

**PATIENT PRESENTING CLINICAL SIGNS**

Dax Grant

- Current Medications

**SPECIES**

Feline

- Gabapentin 100mg/ml - 0.35ml once daily
- Abnormal PE/Chem/CBC/UA Results: MCHC 365.0 (291.0 - 357.0 g/L) Monocytes 0.74 (0.04 - 0.47 x10<sup>9</sup>/L) Sodium 146 (147 - 157 mmol/L) Chloride 110 (114 - 126 mmol/L) ALT 898 (27 - 158 U/L) Spec fPL >50 (0.0 - 4.4 µg/L).

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Neutered Male

*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.

**AGE**

16 Years

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. The left kidney measured 4.07 cm in length. The right kidney measured 4.07 cm in length.

**WEIGHT**

15.2 Pounds

*Adrenal Glands*

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The left adrenal gland measured 0.28 cm in thickness. The right adrenal gland measured 0.38 cm in thickness.

**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*

In the area of the right liver, there is a roughly spherical irregular mass effect, measuring 4.5 cm x 4.9 cm, as described in the pancreatic section. It is unclear whether this mass is associated with right liver versus a true pancreatic mass. The remainder of hepatic parenchyma is normal.

**HOSPITAL NAME**

Hillview VC

**REFERRING VET**

Dr. P. Stevenson

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

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*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.

**DATE**

2/23/26

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



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layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. 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***

The left limb of the pancreas is hypoechoic and enlarged with surrounding hyperechoic mesentery. In the area of the right limb of the pancreas, there is a roughly spherical, irregular, heterogenous mass effect, measuring 4.5 cm x 4.9 cm. It is unclear whether this is associated with pancreatic tissue versus a pedunculated liver tumor.

***Lymph Nodes***

No clinically significant lymphadenopathy or abnormalities noted.

***Free Abdomen***

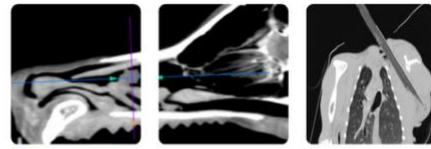
No masses or free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Large complex mass in the area of the pancreas and liver
- Left limb pancreatitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass effect in the area of the right liver and pancreas is of uncertain organ of origin. In some views, it appears to be arising from the right liver lobe, while in other views it appears to be abutting the right liver. The ultrasonographic appearance is more consistent with a pancreatic mass, so this cannot be definitively determined visually. FNA of the mass is strongly recommended to further define. Ultimately, abdominal explore with plan for resection could be considered, though I would recommend sampling prior, because prognosis may be significantly worse with a pancreatic mass.



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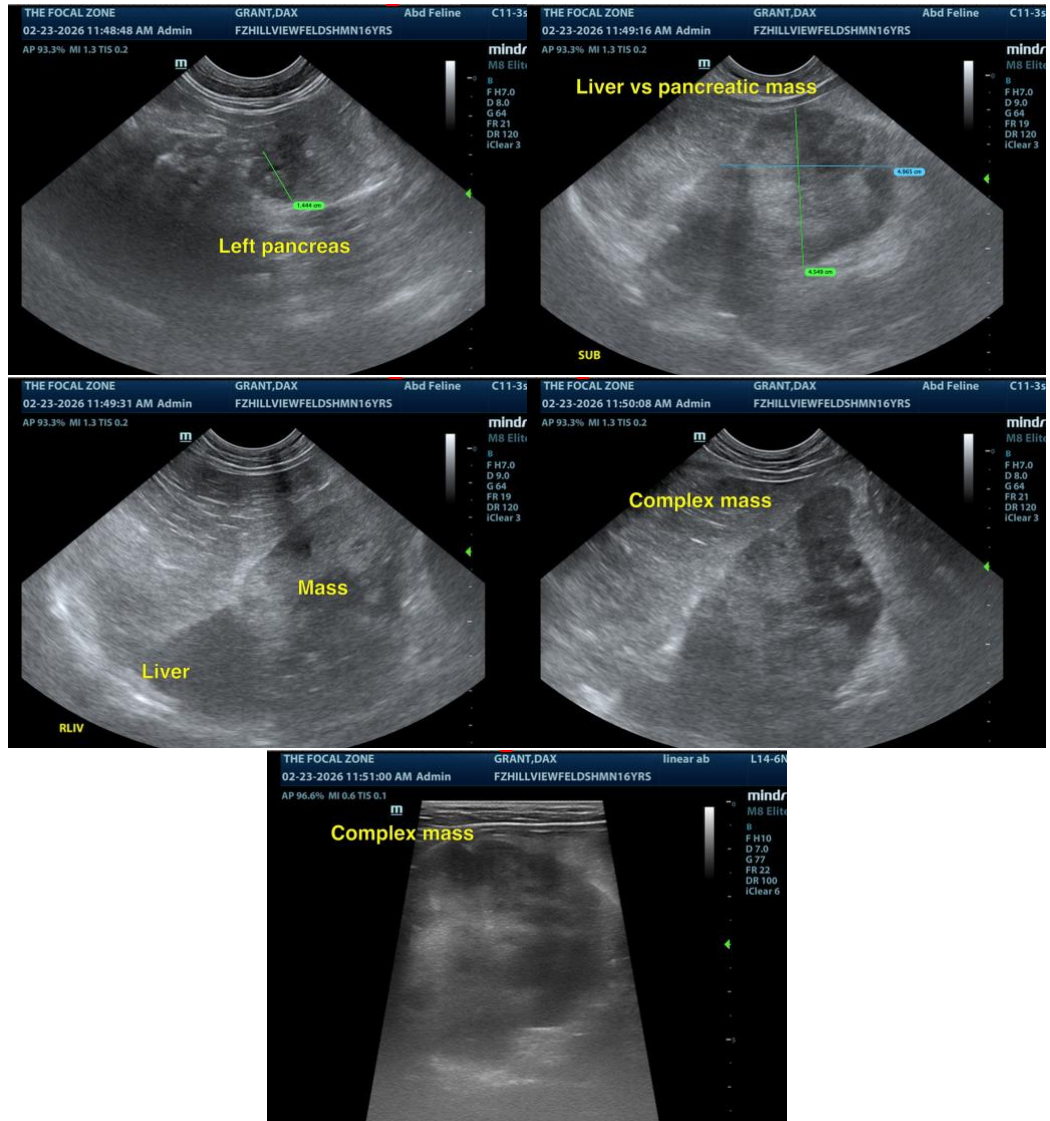
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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