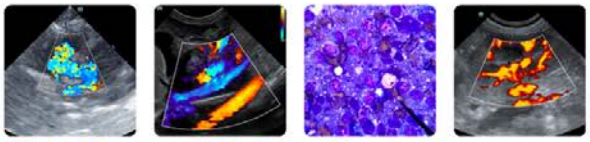


PATIENT

Seamus Cochrane

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

73541

DATE

3/10/26

PRESENTING CLINICAL SIGNS

P presented for an ~7 days duration of intermittent inappetence, lethargy, and PU/PD. O reports inconsistent stools (BM) during this time as well. P is indoor outdoor and consumes hill's k/d diet for preexisting renal insufficiency. P has hx of bates body on xray.

Abnormal PE/Chem/CBC/UA Results: Attached you will find labwork, xrays, and radiology report.

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 is normal/borderline large in size (4.66 cm) with mild pyelectasia at 0.33 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is borderline large (4.73 cm) and slightly irregular in shape, with pyelectasia at 0.33 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 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

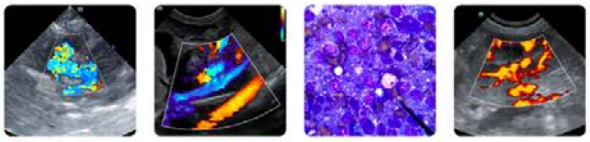
Spleen

The spleen is subjectively normal in size (0.97 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 cystic and common bile ducts are normal/not visible.



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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. The section of caudal gastric wall adjacent to the inflammatory lesion described appears somewhat thickened, measuring up to 0.84 cm with intact wall layering. Findings are most consistent with focal gastritis associated with proximity to the inflammatory lesion.

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. Jejunum wall measures 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

Normal appearing left and right limbs of the pancreas are difficult to clearly visualize. In the region of the cranial left limb caudal to the stomach there is a poorly defined, hypoechoic “mass effect” measuring 3.48 cm x 3.47 cm, which appears inflammatory, possibly consistent with an inflammatory mass, an abscess, etc. A direct association between this and the pancreas is not observed, but the location is suspicious for a possible pancreatic lesion. There is a focal shadowing structure visualized adjacent to the mass effect suspicious for the bates body described on radiographs, measuring 1.36 cm in length.

Other

There is scant free abdominal fluid. There is no evidence of a diffuse lymphadenopathy. There is an enlarged lymph node medial to the spleen measuring 0.65 cm. The omentum is hyperechoic in the cranial abdomen around the poorly defined hypoechoic cranial abdominal mass effect.

Inflammatory cranial abdominal mass effect visualized caudal to the stomach described under pancreas.

ULTRASONOGRAPHIC FINDINGS

- Poorly defined hypoechoic, mixed echogenicity inflammatory cranial abdominal “mass effect” – Findings are suspicious for a possible pancreatic lesion (abscess, poorly defined mass effect, focal inflammation, etc.). The origins of this lesion cannot be confirmed.
- Shadowing structure visualized in the cranial abdomen – Findings are most consistent with the bates body described on radiographs.
- Borderline large kidneys with decreased corticomedullary distinction and bilateral pyelectasia - The size of the kidneys is suspected to be associated with the large size of this individual. The appearance is most consistent with chronic age related renal disease. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

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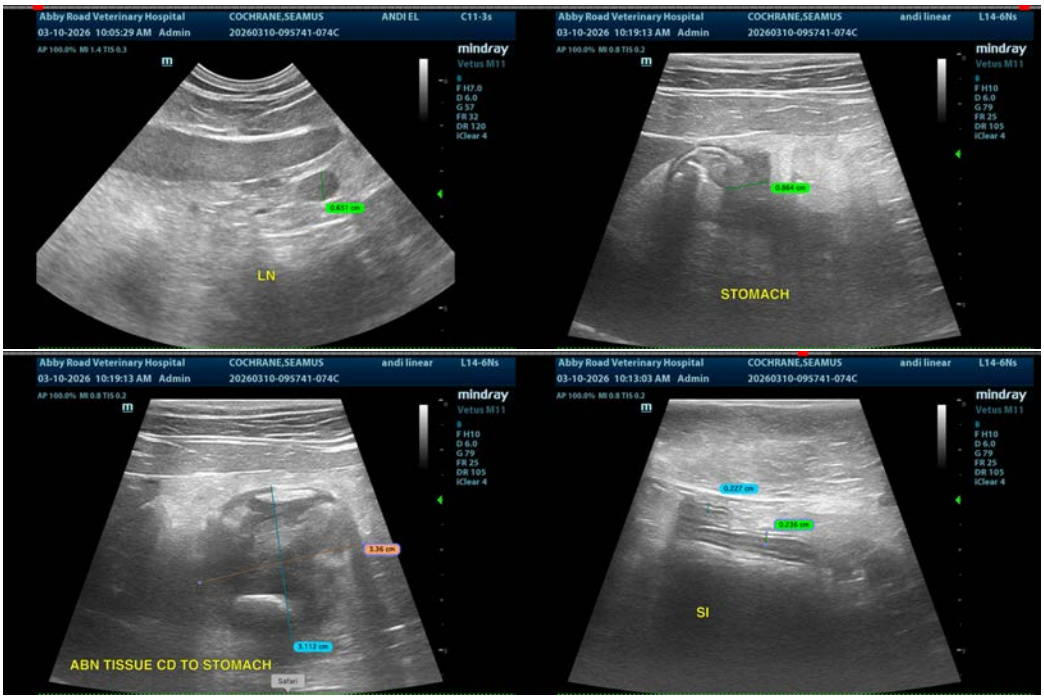
- Cranial abdominal inflammation around the mass effect and an enlarged lymph node medial to the spleen – Findings are most consistent with a highly reactive lymph node or an early neoplastic lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a somewhat poorly defined hypoechoic mixed echogenicity highly inflammatory mass effect in the cranial abdomen visualized caudal to the stomach. A direct association with the structure in the left limb of the pancreas is not visualized, but the location and inflammatory nature is suspicious for a possible pancreatic lesion.

Strongly recommend a fine needle aspirate with samples for cytology +/- cultures, and treatment for possible severe pancreatitis/pancreatic abscess. Consider reevaluation in 48-72 hours depending on clinical status of the patient. If clinical assessment is improving and the lesion is improving and cytology is not indicative of a neoplastic process, then continued medical management would be warranted. If the patient is not improving and/or the lesion is unchanged with treatment, and cytology is not helpful, then surgical evaluation may need to be considered.

Both kidneys have mildly reduced corticomedullary distinction and pyelectasia. They measure as large but do not have a "swollen" appearance. I suspect this could be due to the large size of this individual(?) but continued monitoring is warranted. Recommend a urinalysis, culture and blood pressure as a baseline.



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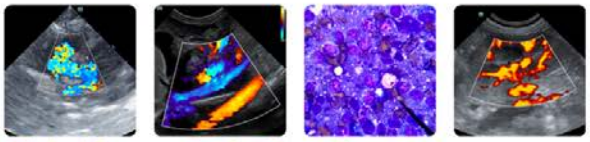

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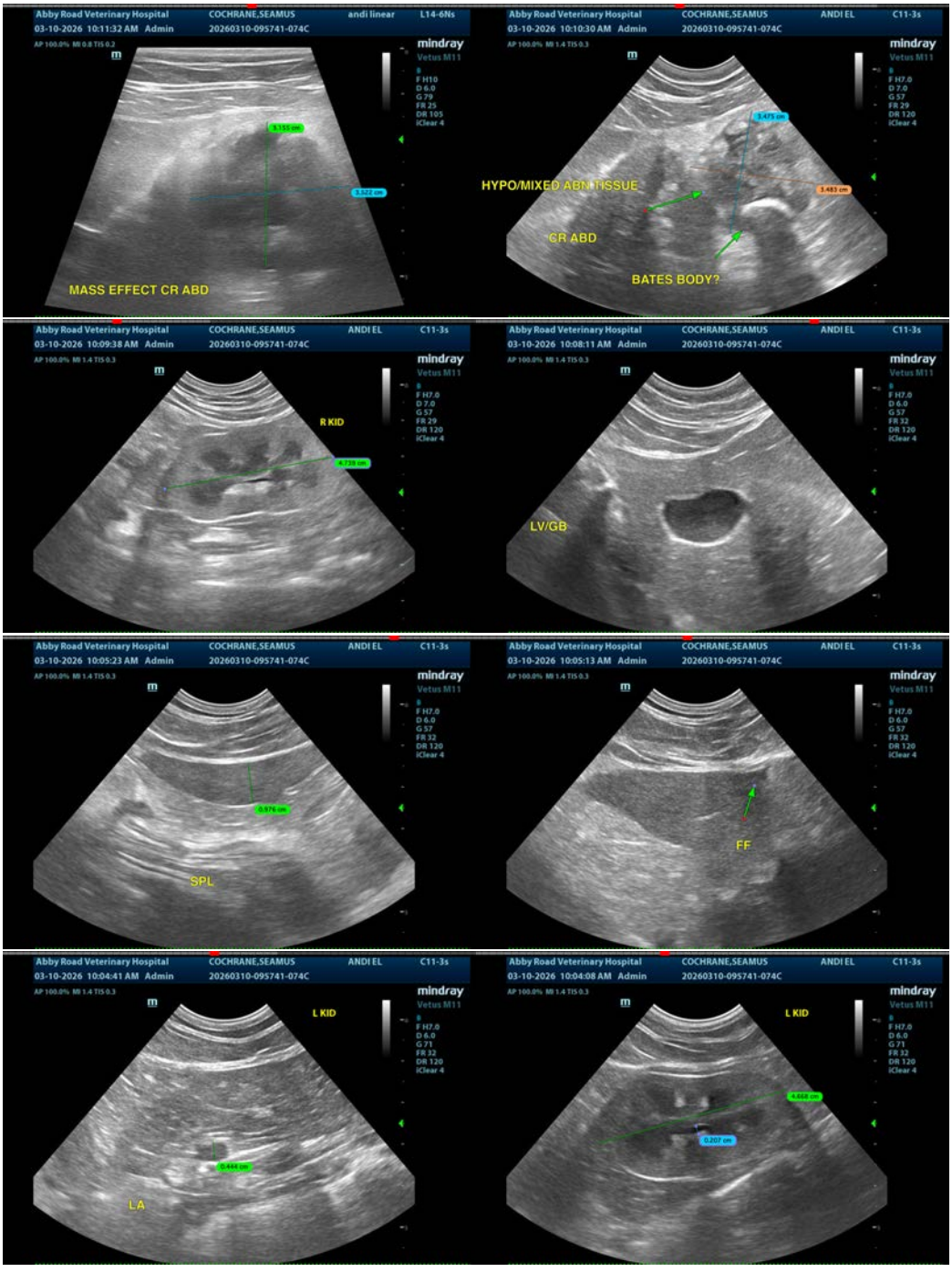

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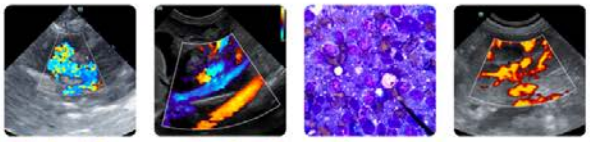

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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