



DATE PRESENTING CLINICAL SIGNS

1/30/26 **Patient History:** Presented for weight loss. On presentation very pale, painful abdomen with mass effect in upper left abdomen. Free fluid also noted on x-ray and brief ultrasound. Mild muscle wasting

PATIENT

Eve Grim **Current Medications:** Gaba 50 mg BID for pain control started 1/29
Labwork Results: Diagnostics attached, reported as; CBC/Chem- mild nonregenerative anemia PCV 25%, mild stress leukogram, ALP 127 ggt 6 rest unremarkable

SPECIES

Feline **Date of Previous IntraPet Ultrasound:** No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.

BREED

DSH

SEX

Spayed Female

AGE

7/7/13

WEIGHT

9.7 lbs

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

HOSPITAL NAME

Greenbrier Veterinary
Clinic

REFERRING VET

Dr. Boccanfuso

INVOICE

72596

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.98 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.03 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.37 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.57 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large and irregular with rounded/swollen contours. The visible portions of the vasculature and biliary tract appear normal. There are numerous expansile, somewhat poorly defined masses visualized throughout the liver. Examples of hypoechoic masses measure 2.52 cm, 2.28 cm, and 2.88 cm. An isoechoic mass effect visualized measures 2.7 cm x 3.56 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free fluid. This is primarily visualized around the liver and adjacent to the spleen. The omentum is diffusely hyperechoic. No significant lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling/chronic pancreatitis.
- Large, irregular, rounded liver with too numerous to count, large, expansile, hypo- to isoechoic mass effects – Findings are concerning for neoplastic lesions (carcinoma, round cell neoplasia, sarcoma, etc.).
- Prominent muscularis layer of the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- Small to moderate amount of free abdominal fluid – Recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

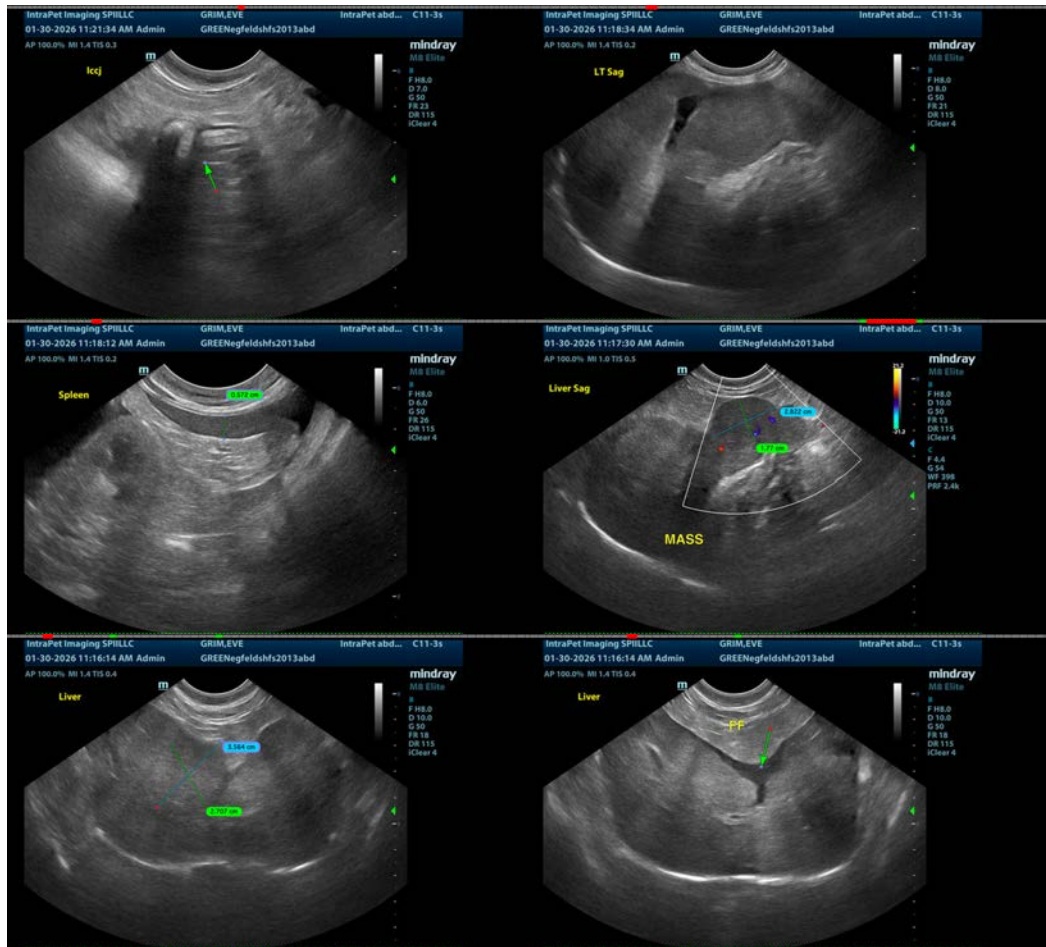
The liver is large with too numerous to count, large, expansile, somewhat poorly defined hypo- to isoechoic mass lesions. These appear relatively evenly dispersed. Consider a fine needle aspirate of a hypoechoic mass effect. If a diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding treatment options and prognosis, as surgical options appear limited based on today's evaluation.

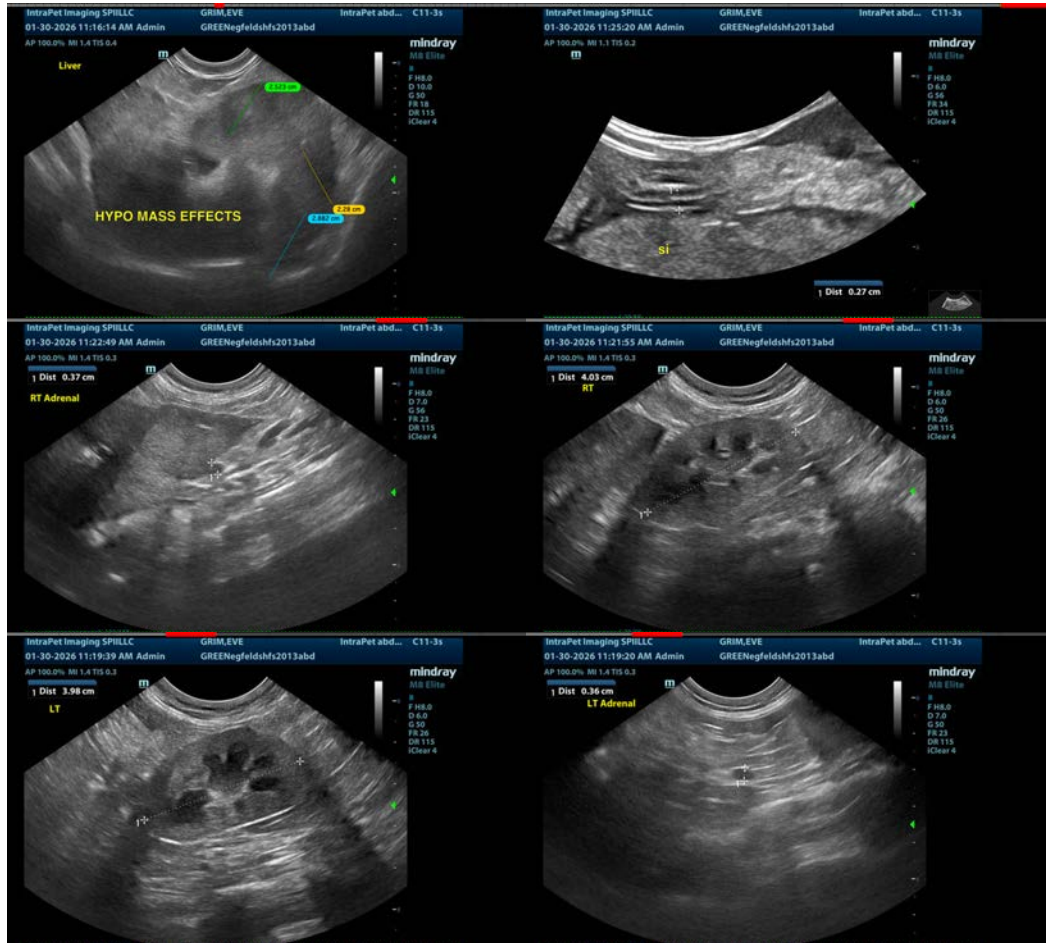
Additionally, you could consider fluid analysis and cytology on a sample of the free abdominal fluid collected.

The pancreas is prominent and mottled. This could be due to concurrent inflammation or previous remodeling and generalized abdominal inflammation.

The mild changes visualized associated with the small intestine are most consistent with inflammatory type change, although an early neoplastic change cannot be ruled out.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
info@sonopath.com