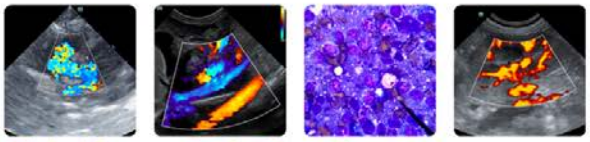


PATIENT

Sophia Centeno

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

9.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch Animal Hospital

REFERRING VET

Dr. Elaina Petrone

INVOICE

75331

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Acute anorexia, vomiting, lethargy, abdominal pain. Azotemia likely pre-renal. History of hyperthyroidism managed on methimazole. History of possible diabetes-not treated.

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 measures at low end of normal (3.0 cm) with markedly irregular shape and a large divot out of the caudoventral aspect, most likely due to previous infarction. Moderate to marked loss of corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted

The left kidney measures at low end of normal (3.1 cm) with normal shape and architecture. There is moderate to marked loss of corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The adrenal glands were not clearly seen.

Spleen

The spleen measures at the upper end of normal limits at 7.0 mm in width. It is diffusely hypoechoic with mildly scalloped margins.

Liver

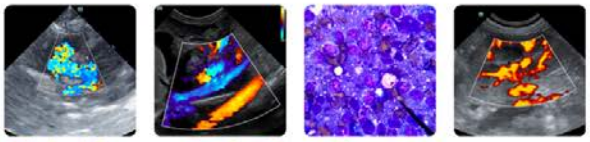
Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. The proximal common bile duct measures 2.4 mm in width, which is within normal limits. On one view there appears to be a 5.4 mm mildly shadowing cholelith present in the proximal common bile duct. The gallbladder does not appear obstructed at this time.

Gastrointestinal

Diffusely, the gastric wall has normal layering and thickness, measuring 2.4 mm in width. The stomach is distended with a marked amount of hypoechoic fluid that contains echogenic material.

The jejunum is mildly thickened at 2.9 mm (normal feline jejunum should measure <2.8 mm). The muscularis is prominent. Within the proximal aspect of the descending duodenum there appears to be an intraluminal hypoechoic mass lesion within the wall that measures 6.5 mm x 12.2 mm. There is a marked



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amount of surrounding hyperechoic fat around this area. Scant pockets of free fluid are noted between intestines, too small to obtain sample.

Colon contains normal contents with normal wall thickness.

Pancreas

Diffusely the pancreas is enlarged at approximately 1.0 cm in diameter. It is diffusely markedly hypoechoic with a nodular echotexture and moderate to marked surrounding steatitis.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam.

ULTRASONOGRAPHIC FINDINGS

- Low end of normal renal size and loss of corticomedullary distinction bilaterally.
- Hypoechoic, mildly scalloped spleen.
- Hyperechoic hepatomegaly.
- Gallbladder debris and cholelith.
- Fluid distended stomach.
- Duodenal mass lesion with inflammation and free fluid.
- Enlarged, hypoechoic pancreas with surrounding steatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider starting Ursodiol to help facilitate clearance of the cholelith.

The appearance of the pancreas is most likely consistent with chronic intermittent pancreatitis and pancreatic hyperplasia, although pancreatic neoplasia such as pancreatic carcinoma cannot be ruled out. Consider a fine needle aspirate of the pancreas, submitting for cytology to rule out pancreatic neoplasia.

The appearance of the spleen may be normal variant due to inflammation caused by patient's current pancreatitis or possibly may indicate infiltrative neoplasia such as lymphoma or mast cell disease. Recommend aspirating the spleen for cytology to rule out infiltrative neoplasia.

The patient appears to have evidence of chronic kidney disease. Recommend full staging, monitoring and managing the patient per IRIS guidelines. Recommend submitting urine culture to rule out possible pyelonephritis as a contributor to the patient's renal disease and reported azotemia.

The appearance of the liver is consistent with possible lipid hepatopathy, less likely infiltrative neoplasia such as lymphoma. Recommend a fine needle aspirate of the liver with submission for cytology to help determine etiology of hepatic changes seen.

I suspect the patient has functional gastritis most likely due to inflammation caused by the patient's current pancreatitis.

It is possible that the duodenal mass lesion is causing an obstruction and is why the stomach is fluid distended. Differentials include possible neoplasia such as lymphoblastic lymphoma, mast cell disease, possible adenocarcinoma, leiomyosarcoma. Other differentials could be inflammation due to patient's pancreatitis. However, given that the feline species rarely contracts primary pancreatitis, it is suspected that the mass lesion in the proximal descending duodenum is neoplasia causing regional inflammation

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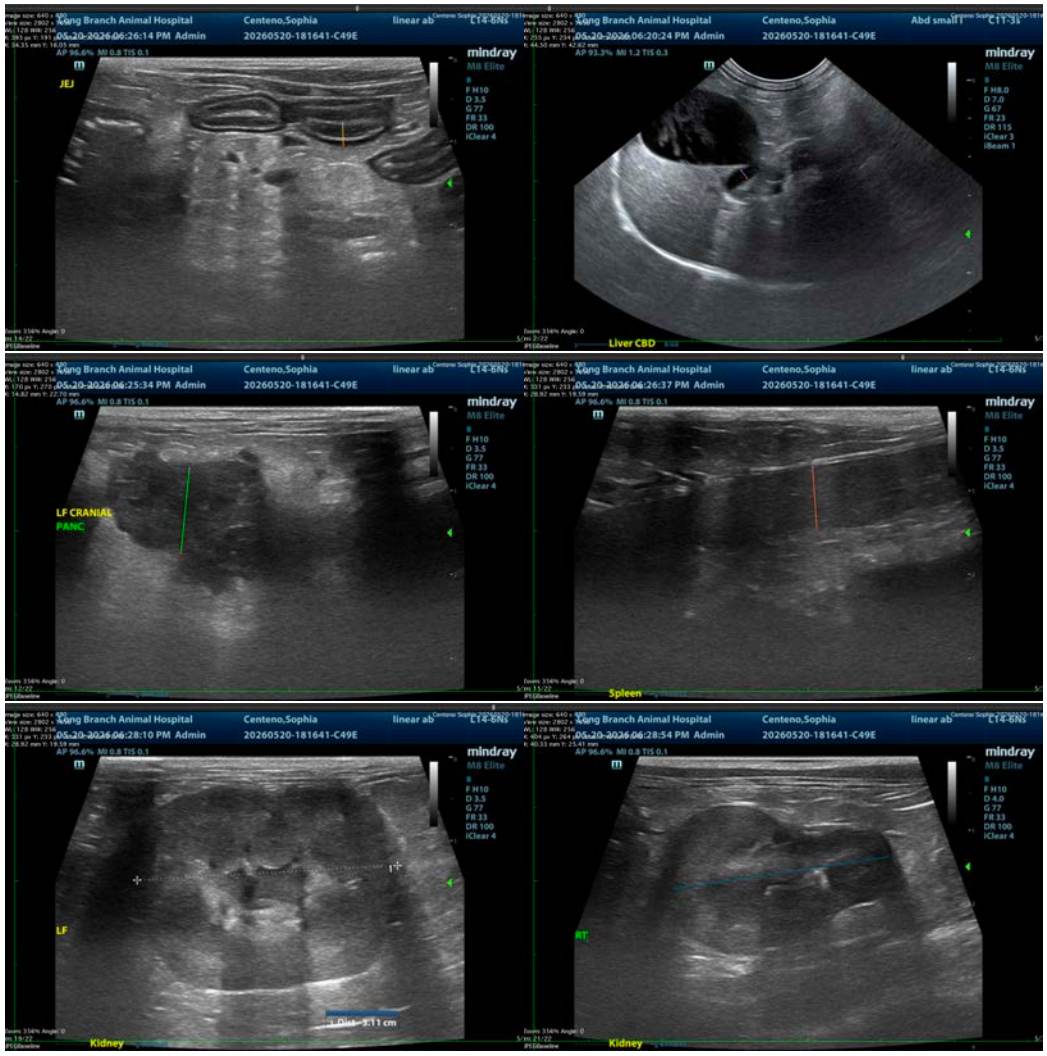
and resulting in pancreatitis rather than pancreatitis causing inflammation leading to the thickening of the duodenum. Recommend ultrasound guided fine needle aspirate of this abnormal area of duodenum, submitting for cytology. If cytology is inconclusive, either surgical or endoscopic biopsies are recommended.



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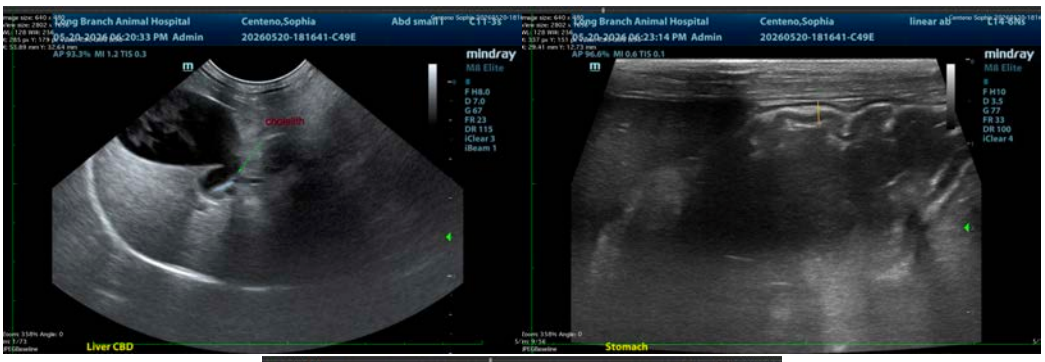

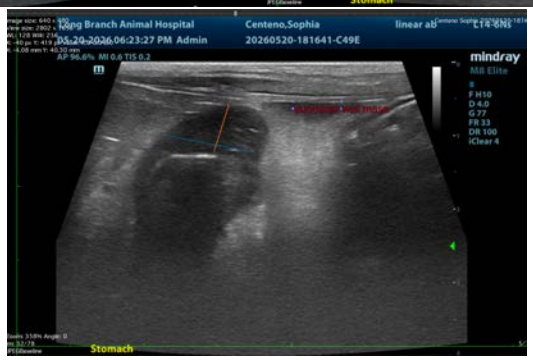

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com