



PATIENT

Mama McCloskey

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

3.59 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Clarkson Village
 Animal Hospital

REFERRING VET

Dr. Mundi

INVOICE

74463

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Presented 02/04/26 for decreased appetite/energy, weakness on legs and weight loss. Had been going on for 4 days, no c/s/v/d, decreased appetite, increased drinking - past 6m, otherwise, normal UM/BM, not on any meds or supplements. Heat seeking more recently. hx of overgrooming abdomen, housemate/brother that was FeLV +, since pasted 6yrs ago. P tested negative in 2025.

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. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.2 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 2.0 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 2.0 mm in width.

Spleen

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

Liver

The liver is mildly diffusely enlarged and hyperechoic with rounded margins.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

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

Pancreas

The left limb of the pancreas can be identified and is diffusely hypoechoic. It is mildly enlarged in size at 9.5 mm in width. No significant surrounding hyperechoic fat. At the distal most aspect of the left limb of the pancreas there is a hypoechoic irregularly shaped mass lesion present that measures 3.0 cm x 4.2 cm. This mass lesion appears to be associated with the left limb of the pancreas.



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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic mass lesion – Differentials include most likely neoplasia, specifically pancreatic carcinoma, less likely an abscess or hyperplasia. The mass is not cystic in nature, so an abscess is not highly suspected.
- Enlarged, hyperechoic, rounded liver – Consistent with possible hepatic lipidosis.

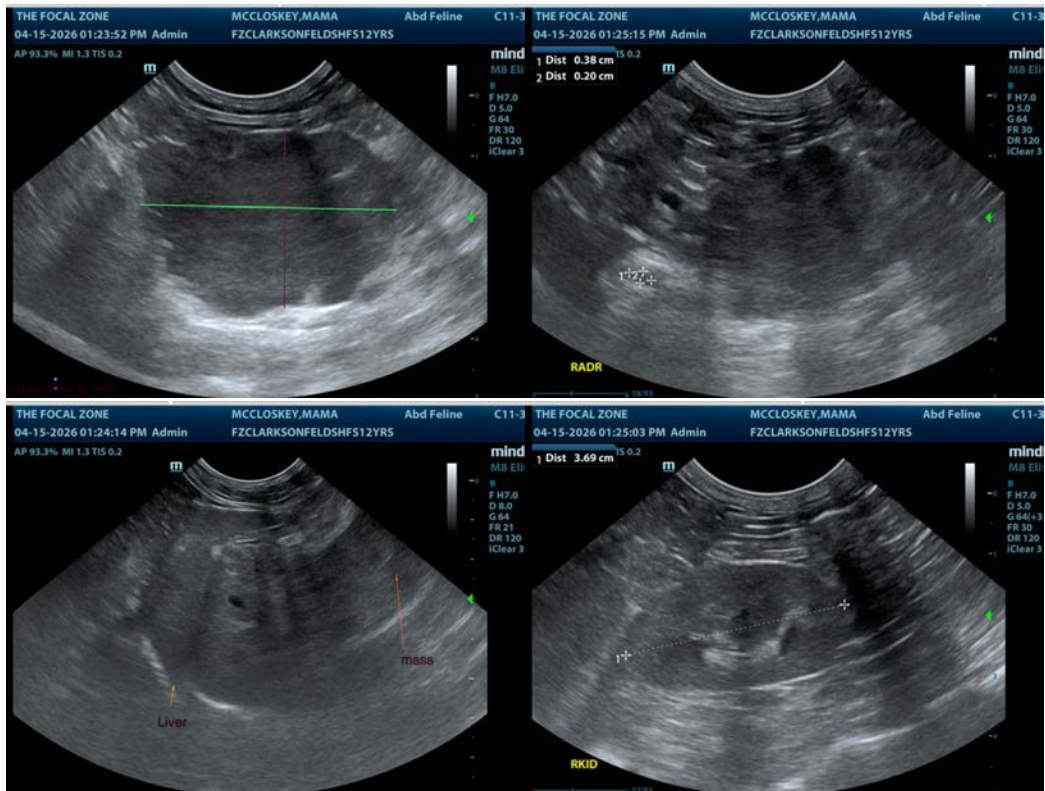
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

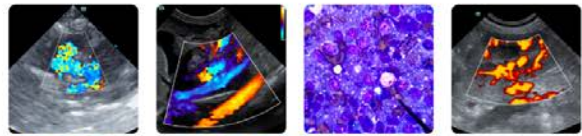
The pancreatic mass is most likely the cause of the patient's clinical signs. Recommend fine needle aspirate of the mass, submitting for cytology to help determine exact etiology.

Consider a fine needle aspirate of the liver to confirm hepatic lipidosis and to rule out round cell neoplasia such as lymphoma as cause of appearance of liver.

Prognosis is guarded at this time pending results of cytology.

It is of note that cats with pancreatic carcinoma are often known to over groom their abdomen. Recommend 3-view chest radiographs to rule out pulmonary metastatic disease.





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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)

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