



PATIENT

Shadow Lauder

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

3.61 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Fairview Animal Clinic

REFERRING VET

Dr. Combe

INVOICE

73947

DATE

3/24/26

PRESENTING CLINICAL SIGNS

Presented for check ear, on exam a firm mass palpated cranial abdomen, non painful. Generalized decrease in muscle mass noted on exam. No concerns mentioned from o about changes at home

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 bilaterally enlarged, with other normal structure, 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 4.66 cm. Right kidney measures 5.2 cm.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 0.43 cm in thickness. Right measures 0.38 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

On the periphery of what is labeled as "right liver" there is a hyperechoic mass measuring at least 2.0 cm x 2.5 cm with a cavitated area in the center of the mass.

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 gas and ingesta 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.

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

In the area of the left limb of the pancreas, abutting but not distinctly associated with the spleen, is a spherical heterogeneous mass measuring at least 4.0 cm x 3.6 cm. The mass has an appearance most consistent with a pancreatic mass. In the area of the right pancreas there is tissue with a convoluted tubular structure suspected to represent a tortuous right pancreatic duct. Near the area of the duodenal papilla there is an approximately 2.0 cm x 2.2 cm fluid filled structure consistent with a peripancreatic or pancreatic fluid accumulation.

Free Abdomen

No clinically significant lymphadenopathy.

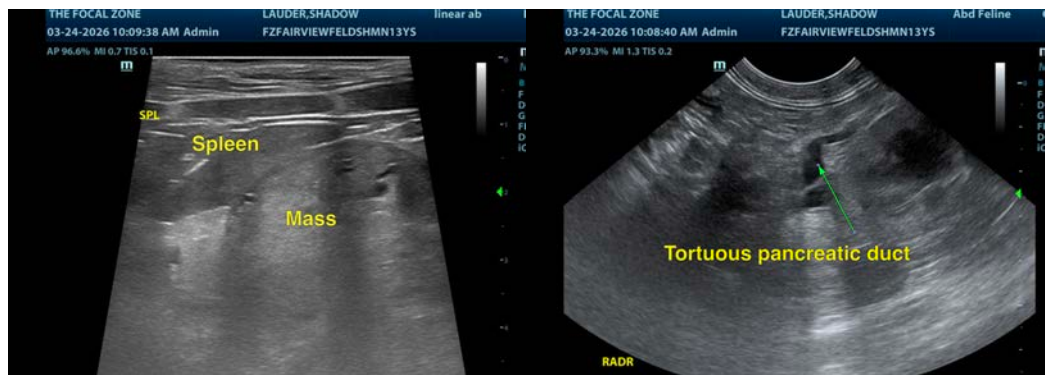
ULTRASONOGRAPHIC FINDINGS

- Large mass – suspect pancreatic in origin.
- Peripancreatic fluid filled structure.
- Dilated right pancreatic duct.
- Liver mass.
- Bilateral renomegaly – uncertain of clinical significance.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal mass is most consistent in location and appearance with pancreatic tissue and is suspected to be a pancreatic mass. Pancreatic carcinoma is the most likely neoplasm in this area. I suspect that neoplastic tissue is causing obstruction of the right pancreatic duct, leading to the tortuous right pancreatic duct and peripancreatic fluid accumulation, which is likely a pancreatic cyst.

The liver mass is concerning for a metastatic lesion, though a separate benign or metastatic neoplasia remains possible. FNA of both the suspected pancreatic mass and liver mass is recommended to further define. Ultimately, abdominal CT and/or abdominal exploratory surgery should be considered.





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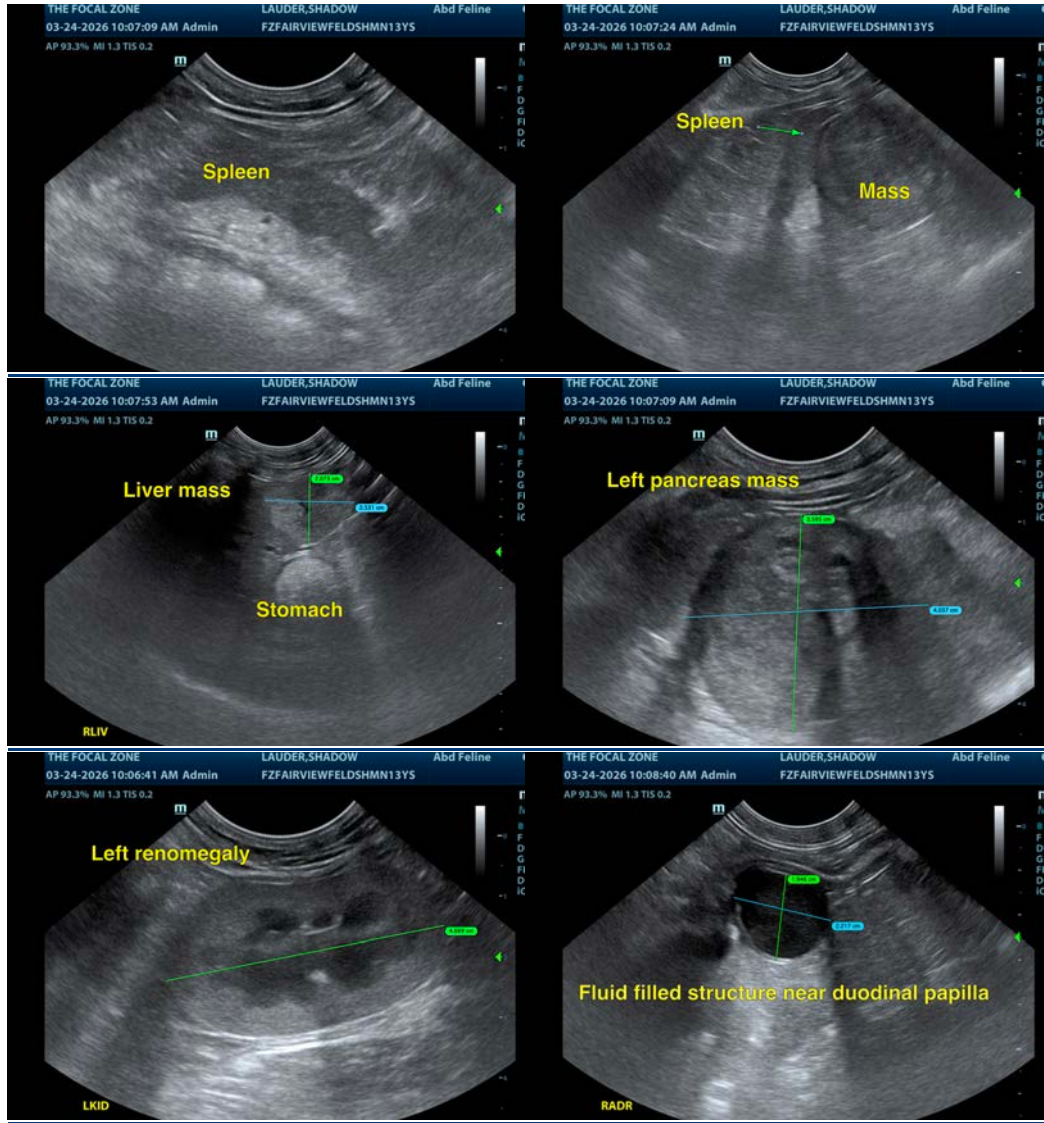
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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