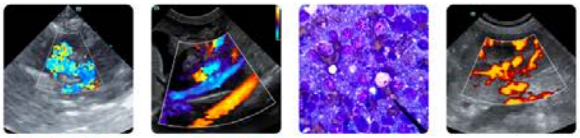

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Sam Dalby

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

16 Years

WEIGHT

5.05 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

West Brant Animal Hospital

REFERRING VET

Dr. Balaraju

INVOICE

72493

DATE

1/27/26

PRESENTING CLINICAL SIGNS

Initially seen Jan 9th for inappetence. Is previously diagnosed as diabetic following an episode of DKA. Is normally very food motivated. Aside from bilateral cloudiness of eyes and dental calculus no other abnormalities noted on PE. Owner updated us on Jan 16th that Sam seems to be more back to normal but is still interested in pursuing ultrasound

Current Medications: Lantus insulin (3 units BID)

Abnormal PE/Chem/CBC/UA Results: In house bloodwork done Jan 9th: - RBC: 4.59 - Hematocrit: 0.221 - Hemoglobin: 76 - Eosinophils 0.01 - Glucose: 28.9 - Urea: 28.2 - Sodium: 148 - Potassium: 6.2 - Chloride: 111 Radiographic Findings N/A Primary Question to Be Answered in This Exam Further diagnostics for inappetence and anemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. Mobile debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Left kidney measures 3.73 cm. Right kidney measures 4.0 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.32 cm in thickness. Right measures 0.46 cm in thickness.

Spleen

Near the head of the spleen, abutting the left liver, there is a large, complex, irregular mass measuring at least 5.9 cm x 2.9 cm. In some views it appears to be originating from splenic parenchyma, and in others it cannot be definitively attached to the spleen. Based on appearance it is concerning for a pancreatic mass or pancreatic abscessed mass.

Liver

In the left liver lobe there is a roughly spherical, partially cavitated mass measuring at least 3.4 cm x 2.8 cm. The liver also contains multiple hyperechoic nodules

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

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.

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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.

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.

Pancreas

Near the head of the spleen, abutting the left liver, there is a large, complex, irregular mass measuring at least 5.9 cm x 2.9 cm. In some views it appears to be originating from splenic parenchyma, and in others it cannot be definitively attached to the spleen. Based on appearance it is concerning for a pancreatic mass or pancreatic abscessed mass.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

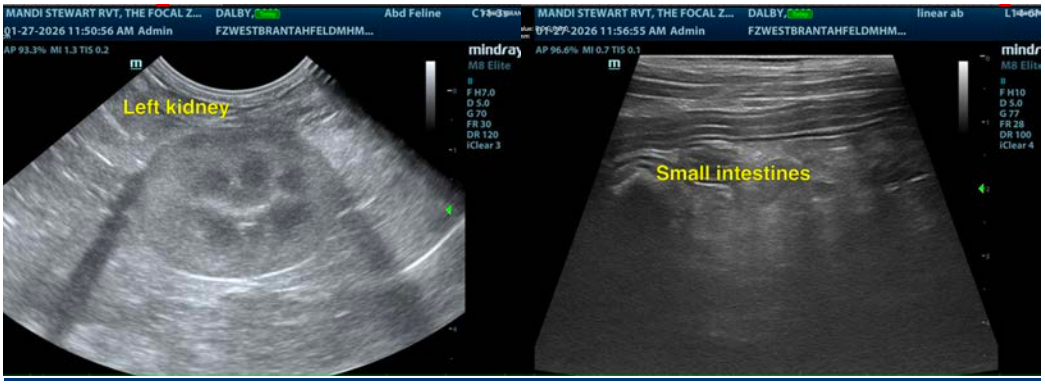
ULTRASONOGRAPHIC FINDINGS

- Large, complex left cranial and mid abdominal mass.
- Cavitated liver mass with multiple hyperechoic nodules.
- Mild aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive origin of the large, complex abdominal mass is uncertain. In multiple views it appears to be originating from the spleen, and splenic origin is likely. Splenic tumors are uncommon in cats, and it has the appearance similar to that of a complex pancreatic tumor or abscessed pancreatic tumor. FNA of the mass is recommended, and this may determine the organ of origin. Ultimately, removal is recommended pending aspirate results. This may be both diagnostic and curative. Abdominal CT prior to surgical intervention should be considered to further image and determine organ of origin.

The mass in the liver may be incidental and unrelated to the larger abdominal mass. Benign liver tumors are more common in a cat, and this tumor has the appearance of a biliary cystadenoma. Metastatic or malignant neoplasia cannot be excluded. FNA could be attempted, though there is the risk of bleeding and bile leakage. Consultation with a veterinary surgeon to discuss potential removal of both masses could be considered.



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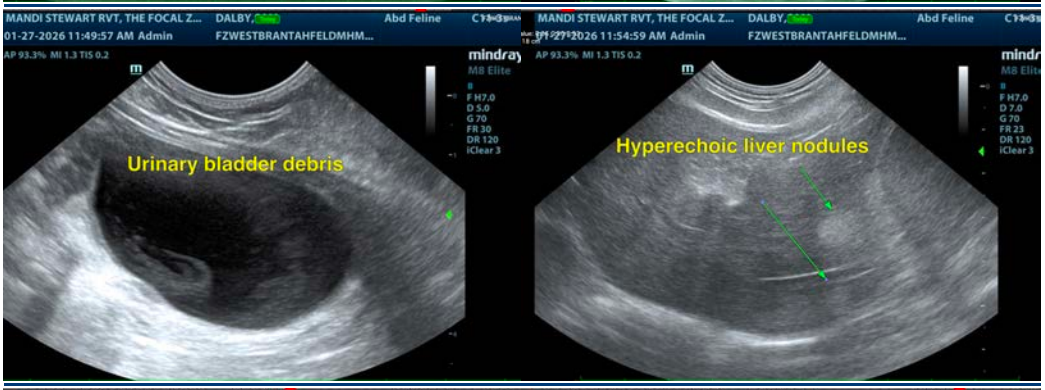

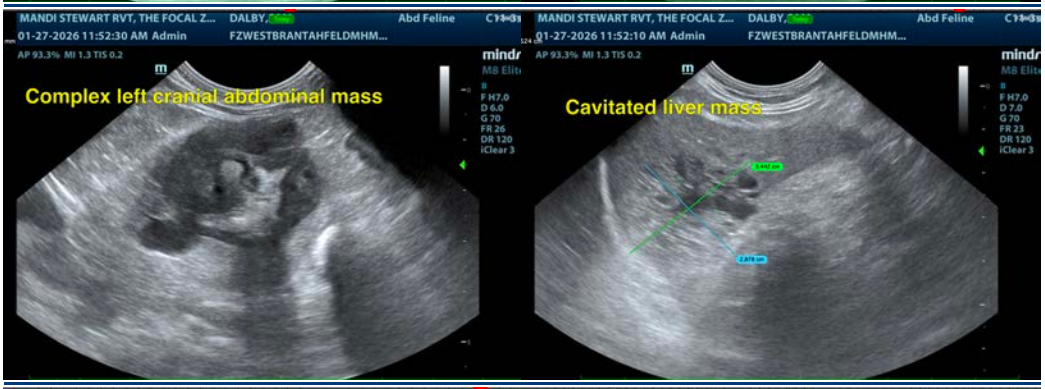

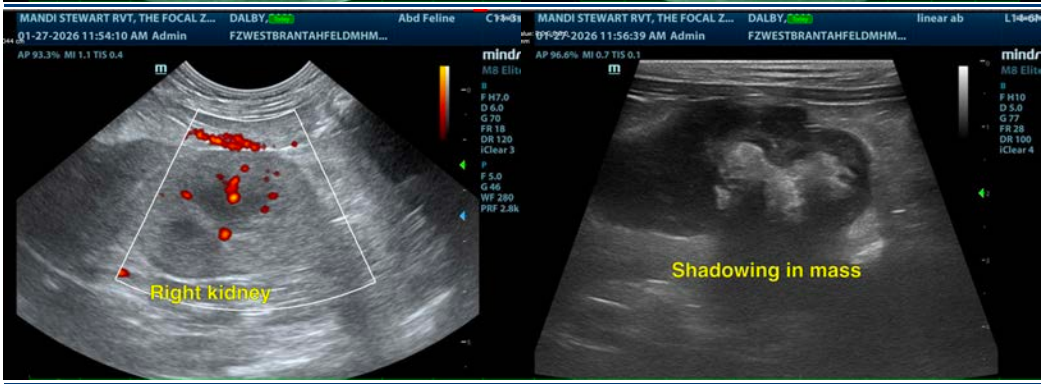

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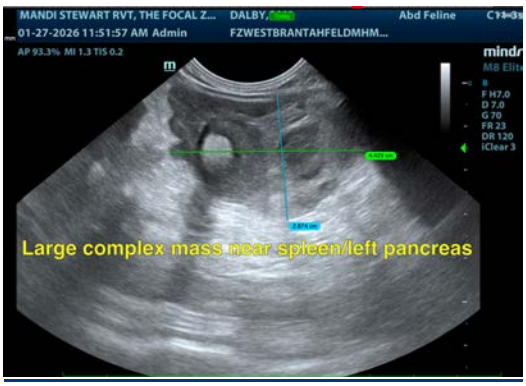

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com