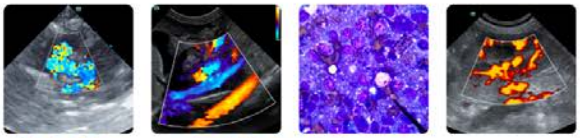


PATIENT

Clark Valentin

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

6.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Monroe Road Animal Hospital

REFERRING VET

Dr. Widay

INVOICE

73568

DATE

3/11/26

PRESENTING CLINICAL SIGNS

P presented for US due to weight loss, vomiting, not grooming.

Abnormal PE/Chem/CBC/UA Results: BUN 38, TP 9.2, usg 1.049, urine protein 2+

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 (4.18 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 (3.15 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 0.40 cm at the cranial pole and 0.47 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.

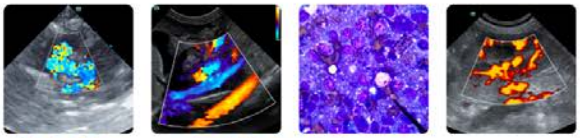
Spleen

The spleen is subjectively normal in size (0.54 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 moderate fluid and gas. 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.

Some of 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. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There is a focal section of duodenum that appears somewhat more thickened with intact wall layering, measuring at 0.64 cm.

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 left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is a large amount of irregular mottled tissue creating a mass effect. This is visualized medial to the left kidney in the region of the left limb of the pancreas and craniomedial to the right kidney. This abnormal tissue creates a mass effect measuring 6.73 cm x 4.14 cm, concerning for a possible pancreatic mass lesion. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free abdominal fluid. No significant lymphadenopathy. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Irregular cranial abdominal mass effect visualized medial to the left kidney and dorsocranial medial to the right kidney – Findings are most concerning for possible pancreatic mass lesion, although involvement of the right adrenal or other cranial abdominal structures cannot be definitively ruled out.
- Moderate fluid distention of the stomach – Correlate with feeding/drinking history. If adequately fasted, findings are likely consistent with gastric ileus. Partial outflow tract obstruction cannot be definitively ruled out.
- Thickened duodenal wall – Findings could be consistent with focal duodenitis or early infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is irregular mass-like tissue visualized craniomedial to the left kidney and craniomedial to the right kidney. This abnormal tissue is suspicious for abnormal pancreatic tissue/mass effect, although involvement of other cranial abdominal structures such as the kidneys, right adrenal, etc. cannot be definitively ruled out. Recommend a fine needle aspirate of the mass lesion, and if surgical intervention would be considered, recommend a contrast CT scan to further investigate the origin and extent of this

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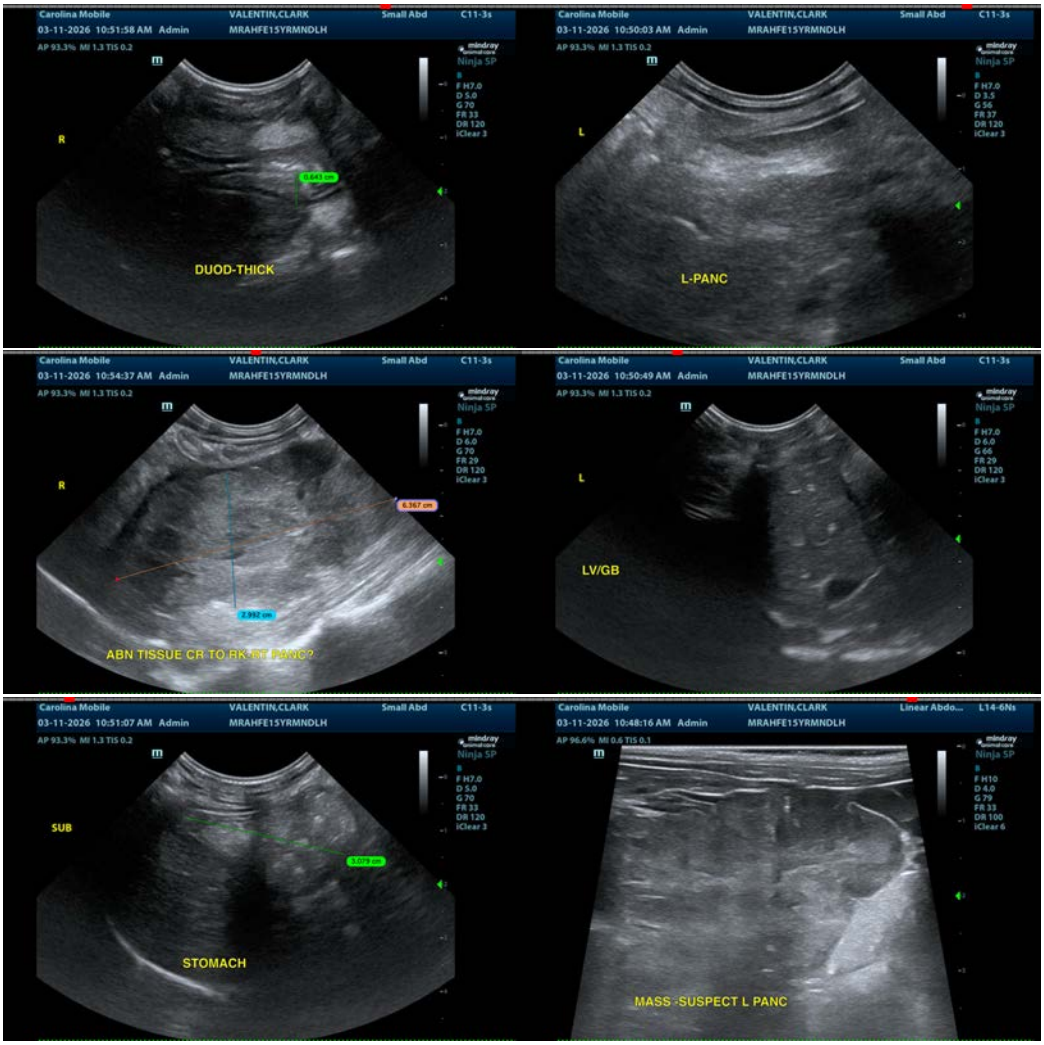
mass lesion.

There is the impression of a thickened duodenal wall. This could be reactive duodenitis secondary to the abnormal mass lesion/pancreas or could represent early infiltrative disease. A definitive mass lesion is not observed. Recommend continued monitoring of this region with ultrasound. If surgery is pursued, consider gross evaluation and possible biopsy at the time of surgery.

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



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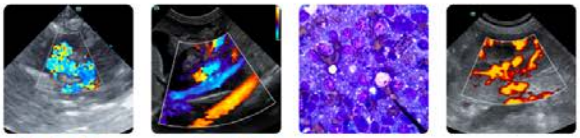

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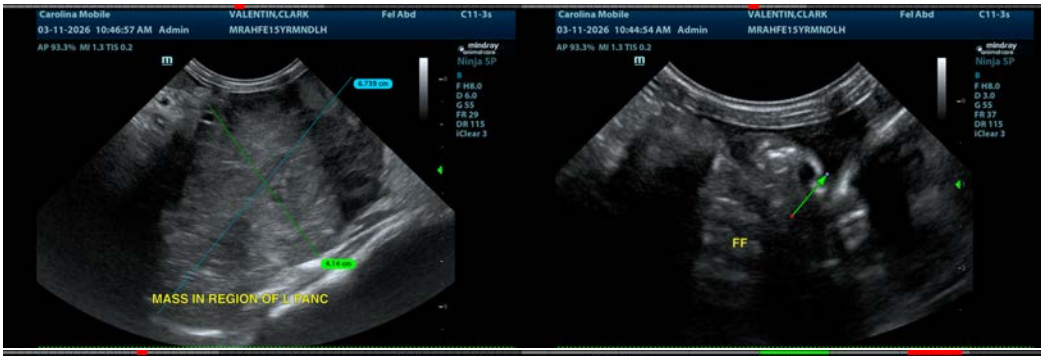

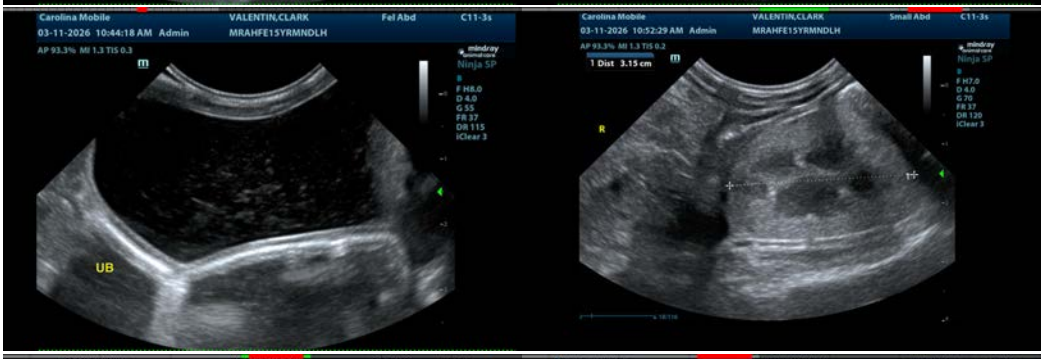

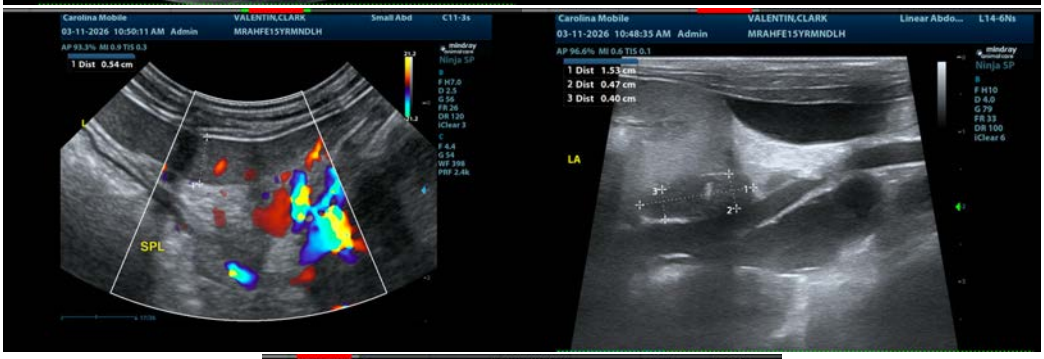

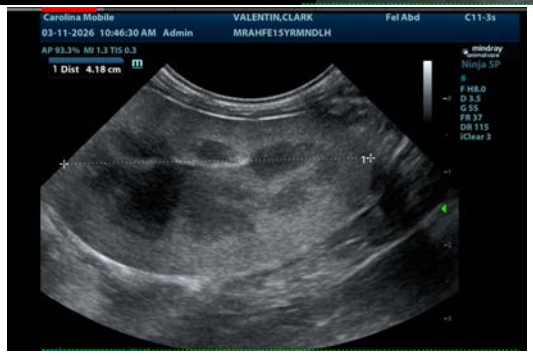

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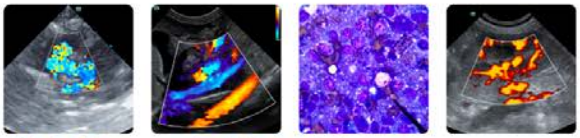

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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