



PATIENT

Sindle Brockway

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.6 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

15593

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Diagnosed hyperthyroid 3 months ago. No improvement with treatment. Chronic decreased appetite, vomiting, over grooming. mm pale pink and tacky. Slightly reactive with abdominal palpation, no palpable abnormalities. Very fearful. Mildly decreased muscle condition, overweight

Abnormal PE/Chem/CBC/UA Results: BW from rDVM 4/24: Urine: RBC 10-15/HPF, protein + Urine Creat ratio: 0.1 CBC: HCT 30.3 (L), MCHC 37.6 (L) Chem: BUN 14 (L), Bicarb 23 (H), Total protein 5.5 (L), Globulin 2.9 (L), ALT 16 (L), AST 15 (L), Alb 2.6 (low normal), CPK 61 (L) HAEC 4/30: Chem15/Lytes: K 3.3 (L), ALT < 10 (L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.45 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.33 cm width. The right adrenal gland measured 0.49 cm width.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen measured 1.0 cm width.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The left **pancreas** in this patient revealed a cystic and nodular mass measuring approximately 3.5 cm. The mass was nodular, irregular and peripherally inflamed. The mass does not appear necessarily neoplastic. Differentials include carcinoma, necrosis +/- abscessation, pancreatic lymphoma less likely. The right base of the pancreas was also enlarged, nodular, hypoechoic and mildly irregular. Slight amounts of free fluid were noted with enhanced mesentery. This may be a perineoplastic or inflammatory based fluid.

Free Abdomen

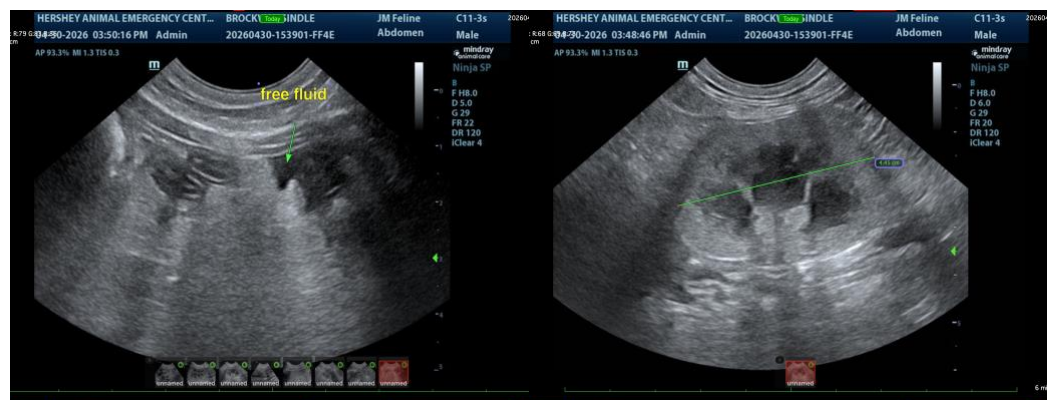
Reactive mesentery was noted throughout the mid abdomen.

ULTRASONOGRAPHIC FINDINGS

- Left pancreatic mass.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided 25-gauge FNA of the pancreatic mass is recommended as well as the right pancreatic limb. Prognosis is guarded depending upon FNA results.





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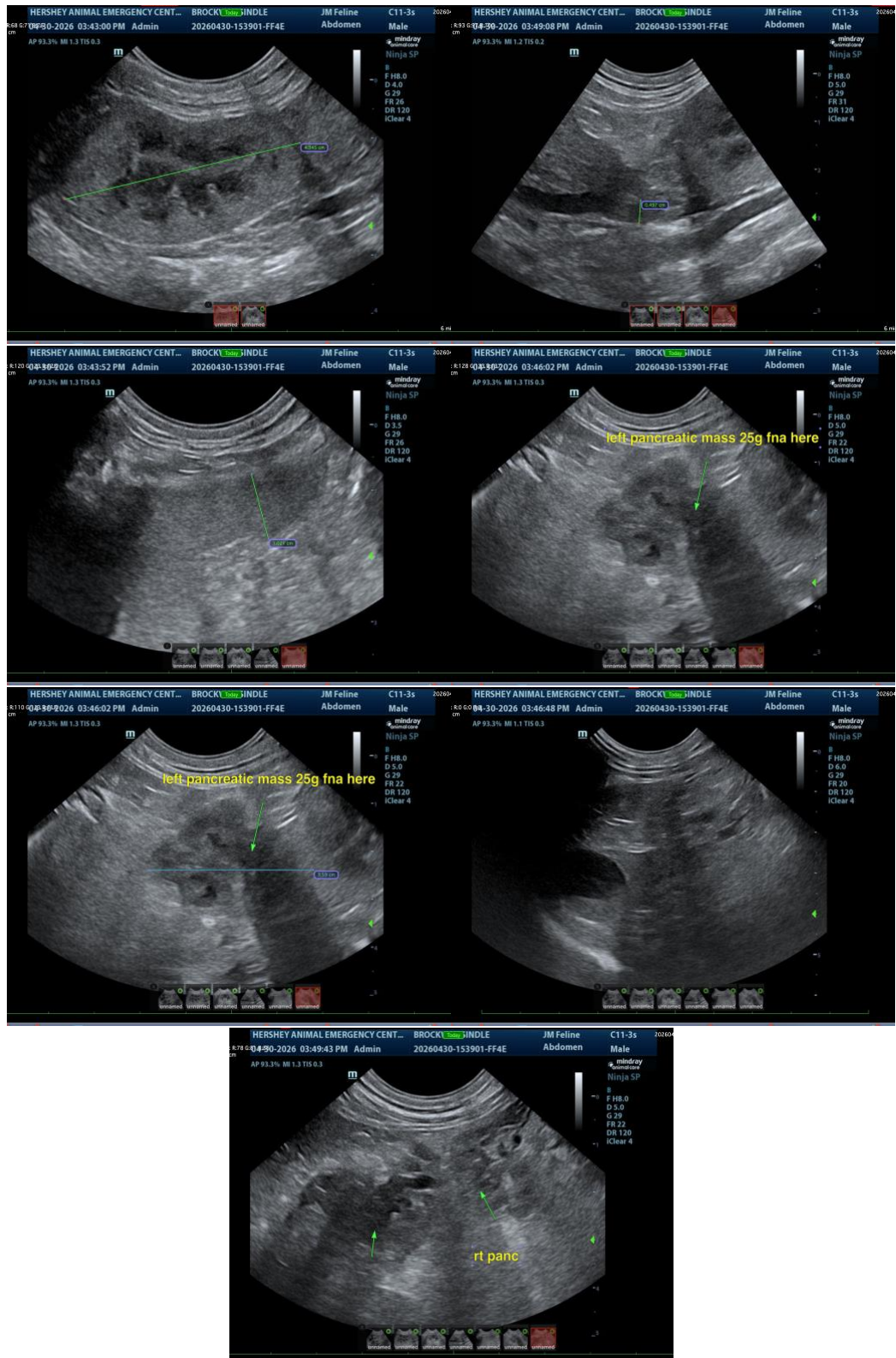
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

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