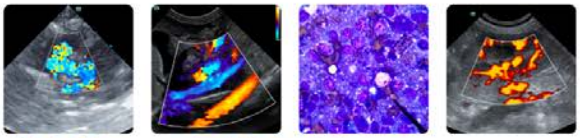

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Brutus Ponder

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamiton

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Burton

INVOICE

72248

DATE

12/2/25

PRESENTING CLINICAL SIGNS

Weight loss, loss of serosal detail in abd. cavity, suspect mass of bowels. Meds: Maropitant 16 mg 1/2 SID

Abnormal PE/Chem/CBC/UA Results: HCT 27.3 L, HGB 9.4 L, MCV 35.8 L, PLT 144 L, EOS 0.06 Low, TP 10.3 H, Glob 7.8 H, Alkp 12 L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.13 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 (4.11 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 0.44 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 0.36 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 (0.80 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.

There is the appearance of two gallbladder lumens, most consistent with a duplicate gallbladder. The gall bladder lumens are moderately distended. The walls of the gall bladder are not thickened and have a

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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 increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.29 cm. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized. The ascending colon appears prominent and thickened with reduced detail of wall layering. In this area the colon wall measures at 0.43 cm. The descending colon wall appears of normal thickness with intact wall layering. Sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The pancreas is large, irregular, hypoechoic and mottled in the left limb. The pancreas appears to overlap the spleen. A mass effect associated with the spleen cannot be definitively ruled out, but these appear to be separate structures. There is a large amount of surrounding reactive mesentery in the region, and the pancreas appears almost mass-like, extending into the body. The right limb of the pancreas is prominent and hypoechoic but less enlarged and irregular.

Free Abdomen

There is a small to moderate amount of free abdominal fluid. There are occasional prominent mesenteric lymph nodes. A lymph node near the thickened colon is enlarged, measuring 0.41 cm. A mesenteric lymph node is visualized measuring 0.65 cm. A pancreaticoduodenal lymph node is visualized measuring 0.73 cm. The omentum is diffusely hyperechoic.

PRIMARY FINDINGS

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Large, hypoechoic, irregular, mottled left limb of the pancreas with surrounding reactive mesentery – The appearance of the left limb of the pancreas is almost mass-like, although severe chronic active pancreatitis is possible. Recommend treatment for severe pancreatitis and a fine needle aspirate of the pancreas.
- Thickened small intestine with inflammatory type changes.
- Thickened ascending colon with reduced detail of wall layering – Findings are most consistent with severe inflammatory or early infiltrative/neoplastic disease.
- Moderate mesenteric lymphadenopathy – Changes are most consistent with either highly reactive or early neoplastic lymph node.

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SECONDARY FINDINGS

- Duplicate gallbladders – This is likely an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left limb of the pancreas is very abnormal. It is large and somewhat nodular/irregular in appearance with hypoechoic, mottled parenchyma and a large amount of surrounding reactive mesentery. The pancreas appears to overlap the spleen. A mass effect in the region of the spleen cannot be definitively ruled out, but I suspect these are two separate structures. Based on the presentation, there is concern for possible neoplastic infiltration of the spleen. Recommend a fine needle aspirate of the spleen and treatment for chronic pancreatitis.

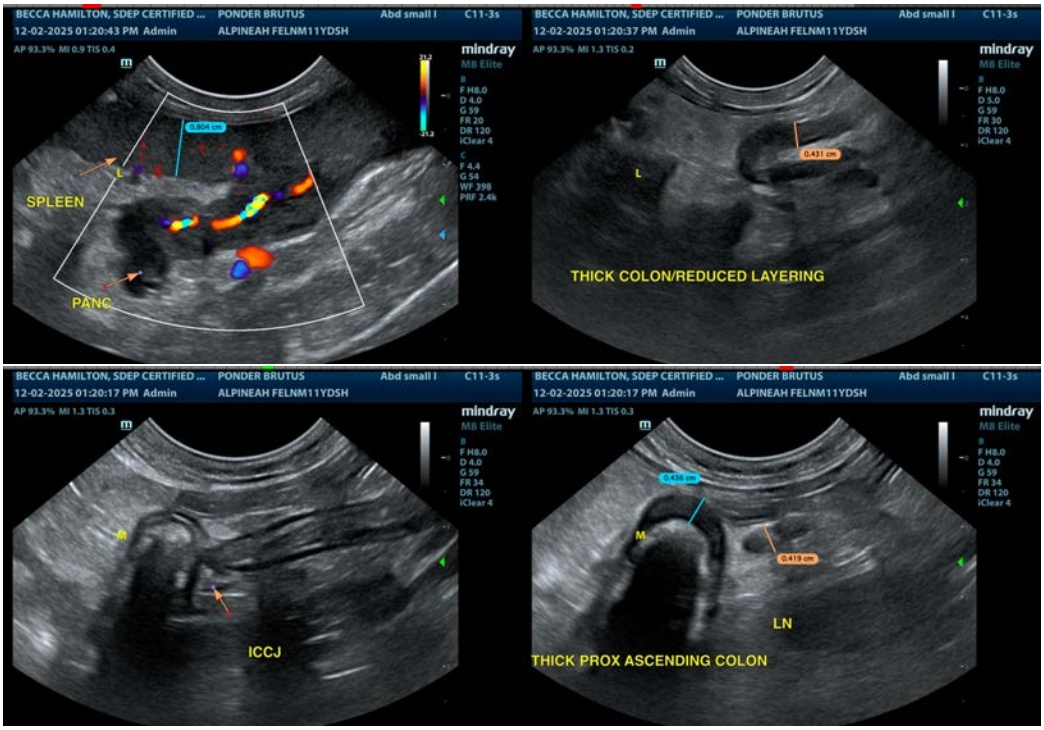
The small intestine has a somewhat inflammatory type change with some mild thickening.

The proximal/ascending large intestine appears significantly thickened with reduced detail of wall layering. There is a lymphadenopathy in this region. These changes are concerning for possible early neoplastic change. Recommend a fine needle aspirate of the thickened colon wall.

There is significant abdominal inflammation and a moderate amount of free abdominal fluid. Recommend fluid analysis and cytology on an obtained sample.

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

If cytologic evaluation is not diagnostic and there is no response to treatment for pancreatitis, surgical biopsies may be warranted.



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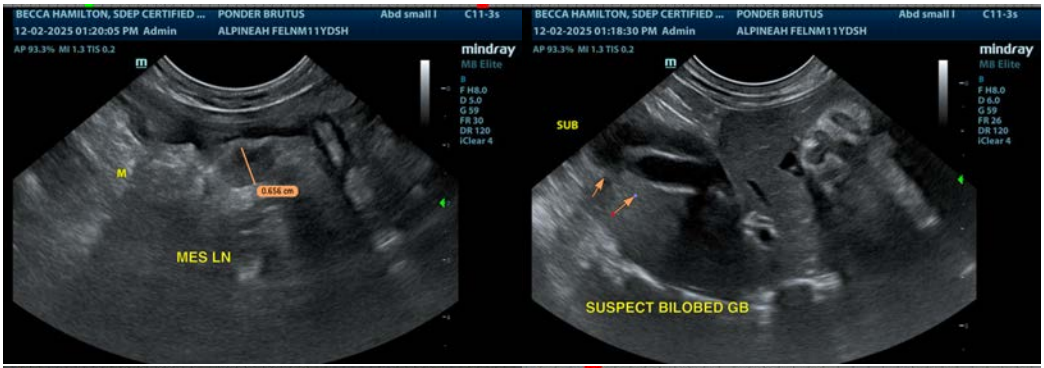

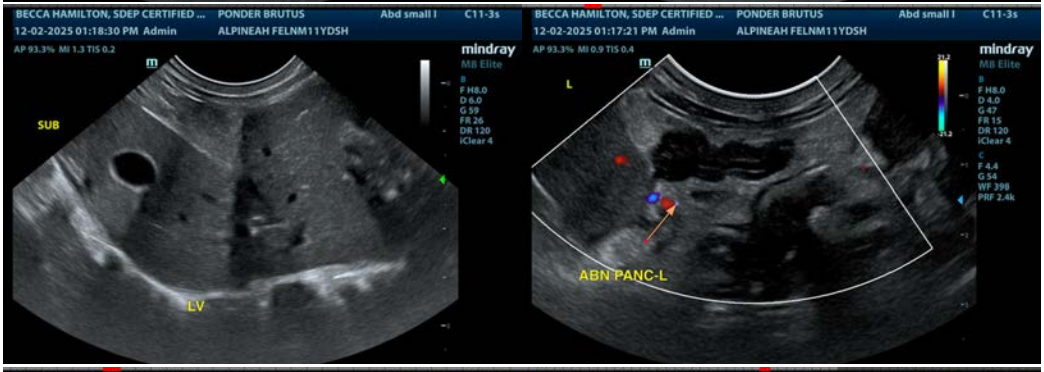

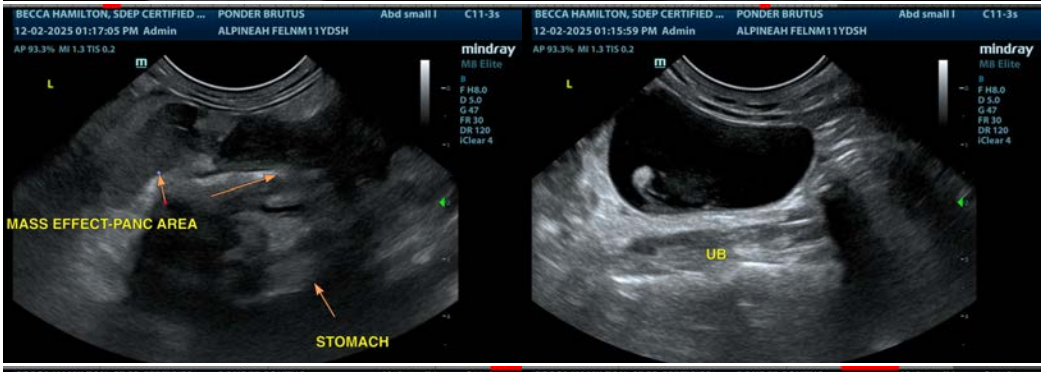

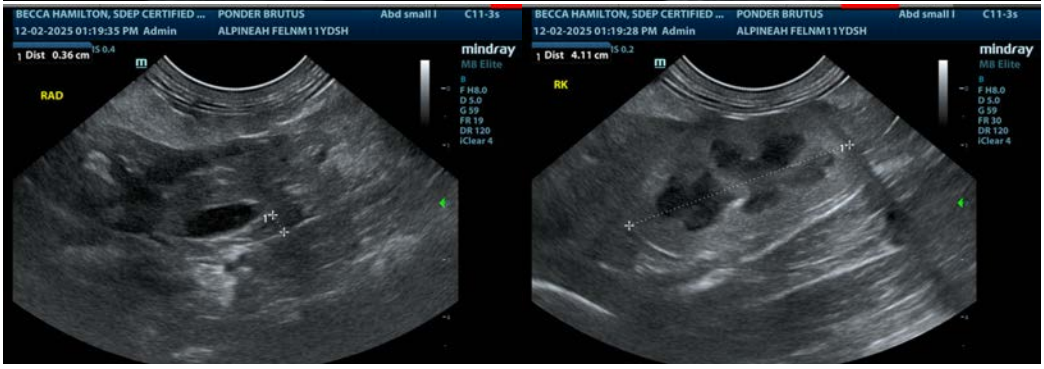

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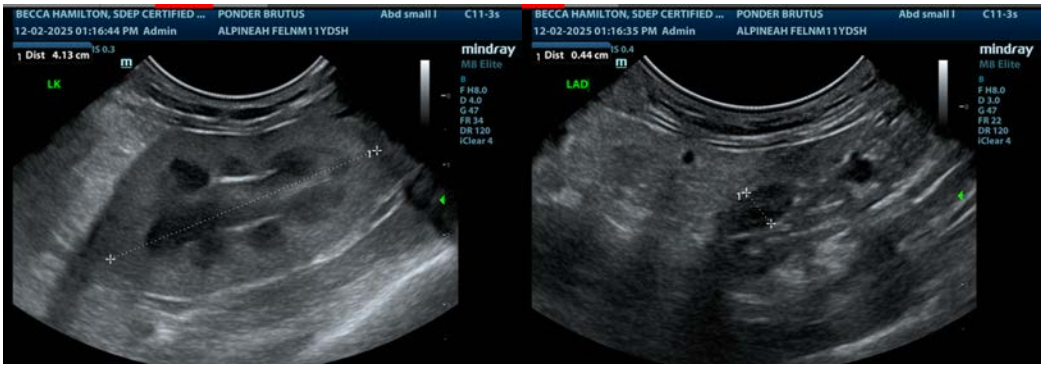

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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