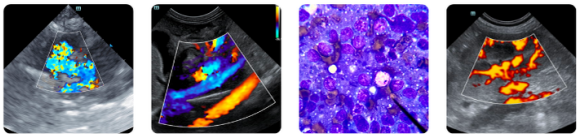


PATIENT

Buddy Luft

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

3.09 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region Emergency Clinic

REFERRING VET

Dr. Vercaigne

INVOICE

11282

DATE

2/12/2026

PRESENTING CLINICAL SIGNS

- Presented for progressive weight loss and hyporexia and constipation. History of constipation and severe dental disease. PE revealed constipation, pale MM and tachycardia. Has been on IVF and Maropitant.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results.

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 (3.5 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 (3.34 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 0.54 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.

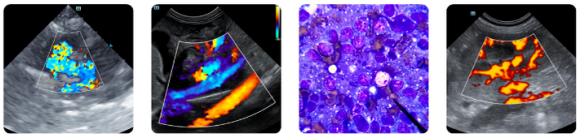
The right adrenal gland is normal in size measuring 0.47 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is normal in size (0.6 cm), irregular in shape, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There's an iso- to slightly hypoechoic nodule visualized in the cranial aspect of the spleen measuring 0.54 cm x 0.84 cm.

Liver

The liver is large in size, and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are diffuse hyper- and hypoechoic nodules throughout the parenchyma, and extensive complex cystic infiltration.



SonoPath www.thefocalzone.com
FOSTERING THE ART OF VETERINARY MEDICINE™ info@thefocalzone.com 289.808.2608

PATIENT

Buddy Luft

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

3.09 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region Emergency Clinic

REFERRING VET

Dr. Vercaigne

INVOICE

11282

DATE

2/12/2026

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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.32 cm in wall thickness) and the jejunum measured as normal (0.22 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

There is abnormal complex cystic tissue visualized in the region of the left and right limb of the pancreas. This is suspected to represent abnormal cystic pancreas, although extension of the abnormal hepatic tissue overlapping this region makes it difficult to differentiate the abnormal hepatic and pancreatic tissue.

Free Abdomen

Evaluation of the peritoneal cavity revealed scant free fluid. There is no lymphadenopathy noted. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Hypoechoic nodule in the spleen. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, irregular heterogenous/nodular liver with extensive complex cystic lesions. Findings are most consistent with extensive cystadenocarcinomas or cystadenomas. Minimal normal tissue is visualized.
- Suspected large cystic pancreas. It's difficult to differentiate the pancreatic and hepatic tissue. Findings could be consistent with complex pancreatic cysts and chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is very large, irregular, with ill-defined hyper- and hypoechoic nodules and complex cystic lesions. Extensively throughout the parenchyma with limited normal tissue visualized. The liver extends to the level of the spleen on the left side and to the mid abdomen on the right side. This

PATIENT

Buddy Luft

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

3.09 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region Emergency Clinic

REFERRING VET

Dr. Vercaigne

INVOICE

11282

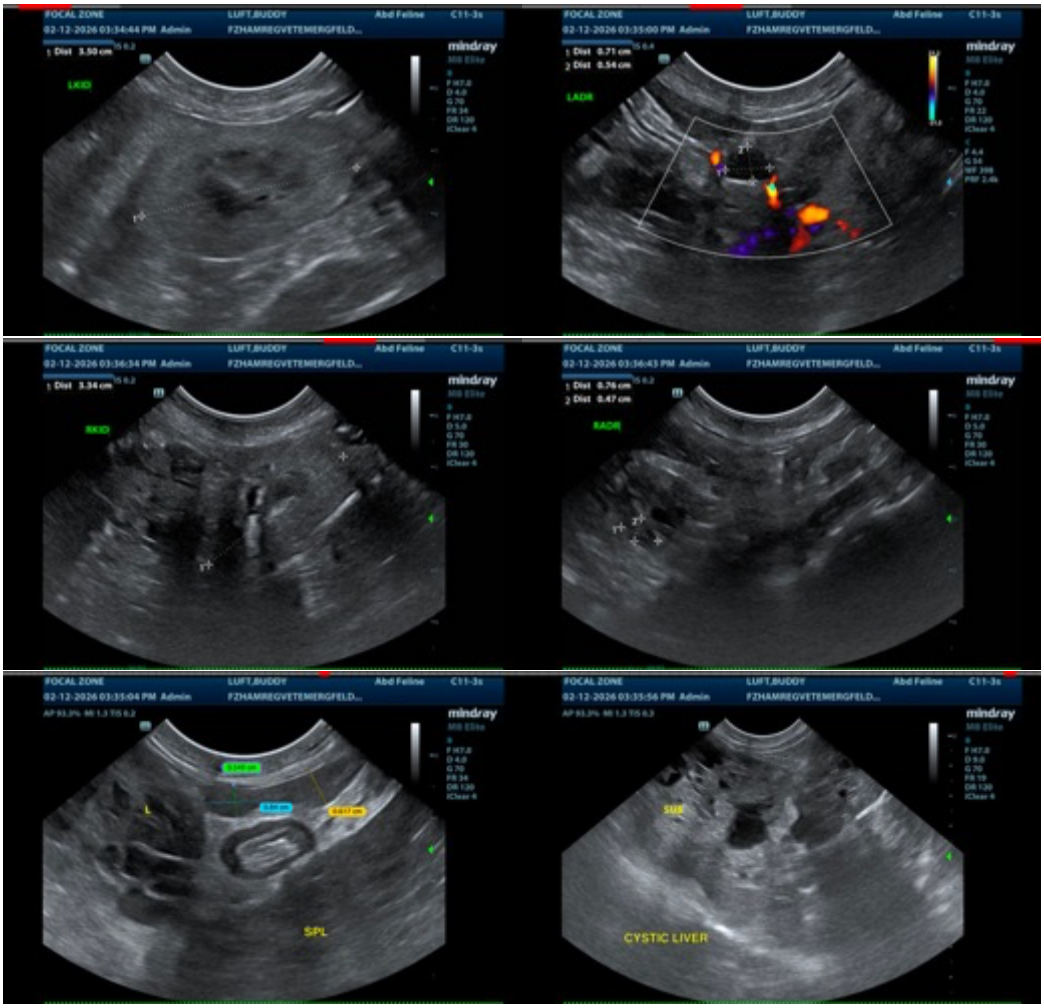
DATE

2/12/2026

overlaps the location of the pancreas. No normal pancreas is visualized, and it's suspected to be cystic as well. The appearance is most consistent with extensive cystadenomas or cystadenocarcinomas. A fine needle aspirate of more solid tissue could be considered for evaluation.

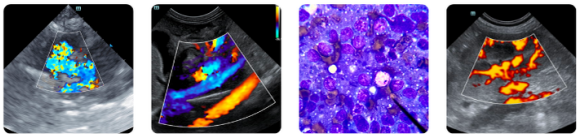
Unfortunately, I think surgical options would be limited and the cystic lesions may be starting to effect liver function. Consider pre- and post-prandial bile acids to look for evidence of liver disfunction and to try and differentiate the elevation of bilirubin from hemolysis. Additionally, an ionized calcium could be considered, PTH, PTHrP level looking for evidence of alternate causes of hypercalcemia. Symptomatic therapy for liver disfunction could be considered with ursodiol, denamarin, nausea medications, etc. as needed. If a definitive diagnosis could be obtained, consider consultation with a Veterinary Oncologist regarding the possibility of medical treatment options and prognosis.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 289.808.2608



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Buddy Luft

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

3.09 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region Emergency Clinic

REFERRING VET

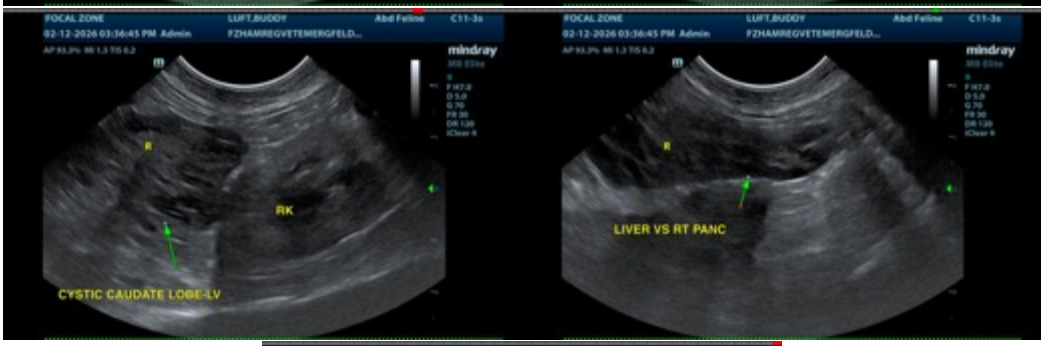
Dr. Vercaigne

INVOICE

11282

DATE

2/12/2026



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