of the above diagnostics, further workup may be indicated. In the meantime, symptomatic care is recommended.





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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