PATIENT

Oliver Henderson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

4.66 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Southwood Animal Hospital

REFERRING VET

Dr. Patel

INVOICE

15135

DATE

04/16/26

PRESENTING CLINICAL SIGNS

Presented fro anorexia, no v/d/c/s. BW- Increased pancreatic enzyme

Current Medications: Mirtazapine, buprenorphine, Clavamox

Abnormal PE/Chem/CBC/UA Results: Increased Precision PSL, Neutrophilia, Eosinophilia Radiographic Findings n/a Primary Question to Be Answered in This Exam to r/o Neoplasia, pancreatitis

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. The left kidney measured 4.11 cm in length. The right kidney measured 4.22 cm in length.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The left adrenal gland measured 0.29 cm in thickness. The right adrenal gland measured 0.33 cm in thickness.

Spleen

The spleen is generally normal in size, shape, and position. There is a hypoechoic nodule with a hyperechoic center measuring approximately 7.3 cm by 7.8 cm. The nodule is partially distorting the spleen capsule.

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 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

Pancreas left limb is enlarged and hypoechoic with surrounding hyperechoic mesentery. No fluid accumulations visualized. No mass effect consistent with pancreatic neoplasia visualized.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

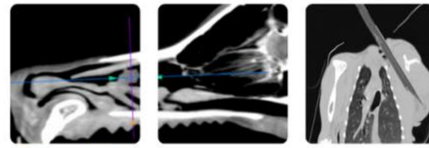
ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic changes are consistent with acute pancreatitis. Measurement of PLI is recommended to further support diagnosis. Treatment for pancreatitis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition. Antibiotics are generally not warranted for acute pancreatitis as it is generally sterile. Serial imaging is indicated if clinical signs are not resolving to assess for possible progression to pancreatic abscessation or post hepatic bile duct obstruction.

Splenic nodule is small but has the ultrasonographic features concerning for a mass. It may represent neoplasia or may be a benign growth such as a hemangioma or hematoma. FNA is recommended. Consideration for splenectomy is reasonable given the aggressive nature and rapid progression of hemangiosarcoma, though this nodule does not overtly have the appearance of aggressive neoplasia. Repeat ultrasound evaluation (every 2-3 months) for progression or resolution could alternatively be considered, though this increases the chances of spread if malignant neoplasia is the underlying cause.



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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