



PATIENT

Sarabi Lisi

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

11 Years

WEIGHT

8.2 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Denville Animal
Hospital

REFERRING VET

Dr. Reddy

INVOICE

73658

DATE

3/13/26

PRESENTING CLINICAL SIGNS

Small round soft tissue mass cranial abd. small renal.

Abnormal PE/Chem/CBC/UA Results: sdma-17

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 measures 3.55 cm. Right measures 3.51 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 0.31 cm in thickness. Right measures 0.29 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 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is diffusely mildly increased and wall layering is distinct with a prominent muscularis layer. There were no focal lesions consistent with obstruction or a mass effect observed.

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 entire visible pancreas is severely enlarged, nodular, and hypoechoic, concerning for diffuse pancreatic neoplasia. A specific mass effect within the pancreas is not visualized.

Free Abdomen

An ovoid structure deep to the bladder near the colon is suspected to represent a colic or sublumbar lymph nodes. It is rounded, hypoechoic, and mildly enlarged, measuring 0.37 cm x 0.66 cm. Multiple perisplenic lymph nodes are enlarged.

There are multiple hypoechoic nodules noted throughout the omentum, concerning for metastatic nodules.

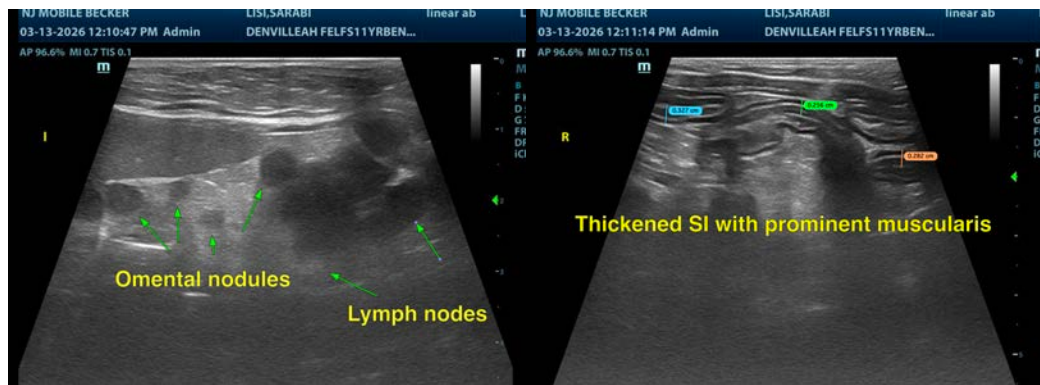
No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Significantly enlarged, nodular pancreas – most consistent with pancreatic neoplasia.
- Multifocal omental nodules concerning for metastatic nodules.
- Multicentric abdominal lymphadenopathy.
- Thickened small intestines with prominent muscularis.
- Low end normal renal size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreatic changes are most concerning for pancreatic neoplasia, with pancreatic carcinoma being a top differential. The presence of multiple nodules throughout the omentum is concerning for metastatic spread of carcinoma. FNA of the mass effect in the area of the pancreas (suspect a pancreatic mass) could be considered to further defined. Pancreatic tissue does not always aspirate well, and ultimately biopsy is sometimes needed for more definitive diagnosis, so this would be an invasive step.





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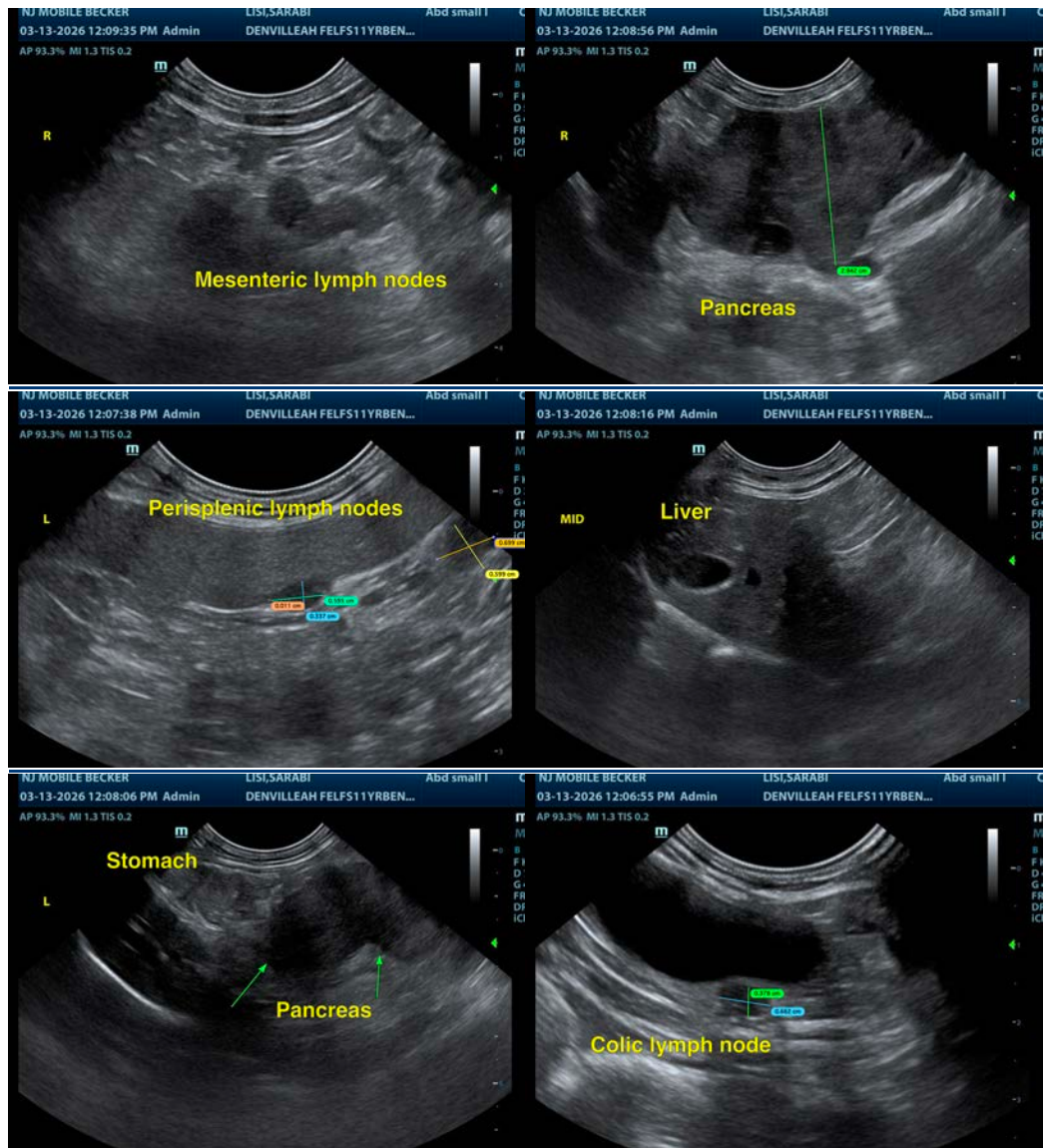
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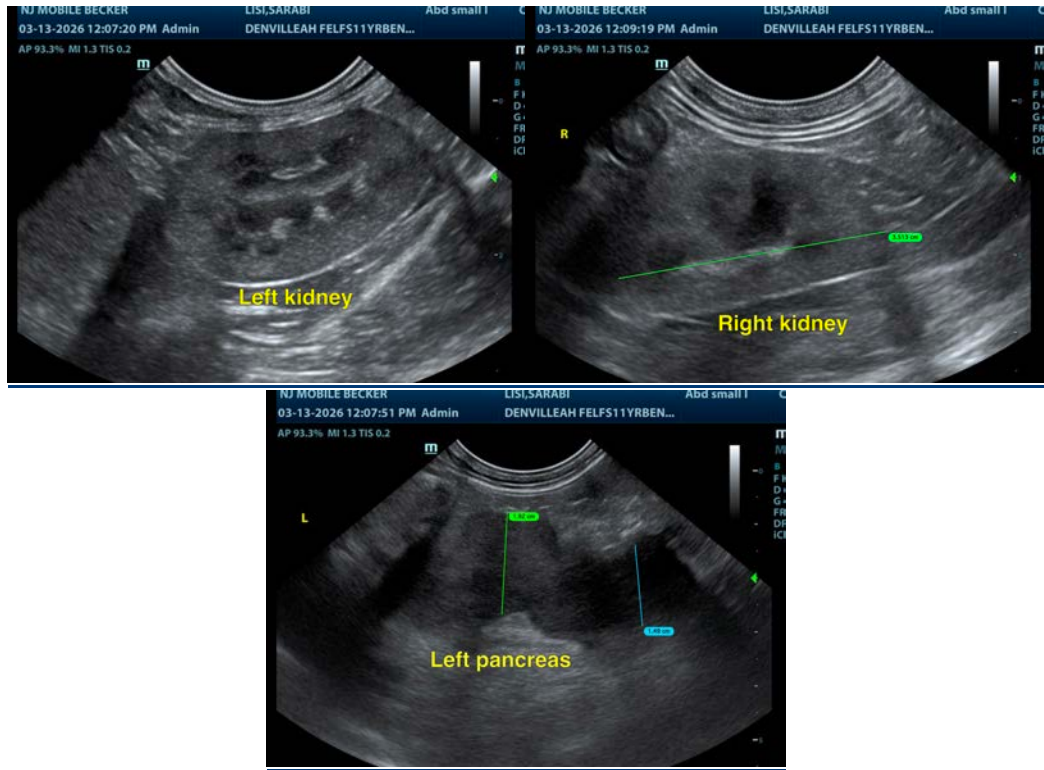
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com