



PATIENT

Otis Baxter

PRESENTING CLINICAL SIGNS

Presented for not eating for 2 days - Xrays show growth cranial

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: ^NEU, ^MONO, vPHOS, ^LIPA, ^Pancreatic Lipase Radiographic Findings Xrays reveal abdominal growth cranial - Xrays, labs and rads attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

SEX

Neutered Male

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left measures 3.64 cm. Right measures 3.51 cm.

AGE

10 Years

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Left measures 0.26 cm in thickness. Right measures 0.26 cm in thickness.

WEIGHT

10.12 lbs

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

IMAGING PERFORMED BY

Kelly Reschny

Liver

The liver contains a roughly spherical, partially cavitated mass near the gallbladder, measuring at least 2.3 cm x 2.9 cm. The liver contains multiple other hypoechoic nodules, with the largest measuring 1.0 cm x 1.4 cm. There is surrounding hepatic lymphadenopathy.

HOSPITAL NAME

Dog & Cat Clinic of
 Niagara

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

REFERRING VET

Dr. Snieder

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

INVOICE

72163

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

DATE

1/13/26

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.



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Pancreas

In the area of the right limb of the pancreas there is a rounded, hypoechoic structure most concerning for a pancreatic mass, measuring approximately 3.5 cm x 3.5 cm.

Free Abdomen

Hepatic lymphadenopathy is noted. No free fluid noted.

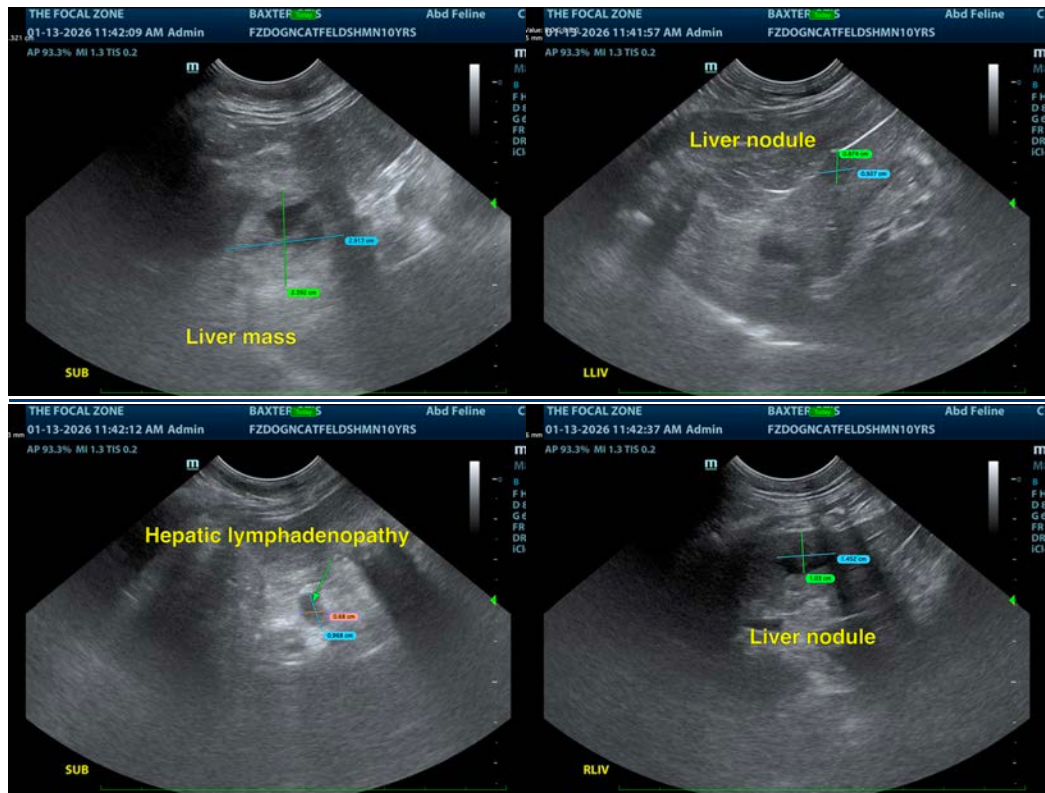
ULTRASONOGRAPHIC FINDINGS

- Pancreatic mass.
- Cavitated liver mass with multiple nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the area of the right limb of the pancreas is most strongly suspected to be a pancreatic mass, with pancreatic carcinoma being a top differential. FNA should be considered to further define, though not all pancreatic masses exfoliate well.

The presence of multiple hepatic lesions together with the pancreatic mass is concerning for metastatic carcinoma. FNA could be attempted to further defined. Abdominal CT may be of use to evaluate for thoracic metastasis and confirm pancreatic origin of the abdominal mass.





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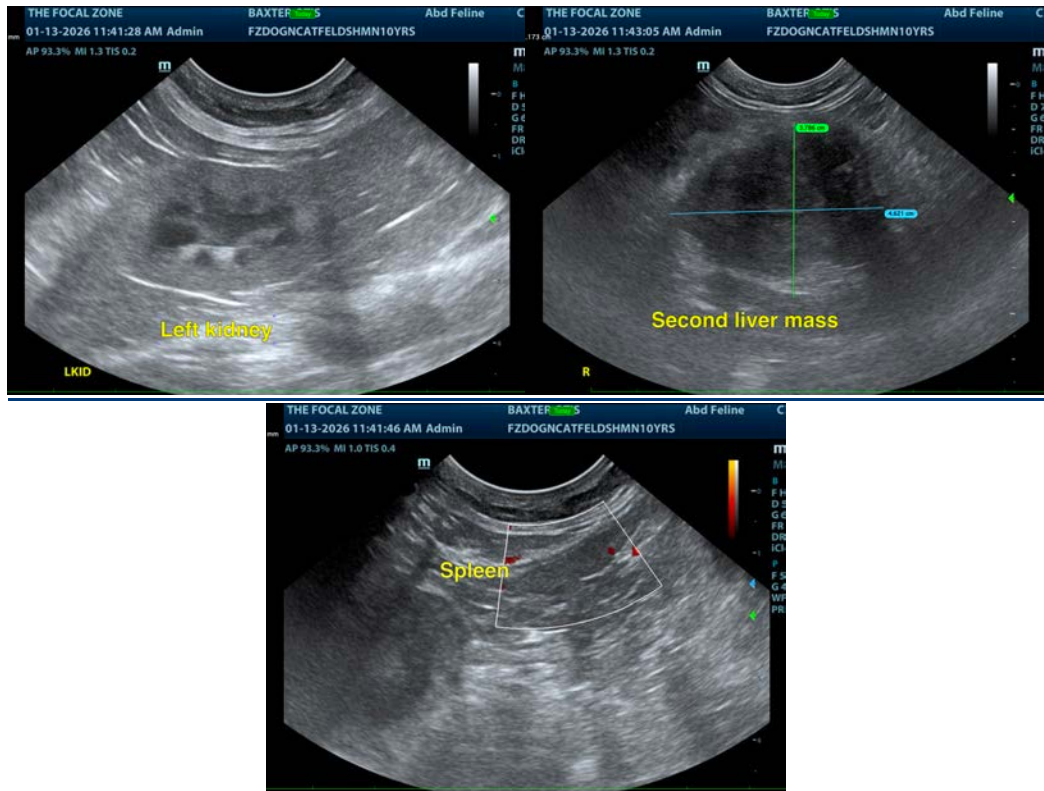
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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