



**PATIENT**

Snore Blackett

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

4kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschcny

**HOSPITAL NAME**

Snelgrove Veterinary  
 Services

**REFERRING VET**

Dr. Somal

**INVOICE**

73322

**DATE**

2/27/26

**PRESENTING CLINICAL SIGNS**

Suspected abd mass. Weight loss.

Abnormal PE/Chem/CBC/UA Results: Urine and blood work NAF - except decreased Urea and slightly decreased HCT

**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 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 kidney measures 3.12 cm. Right kidney measures 3.63 cm.

**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 0.36 cm in thickness.

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measures 0.30 cm in thickness.

**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.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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 ingesta. 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with ingesta and gas throughout. 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.



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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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**

The pancreas is not distinctly visualized. There is a mass in the area of the left limb of the pancreas.

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**Free Abdomen**

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

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In the left cranial abdomen between the liver, stomach, and spleen there is a large, roughly ovoid cavitated mass measuring at least 6.4 cm x 3.2 cm. It is not definitively attached to a specific organ. It may represent splenic, pancreatic, or liver tissue, or may be an omental, mesenteric, or free abdominal mass.

**AGE**

12 Years

**ULTRASONOGRAPHIC FINDINGS**

- Cavitated ovoid mass in the left cranial abdomen.

**WEIGHT**

4kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass in the cranial abdomen is not visibly definitively attached to any specific organ. It may represent a hepatic or pancreatic mass. The spleen is considered less likely, but a pedunculated splenic mass cannot be completely ruled out. It may also represent a free floating mass of the omentum, mesentery, or other structure. FNA could be attempted to further defined, though the cystic/cavitated nature of the mass makes a non-diagnostic sample more likely. It has the appearance of a cystic biliary adenoma but does not appear overtly attached to the liver. Abdominal CT may be of use to further visualized and establish attachment to a specific organ. Ultimately, abdominal explore with plan for attempt at resection may be both diagnostic and curative.

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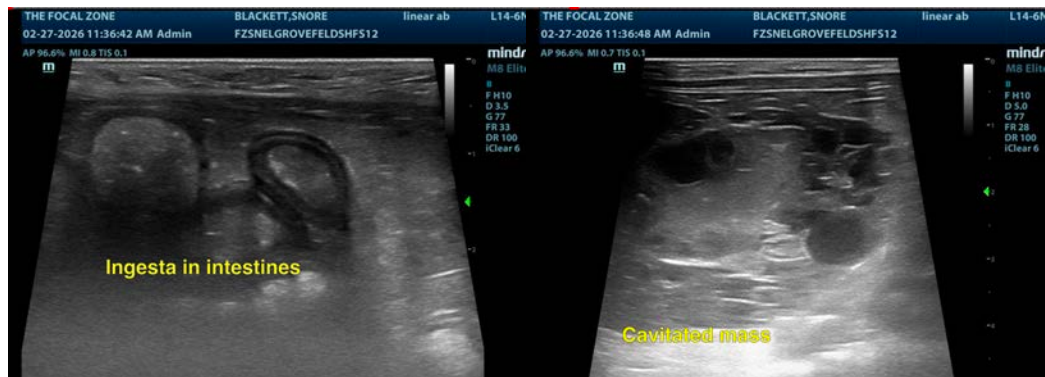
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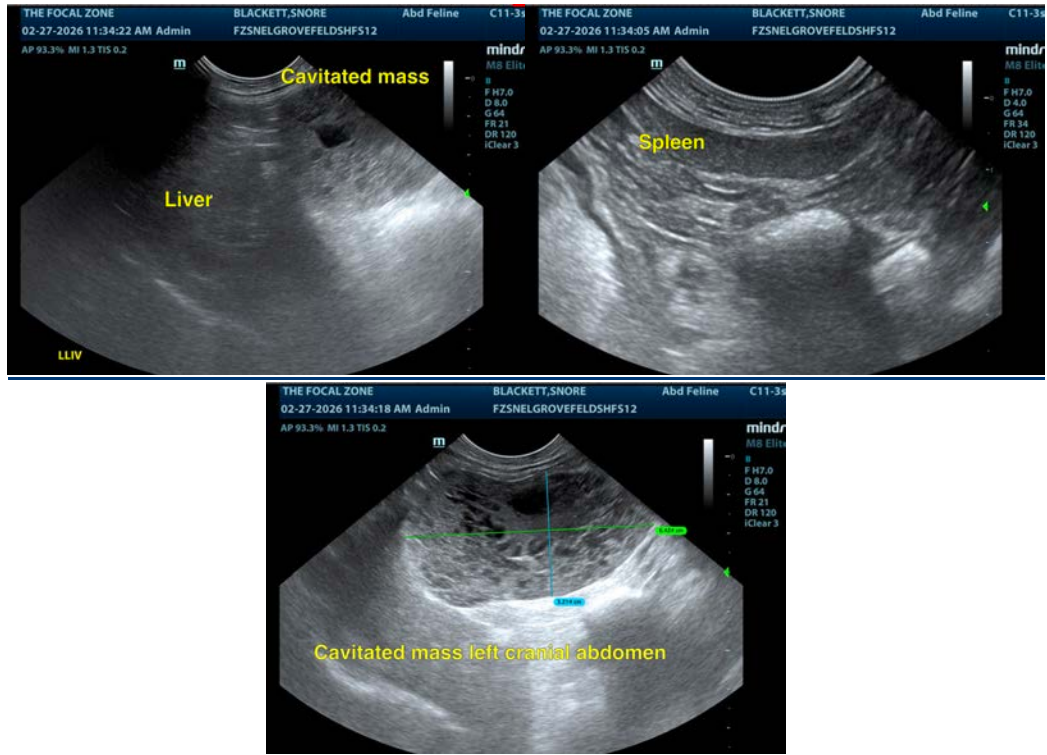
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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