



PATIENT

Bernie Smith

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

5.5 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Cat Clinic
 Hamilton

REFERRING VET

Dr. Junaid

INVOICE

15413

DATE

04/24/26

PRESENTING CLINICAL SIGNS

Significant weight loss, E/D ok, seems slower. Has been on Buprenorphine and Cerenia and Mirtazapine.

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. Mobile debris present in the urinary bladder. 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 4.33 cm in length. The right kidney measured 4.58 cm in length.

Adrenal Glands

Left adrenal gland was visualized and measured on still image only. Resolution is inadequate to assess glandular detail or confirm measurement. The left adrenal gland measured 0.43 cm in thickness.

The right adrenal gland was not distinctly visualized.

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 gas throughout with no overt distension. 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 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.

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Pancreas

The left limb of the pancreas is prominent and hypoechoic with a slightly irregular capsular margin. Near the stomach, there is a peripancreatic mass effect measuring approximately 1.4 by 1.9 cm. There is a second lobulated peripancreatic mass effect near the left limb measuring 1.57 by 2.47 cm.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

No masses or free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Lobulated peripancreatic mass effects.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of surrounding tissue of the left pancreas is unusual. There are multi-lobulated areas which appear mass-like. These may all represent pancreatic tissue or may represent peripancreatic lymph nodes, though the echogenicity appears more consistent with pancreatic tissue.

FNA of the tissue is recommended to further define. Unfortunately, pancreatic tissue does not always exfoliate well. Aspirate technique is recommended if attempted. Non-diagnostic samples remain common despite proper sampling technique. Ultimately, biopsy may be required for a more definitive diagnosis. Pancreatic carcinoma would be a concern given findings in this area.

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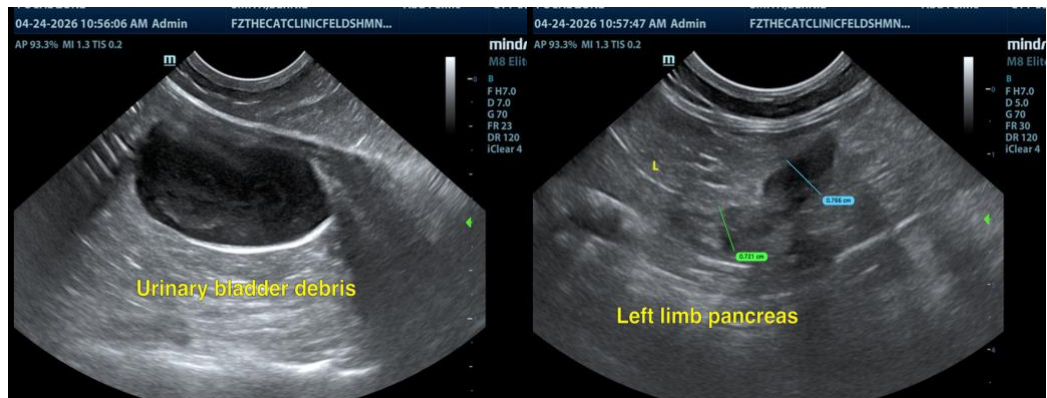
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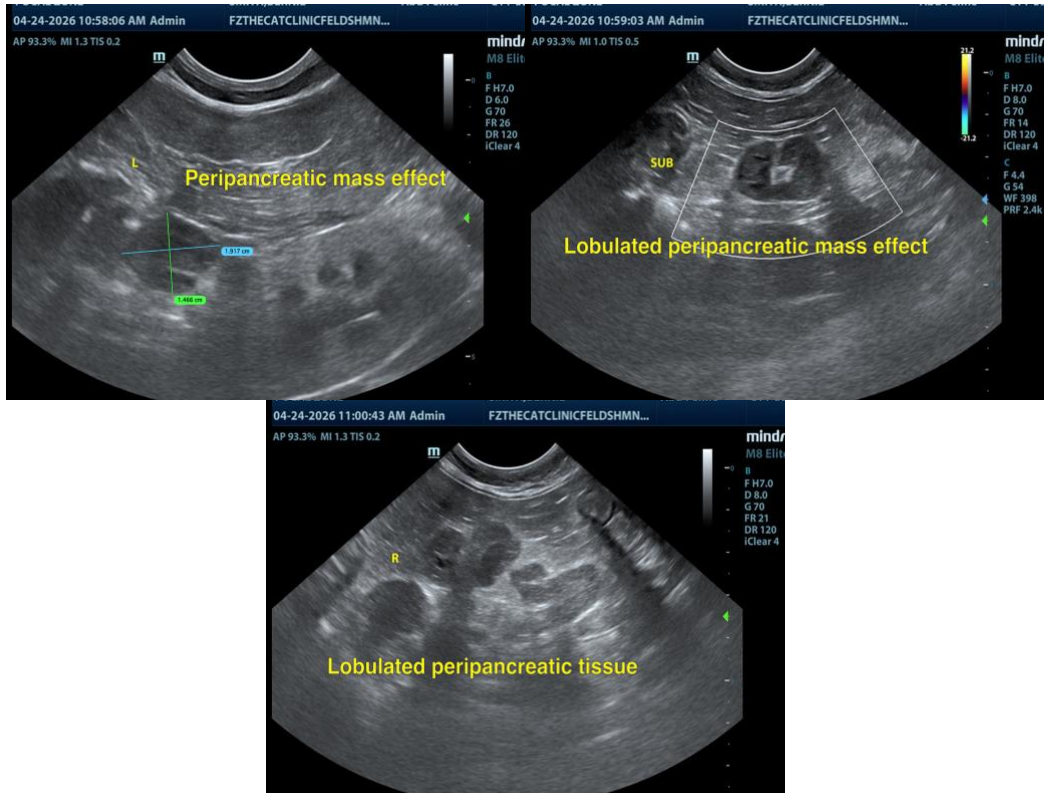
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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