



**PATIENT**

Arry Matson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

9.1 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital of  
 Lake Brandt

**REFERRING VET**

Dr. Brown

**INVOICE**

73727

**DATE**

3/17/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to weight loss and vomiting. Elevated pancreatic Lipase. P has several cystic mammary masses.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (3.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.2 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.0 mm in width.

**Spleen**

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

**Liver**

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern. No evidence of metastatic disease seen within the liver.

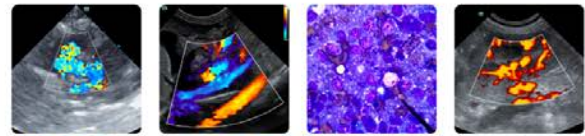
The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

**Pancreas**

The right limb of the pancreas is diffusely hypoechoic, large, and irregular in shape, measuring 1.2 cm in width with moderate surrounding steatitis. Pancreatic ducts are mildly to moderately distended. In the left limb of the pancreas there is a 1.3 cm x 1.1 cm hypoechoic lesion within the body of the left limb. No surrounding hyperechoic fat noted around this lesion.



**PATIENT**

**Free Abdomen**

Arry Matson

Mesenteric lymphadenopathy is present. A representative node measures 7.0 mm x 5.4 mm. The appearance of the nodes are rounded and hypochoic.

**SPECIES**

No free abdominal fluid is seen.

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Mesenteric lymphadenopathy – Concerning for neoplasia such as metastatic mammary neoplasia or possibly round cell neoplasia. Less likely these lymph nodes are reactive.

DSH

- Hypochoic pancreas – This may be pancreatic hyperplasia or may represent pancreatic carcinoma.

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spayed Female

Recommend ultrasound guided FNA of the larger pancreatic lesion in the left limb and submission for cytology to help determine etiology.

**AGE**

Recommend ultrasound guided FNA of the enlarged mesenteric lymph nodes and submission for cytology.

12 Years

**WEIGHT**

If these diagnostics are inconclusive or unable to be obtained, then recommend CT scan of the abdomen to further evaluate for the possibility of metastatic mammary neoplasia. Also recommend 3-view chest radiographs to rule out pulmonary metastatic disease.

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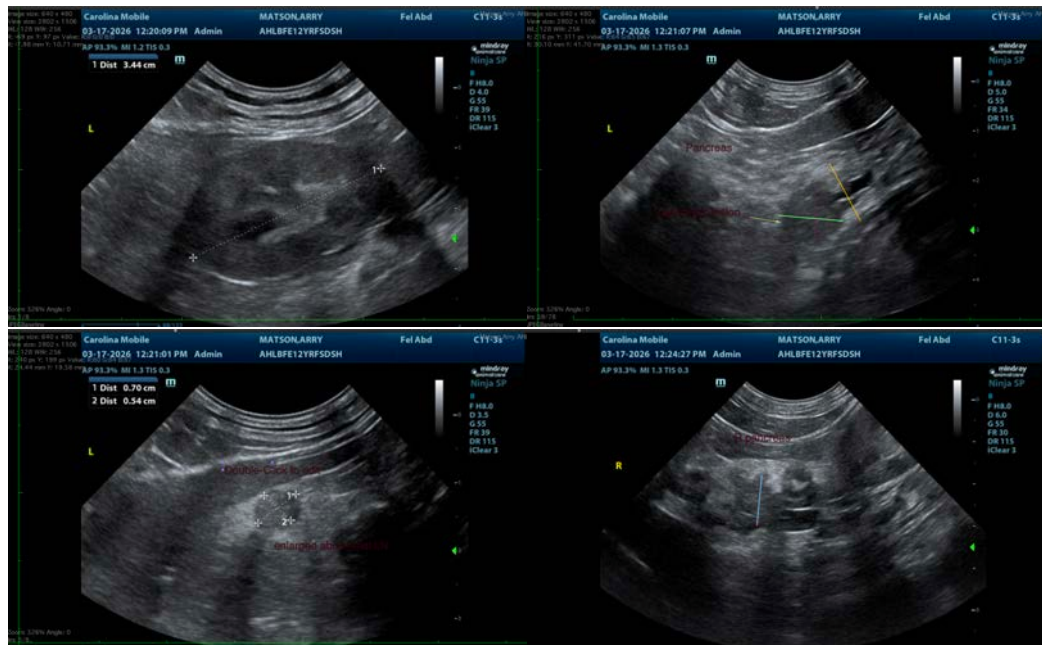
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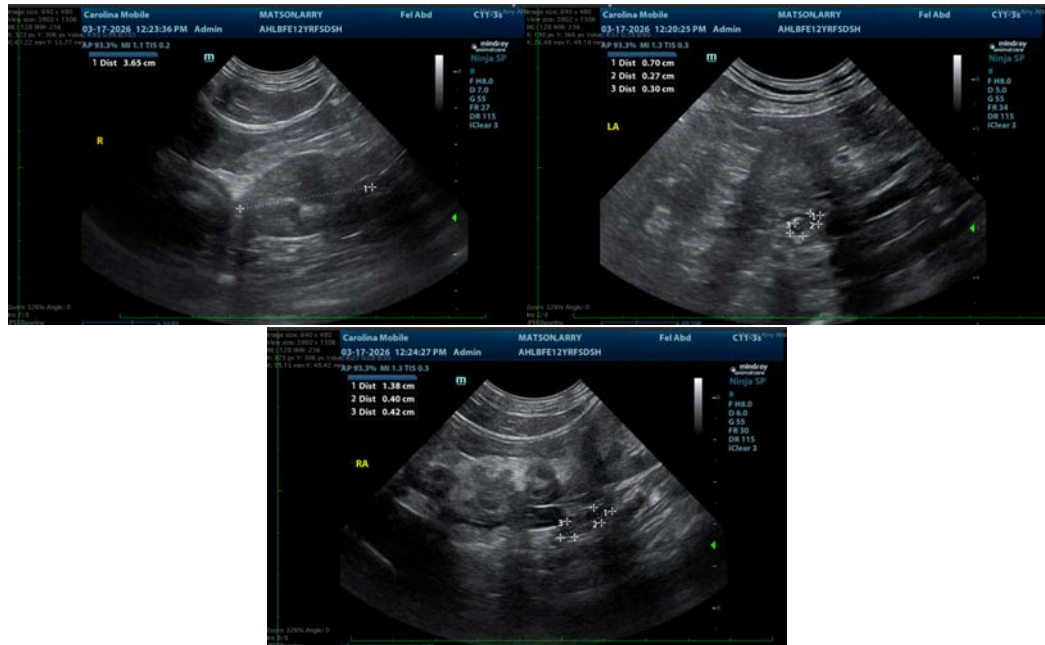
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist  
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