



## PATIENT

Lola Viall

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

16 Years

## WEIGHT

6 lbs

## INTERPRETED BY

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

## IMAGING PERFORMED BY

Dr. Anthony Smatt

## HOSPITAL NAME

The Pets I Love

## REFERRING VET

Dr. Anthony Smatt

## INVOICE

72159

## DATE

11/26/25

## PRESENTING CLINICAL SIGNS

Patient came in PE for weight loss. Patient is thin. Performed blood work on exam. Based on blood work advised O to bring for abdominal ultrasound to check organs.

Abnormal PE/Chem/CBC/UA Results: CBC: Elevated WBCs, Elevated Neutrophils. Chem: BUN - Normal Creatinine - slightly Elevated (2.5) Urinalysis: Spec Grav Low - 1.011

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder was moderately full of anechoic urine with a mild amount of echogenic sediment. The bladder wall appeared normal in thickness and layering. At the trigone there was a hyperechoic softly shadowing density that appeared to be in the distal left ureter that measured approximately 0.40 cm x 0.20 cm. The visible ureter proximal to this appear moderately dilated.

Both kidneys were normal in size with a mildly irregular capsule contour. The cortex was diffusely hyperechoic. There was hypertrophy of the cortex, resulting in an altered corticomedullary ratio. There was a mild loss of corticomedullary distinction. The left renal pelvis was moderately dilated with anechoic urine without overt visible peripelvic inflammation. The left renal pelvis measured 1.4 cm in width. The proximal ureter was moderately dilated. The left kidney measured 3.4 cm in length. The right kidney measured 3.3 cm in length.

### *Adrenal Glands*

Both adrenal glands were normal in size and shape. The parenchyma was homogeneous. The adrenals each measured 0.30 cm in width.

### *Spleen*

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous. The vasculature showed good vascularity with power doppler.

### *Liver*

The liver was subjectively normal in size with mildly irregular capsule contour. The hepatic parenchyma was mildly heterogenous with moderate coarse echotexture. The parenchymal changes are subjectively benign remodeling and likely represent an aging change. The hepatic vasculature was normal in volume and structure. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

### *Gastrointestinal*

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

### *Pancreas/Free Abdomen*

Cranial to the left kidney and caudal to the stomach there was a round, mildly irregular, solid mass. The parenchyma of the mass was mildly heterogeneous, and the mass measured 2.2 cm x 2.5 cm. The mass



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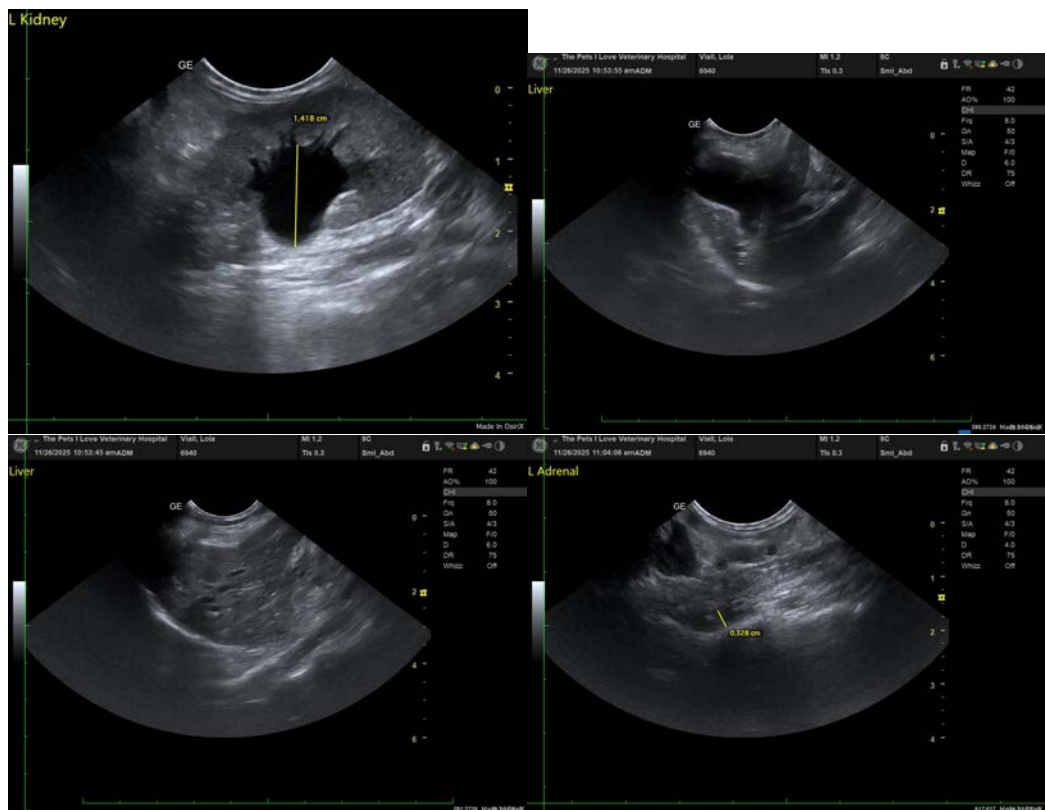
may be arising from the pancreas, with the pancreatic capsule appearing to surround the mass and be attached to it. The remainder of the pancreas appeared hypoechoic to heterogeneous with no other overt abnormalities. In the free abdomen there were reactive mesenteric lymph nodes present and trace free fluid.

## ULTRASONOGRAPHIC FINDINGS

- Mid abdominal mass – suspect pancreas but can't rule out undifferentiated lymph node mass or association with GI.
- Left kidney hydronephrosis with possible distal left ureter obstruction.
- Renal changes consistent with CKD.
- Geriatric abdomen otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA with a 25-gauge needle is recommended for the mass for further assessment. 3-view chest radiographs are recommended. Once well hydrated, IRIS staging is recommended with blood pressure +/- UPC.





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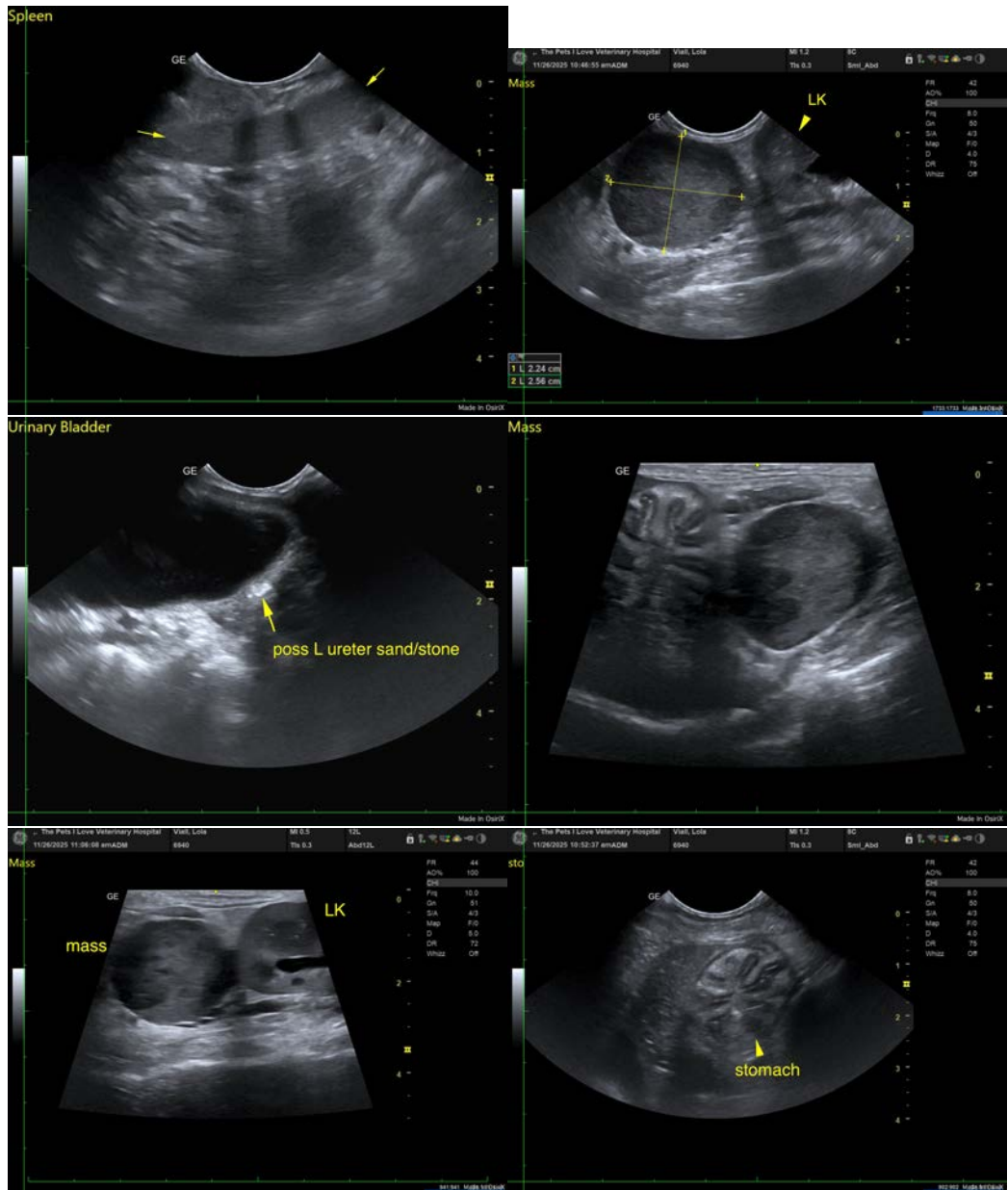
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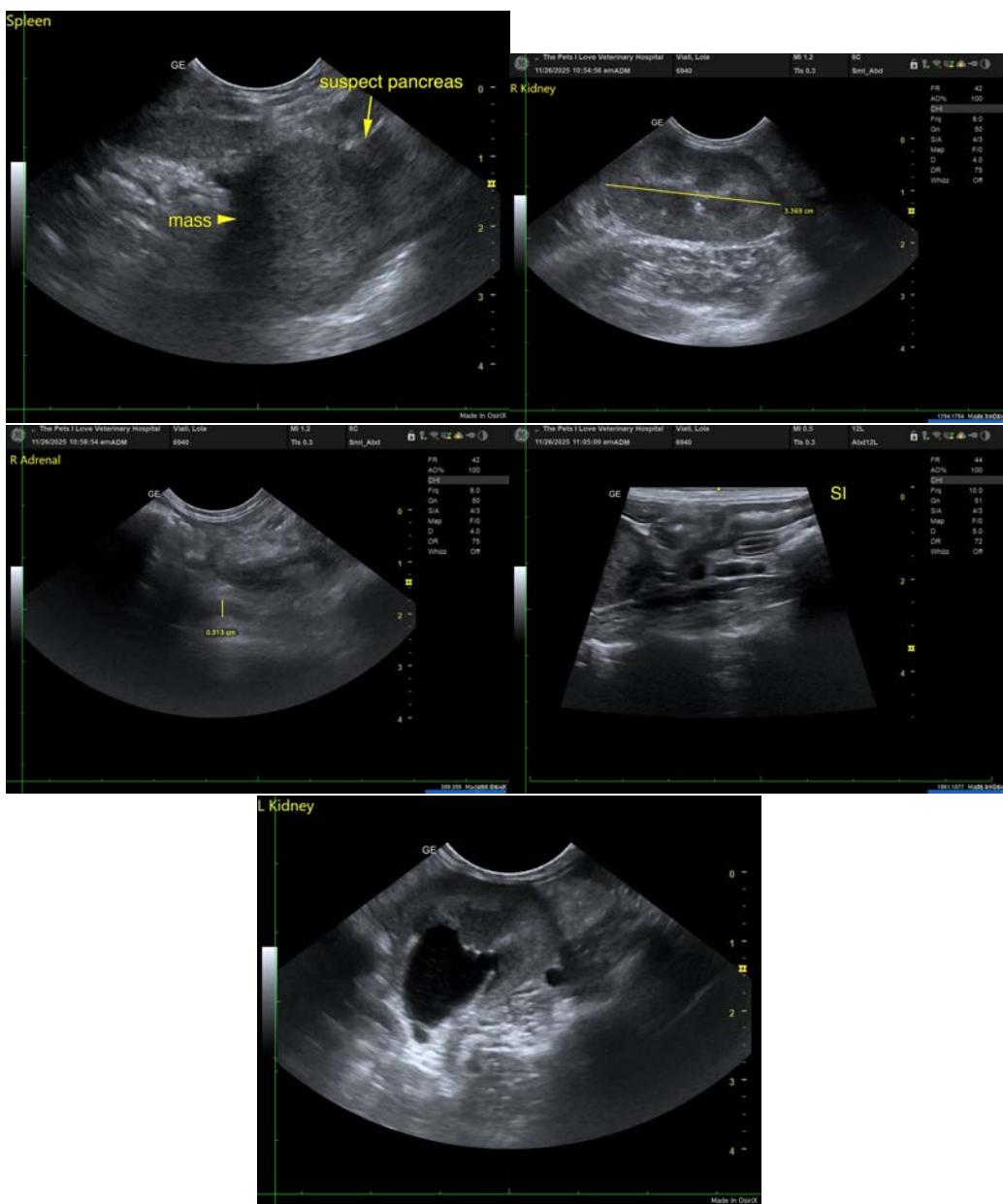
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)  
info@SonoPath.com