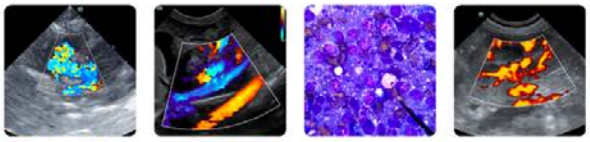


PATIENT

Boots Sinotte

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Melissa Floyd, DVM

INVOICE

73768

DATE

3/18/26

PRESENTING CLINICAL SIGNS

Patient history of chronic vomiting that has been managed by digestive diet up until recently. Presented 3/11 for anorexia and vomiting with a duration of 2 days. Patient had elevated ALT and Creat of 1.6. Pancreatitis test was normal. Patient is being treated with Cerenia, SQ fluids, and appetite stimulant.

Abnormal PE/Chem/CBC/UA Results: No labs received.

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 (4.42 cm) with mild pyelectasia at 0.15 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.78 cm) with pinpoint non-obstructive mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 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 0.42 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.

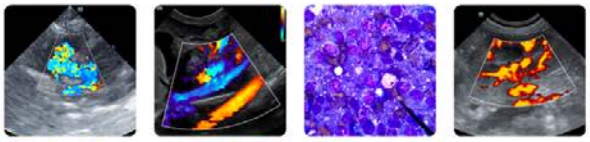
Spleen

The spleen is subjectively normal in size (0.73 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder is large and distended with a large amount of debris. Some of the debris is adhered to the gallbladder wall, which appears thickened and hyperechoic, measuring up to 0.41 cm. Additionally, there is a hyperechoic shadowing structure visualized within the debris, most consistent with a cholelith measuring 0.61 cm. The proximal cystic duct is dilated at 0.34 cm. Visualization of the bile duct is lost distally due to interference from the cranial abdominal mass.



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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 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 0.31 cm. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. The duodenal papilla appears somewhat prominent, measuring 0.43 cm x 0.59 cm.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The colon is distended with non-formed/liquid fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

Both limbs of the pancreas are prominent and mottled. In the cranial abdomen in the region of the body of the pancreas and the cranial aspect of the right pancreas there is a large, hypoechoic, irregular mass effect measuring larger than 2.69 cm x 2.87 cm, which is suspected to be of pancreatic origin. There is significant inflammation surrounding the mass effect.

Free Abdomen

There is a small amount of free abdominal fluid. No significant lymphadenopathy noted. The omentum is highly reactive in the cranial abdomen around the hypoechoic cranial abdominal mass lesion.

ULTRASONOGRAPHIC FINDINGS

- Prominent, mottled pancreas with a suspected large, irregular, hypoechoic cranial abdominal mass lesion – Findings are most consistent with a pancreatic carcinoma. Other differentials are possible.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Large, distended gallbladder with a large amount of intraluminal debris, a cholelith, and a thickened hyperechoic wall – Findings are concerning for cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, irregular, hypoechoic mass effect visualized in the cranial abdomen. This lesion comes into contact with the tail of the spleen and the caudal aspect of the stomach. It additionally comes into contact with both limbs of the pancreas and is strongly suspected to be of pancreatic origin. Recommend a fine needle aspirate for further evaluation, as a neoplastic lesion is strongly suspected. If cytologic diagnosis can be obtained, consider consultation with a veterinary oncologist regarding treatment options and prognosis.

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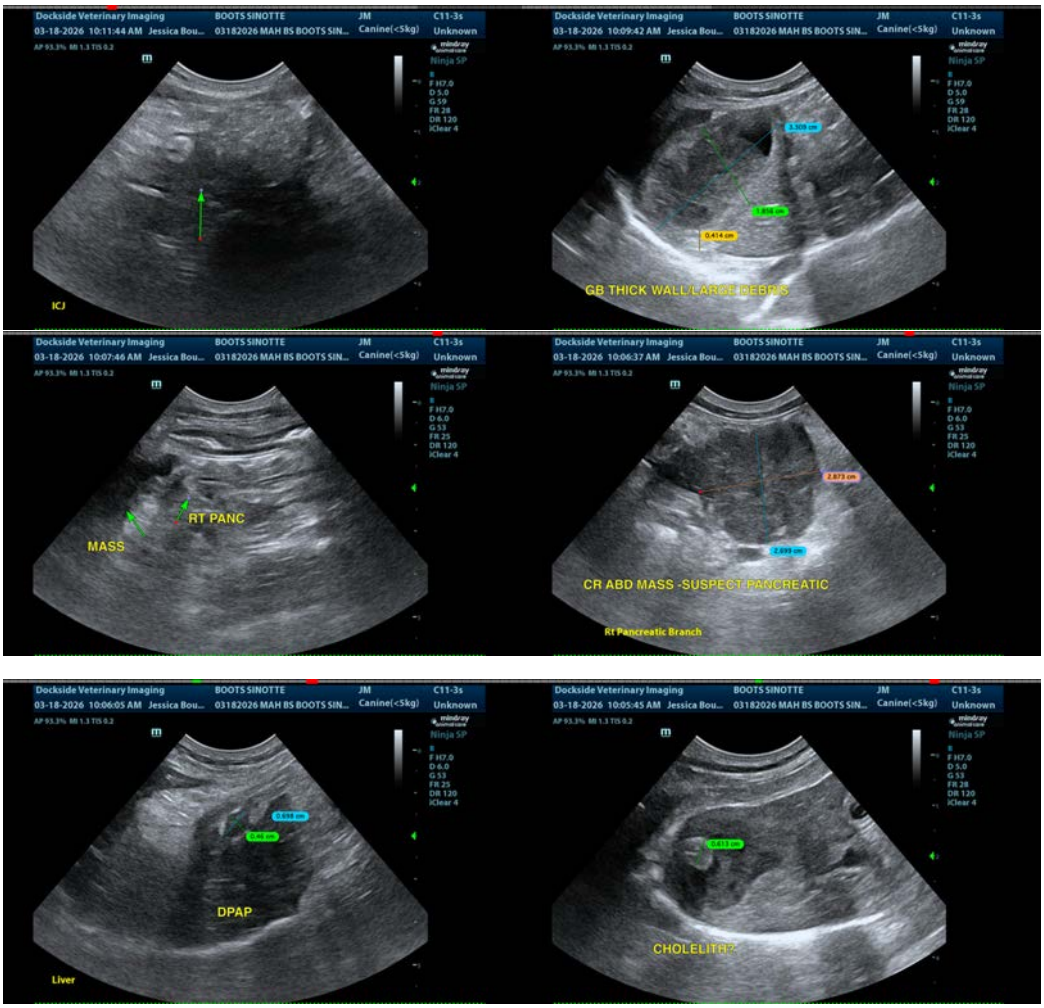
Additionally, the liver is somewhat heterogeneous, and the gallbladder is large and distended with a large amount of intraluminal debris, a cholelith, and thickened hyperechoic wall. Findings are concerning for significant cholecystitis. Recommend close monitoring of the gallbladder and liver enzymes as well as starting therapy with Ursodiol and antibiotics. If a sample of free fluid can be obtained, recommend fluid analysis and cytology, both to look for neoplastic cells and to look for any evidence of biliary rupture, etc.

If surgical intervention is considered, I would strongly recommend a contrast CT scan and consultation with a veterinary surgeon.

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



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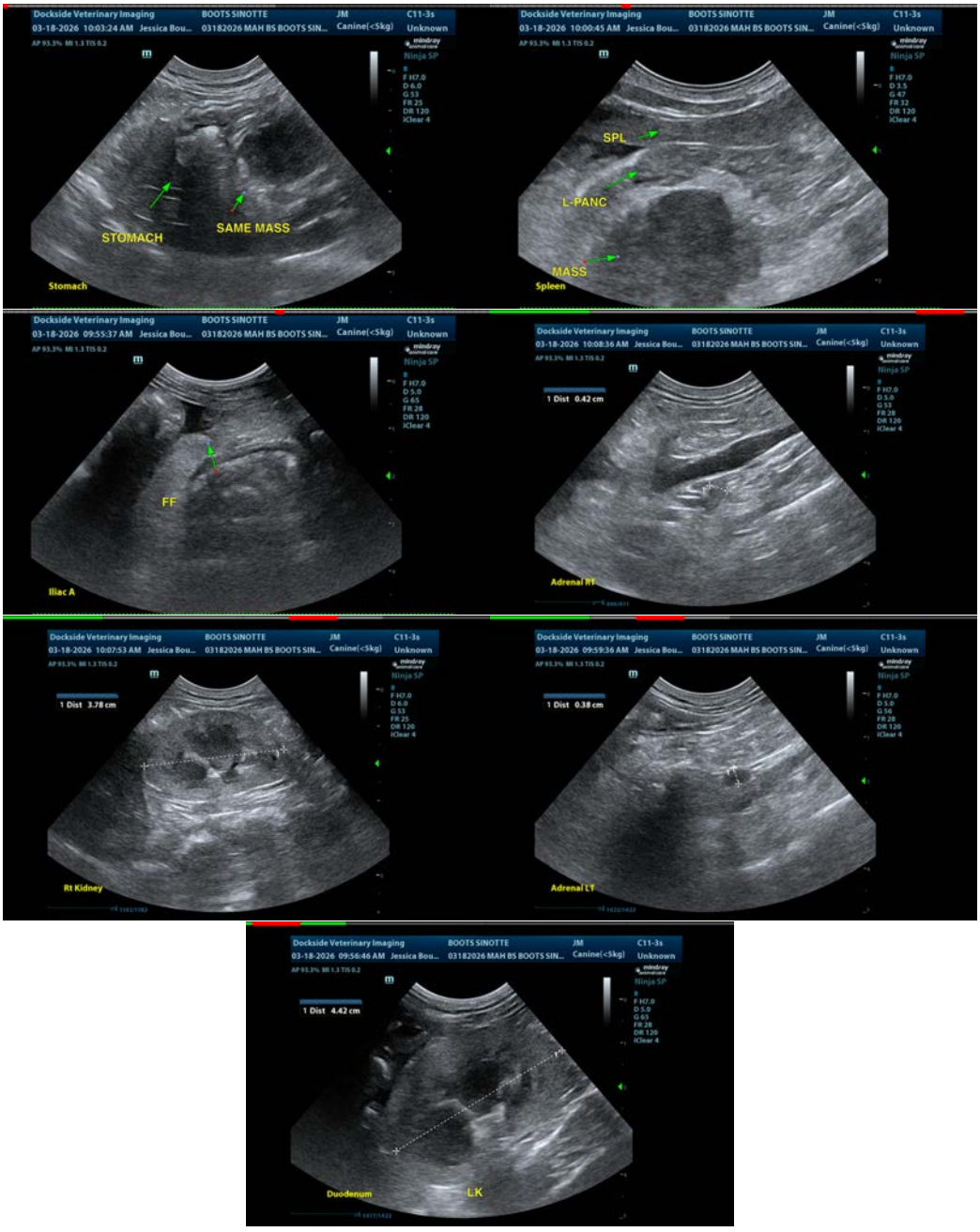

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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