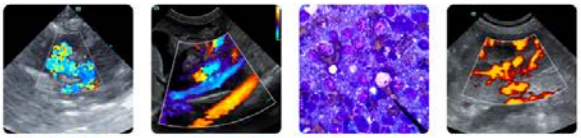

PATIENT

Kitty Torres

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

2.82 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bond Vet Montclair

REFERRING VET

Dr. Tyagi

INVOICE

72838

DATE

12/29/25

PRESENTING CLINICAL SIGNS

Mid abd mass, regenerative anemia. WT loss and anorexic.
Abnormal PE/Chem/CBC/UA Results: Anemia mild regenerative leuk.

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. Urine was anechoic. 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. Cortical mineralization is noted bilaterally. Left kidney measures 3.56 cm in length. Right kidney measures 3.41 cm in length.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.35 cm in thickness.

The right adrenal gland is visualized on still images only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Right measures 0.45 cm in thickness.

Spleen

The spleen had a hypoechoic parenchyma and a slightly irregular capsule with a solitary hyperechoic nodule visualized most consistent with benign myelolipoma. There was normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is heterogenous with a coarse appearance. A hypoechoic liver nodule is visualized in the left liver. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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.

In the mid abdomen near the level of the ICJ there is a large, complex, solid mass that appears to be associated with the GI tract measuring at least 4.5 cm x 3.1 cm. Multiple small intestinal loops are visualized with normal wall thickness and normal wall layering. Sections of colon are also visualized with normal wall layering and shadowing material consistent with fecal material.

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Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No free fluid.

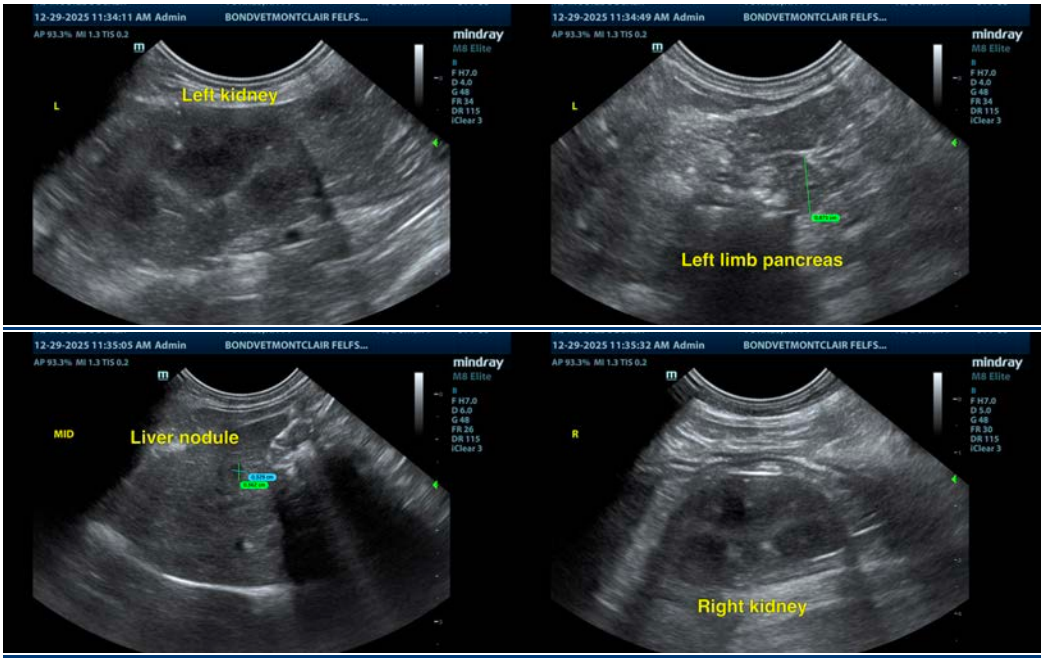
ULTRASONOGRAPHIC FINDINGS

- Large intestinal mass – suspect at the level of the ICJ.
- Mild aging renal changes.
- Splenic myelolipoma.
- Coarse liver with solitary hypoechoic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal mass appears to be intestinal in origin. FNA is recommended to further define. Ultimately, surgical resection may be both curative and diagnostic. The presence of mild liver changes is likely unrelated. However, the liver nodule may represent distant metastasis. The liver nodule was very small, and fine needle aspirate of this specific lesion may be challenging but could be attempted. I would not allow the presence of this nodule to prevent going forward with abdominal explore.

The hyperechoic nodule within the spleen is likely a benign myelolipoma, which is a common aging change.



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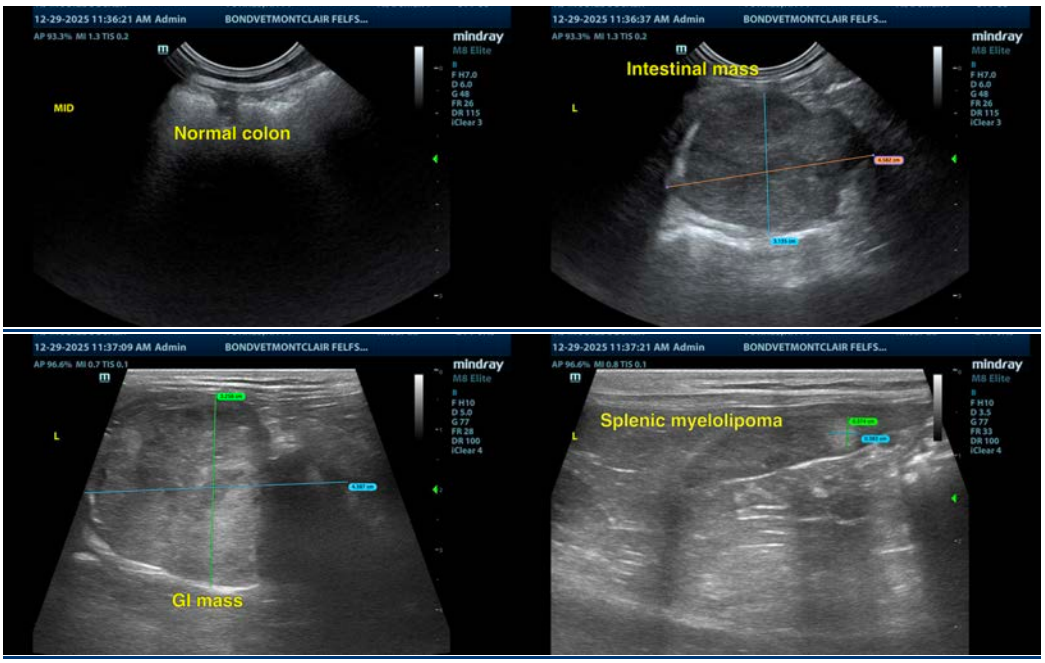

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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