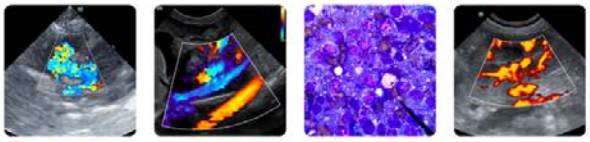


PATIENT

Squeaks Duncan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 5 Months

WEIGHT

8.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Katelyn Mazzochette, DVM

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Jaime Superczynski, DVM

INVOICE

71956

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Acute onset weight loss and anorexia, not painful on ab palpation, normal temperature. no known hx of dietary indiscretion.

Abnormal PE/Chem/CBC/UA Results: Mild inc alt (177), ast (86) and monocytosis present. normal T4 radiographs- moderate amount of gas in colon, loss of detail mid abdomen

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 (3.96 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.84 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.42 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 0.54 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.

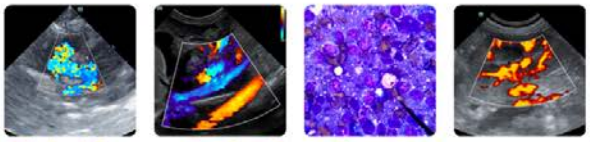
Spleen

The spleen is subjectively normal in size (0.98 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 bile duct appears mildly dilated and tortuous, measuring at 0.34 cm.



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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 appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measures 0.25 cm. Duodenum wall measures 0.37 cm. Visualized peristalsis appears appropriate. There is a focal bowel mass visualized in the right cranial abdomen, most consistent with the duodenum, which measures 2.11 cm x 3.48 cm. In this area there is complete loss of wall layering and asymmetrical wall thickening. The diameter of the bowel measures at 1.58 cm with wall thickness and 1.1 cm. Additionally, there are some sections of mid abdominal jejunum that appear more significantly thickened with reduced detail of wall layering, measuring up to 0.32 cm.

Sections of colon are visualized with non-formed fecal material/fluid. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and hypoechoic as 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. Prominent pancreatic duct noted.

Free Abdomen

There is scant free fluid. There is a significant mesenteric lymphadenopathy with irregular hypoechoic lymph nodes visualized throughout the abdomen. At the mesenteric root lymph nodes measure 0.96 cm x 2.09 cm and 0.91 cm x 2.95 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Prominent, hypoechoic pancreas with prominent pancreatic duct – Findings are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Mildly dilated/tortuous bile duct- Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Focal asymmetrical wall thickening of the duodenum with complete loss of layering creating a mass effect – Findings are most consistent with a neoplastic lesion (round cell neoplasia, carcinoma, other). Other differentials are possible.
- Diffuse thickening of the small intestine with some areas exhibiting poor detail of wall layering – Findings are concerning for either a diffuse severe inflammatory pattern or early neoplastic process.
- Diffuse moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant

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lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

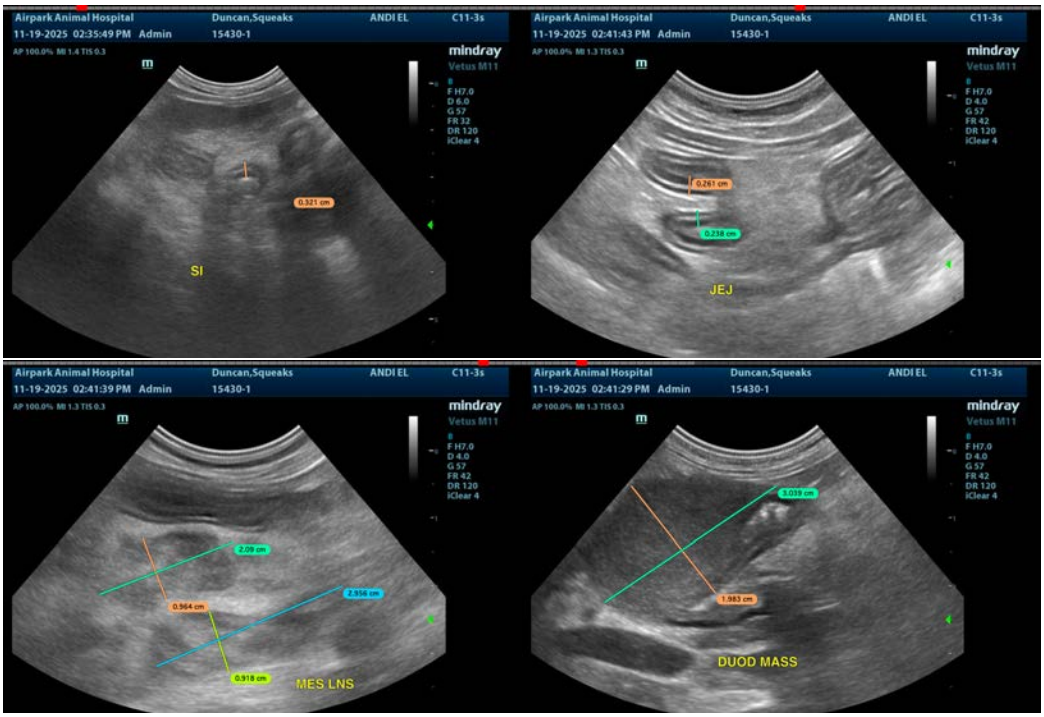
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal cranial abdominal bowel mass most consistent with a duodenal mass lesion. This is highly concerning for round cell neoplasia or carcinoma. Recommend a fine needle aspirate for cytologic evaluation. Additionally, there are some mid abdominal sections of jejunum that appear somewhat thickened with reduced detail of wall layering. This could represent a more diffuse severe inflammatory or neoplastic process.

There is a diffuse lymphadenopathy present with clusters of enlarged mesenteric lymph nodes. Similarly, these are highly suspicious for metastatic lymph nodes, although highly inflammatory lymph nodes can have a similar appearance. A fine needle aspirate could be considered.

Surgical options may be limited in this individual, as the section of duodenum involved is close to the right limb of the pancreas, the bile duct, etc.

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



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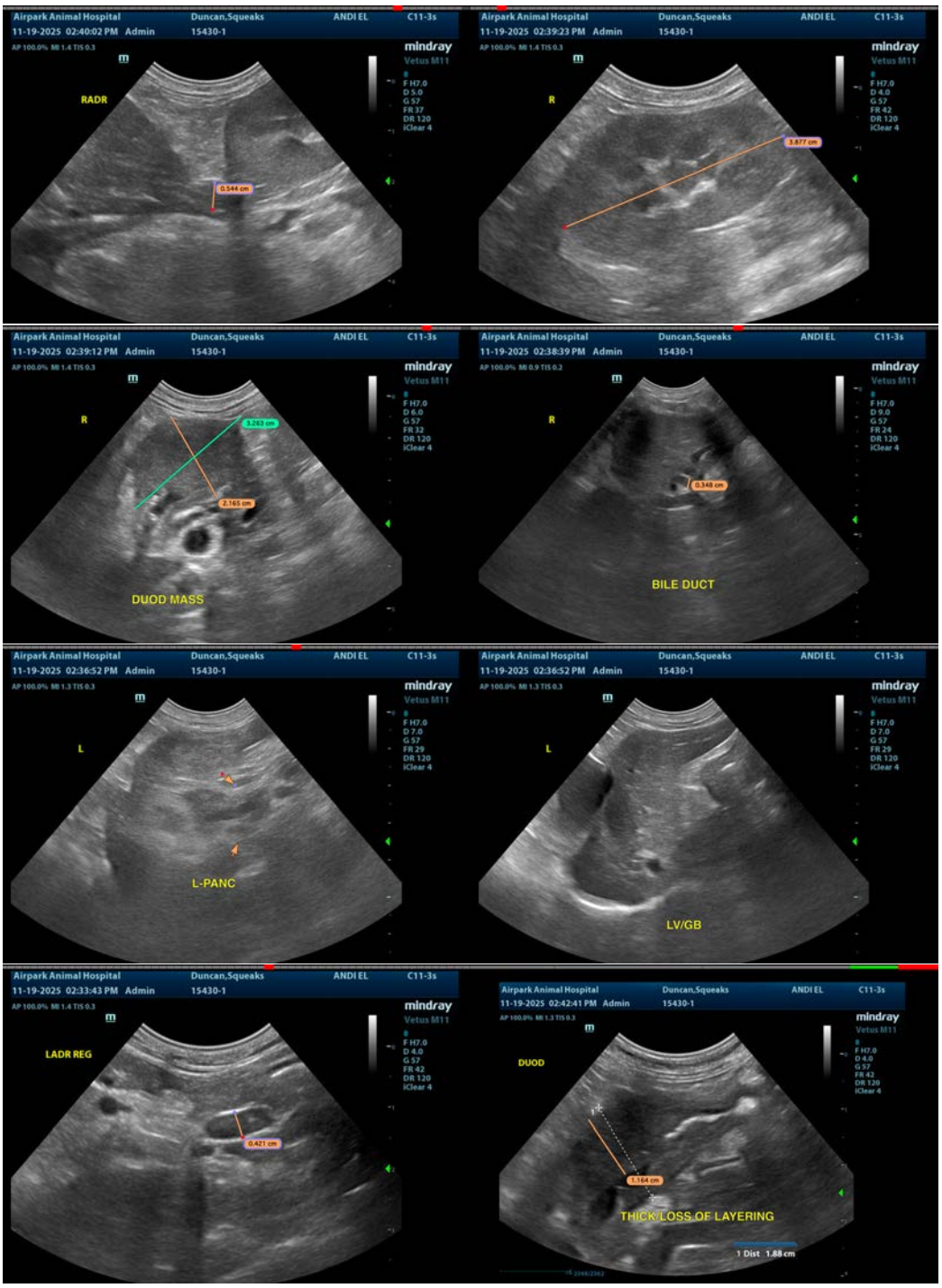

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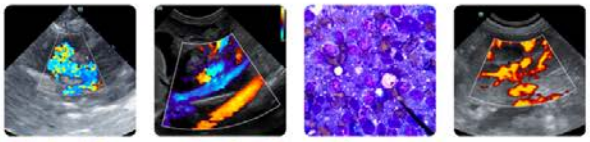

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com