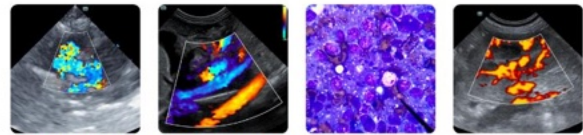


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT
Jackson Fehler

SPECIES
Feline

BREED
Maine coon mix

SEX
Male, neutered

AGE
14 Yrs.

WEIGHT
12.5 lbs.

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
West Salem AC

REFERRING VET
Dr. Sirianni

INVOICE
13345

DATE
12/16/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Continued weight loss - still has a good appetite. No vomiting or diarrhea. Abd. palpation reveals a round mass in the mid to caudal abdomen. Not painful. ABNORMAL Labwork Values T4 0.5 Absolute Lymphocytes 902 ALT 426 ALP 194 Current Medications Methimazole 5mg, 1/2 pill BID Radiographic Findings Radiographic interpretation: -Abdomen: No overt abdominal masses displacing intestines or organs. In the ventral - cranial abdomen on lateral view there is a round soft tissue opacity, could be a loop of intestines or could be a mass. The spleen is elongated on lateral view, but edges are smooth, no evidence of a mass. -Thorax: nsf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is mildly enlarged (4.45 cm in length) with a relatively normal shape. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.18 cm in length) with a slightly irregular shape. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.15 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands
The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

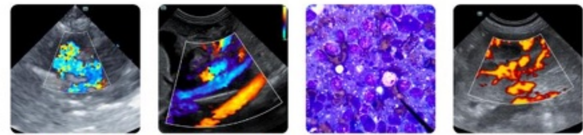
The right adrenal gland is enlarged (0.67 cm width) with swollen peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

Spleen
The spleen is enlarged (1.31 cm in width at the level of the hilus). The parenchyma is homogeneous in appearance. Splenic vasculature appears normal with no evidence of thrombosis. See also *Other.*

Liver
The liver is normal to prominent in size with smooth peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. See also *Other.*

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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



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Pancreas
The left limb and base are prominent to enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance with ill-defined hypoechoic to anechoic areas. See also *Other.*

Lymph nodes
See *Other.*

Free Abdomen
Trace free fluid is observed.

Other
In the left cranial to mid-abdomen, a 4.3 x 3.8 cm mass effect is visualized. The mass contains fluid and heterogeneous material. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

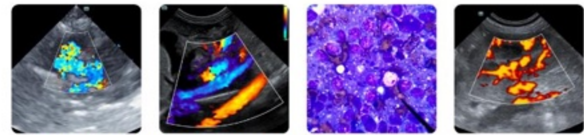
- Left cranial to mid-abdominal mass effect, the origin of which is unclear. Possible origins include pancreas, mesentery, spleen, lymph node, liver, other. Possible differentials include abscess, abscessed tumor, cystic tumor, other. Mild adjacent peritonitis is present.
- The pancreatic changes in the left limb could be consistent with chronic pancreatitis with nodular hyperplasia, parenchymal cysts and/or infiltrative neoplasia.
- The splenomegaly may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, emerging infiltrative neoplasia, other.

Secondary Findings:

- Equivocal hepatomegaly
- Bilateral, nonspecific, age-related renal changes with trace right pyelectasia
- The right adrenomegaly could be secondary to stress hyperplasia, emerging tumor, other (left adrenal gland is not definitively visualized).
- Gallbladder sludge, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider an abdominal CT scan and/or an abdominal exploratory to further evaluate the abdominal mass. If surgery is pursued, excisional biopsy with histopathology along with aerobic and anaerobic cultures should be performed. Ultrasound-guided fine needle aspiration of the lesion can be considered. However, there is some risk of rupture of the lesion with aspiration.



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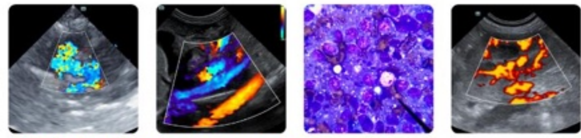
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Animal Sounds NW
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com