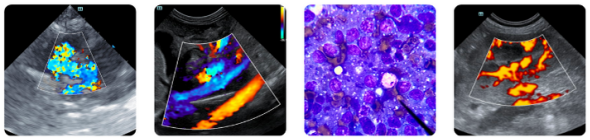


PATIENT

Dini Wentworth

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

7.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Brenda Lefler

INVOICE

11947

DATE

5/13/2026

PRESENTING CLINICAL SIGNS

Presented for a mass on the ABD. P has a firm, attached 3 cm mass on the ventral ABD that may communicate w/ the internal abdomen. P also has wt loss, anorexia, and dehydration on PE. On rads, the P has radiopaque areas in the ventral abdomen that may involve the GI tract and are in the area of the external mass.

History: The owner noticed the mass recently. Dini has a hx of wt loss and anorexia. He will only eat treats (Temptations). He begs for food but seems unable to eat more than a couple of pieces. He has a hx of vomiting "all the time" after eating, which the owner attributed to eating too fast. The vomiting stopped a few months ago. He is not currently vomiting. Stool quality is unknown as there are other cats in the house. Dini was a feral kitten, trapped at about 3 months of age. He has been indoor-only since. He has been difficult to bring to the vet in the past due to his temperament, but he has been more docile recently, which the owner attributes to him not feeling well. Bloodwork was performed yesterday by the referring veterinarian; the owner was told he is very anemic and dehydrated. A fine-needle aspirate of the mass was also performed, but results are not yet available.

CLINICAL SIGNS: Inappetance.

MEDICATIONS: Mirtazapine.

Abnormal PE/Chem/CBC/UA Results: May 11, 2026 CBC RBC 5.26 M/uL LOW Hematocrit 24.2$ LOW Hemoglobin 8.3 g/dL LOW Monocytes 0.69 K/uL HIGH Eosinophils 0.134 K/uL LOW Blood chem Glu 174 HIGH Potassium 3.4 LOW Chloride 107 LOW ALT <10 LOW.

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 (3.63 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.

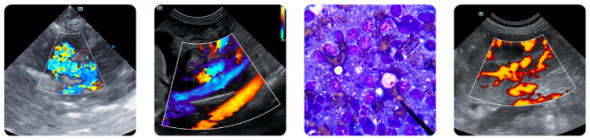
The right kidney has a normal shape and size (3.59 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.21 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 0.46 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



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The spleen is subjectively large in size (0.91 cm in width at the level of the hilus), and irregular in shape. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic mass effect with a hyperechoic center visualized at the medial aspect of the body of the spleen measuring 0.88 cm x 1.19 cm.

Liver

The liver is large in size, and normal in 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 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.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. The duodenum measured as normal (0.26 cm in wall thickness) and the jejunum measured as normal (0.17 cm.) Visualized peristalsis appears appropriate. The proximal duodenum is somewhat corrugated with focal thickening and loss of layering measuring at 0.65 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 pancreas is prominent and mottled. There are numerous nodules visualized in the cranial abdomen in the region of the pancreas. These could represent overlapping lymph nodes or pancreatic nodules. Most notably in the right cranial abdomen there's a large mass effect which overlaps the right limb of the pancreas measuring 2.34 cm x 1.82 cm. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant lymphadenopathy with large, hypoechoic, sometimes mineralized nodules/lymph nodes visualized within the mesentery. A lymph node in the cranial abdomen measures 1.26 cm x 1.09 cm. A mineralized lymph node measures 0.91 cm in diameter. The omentum is diffusely hyperechoic.

Other

There's a large, hypoechoic body wall mass visualized measuring 1.91 cm x 2.13 cm. It appears mildly mineralized. There are other smaller body wall mass lesions visualized.

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The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

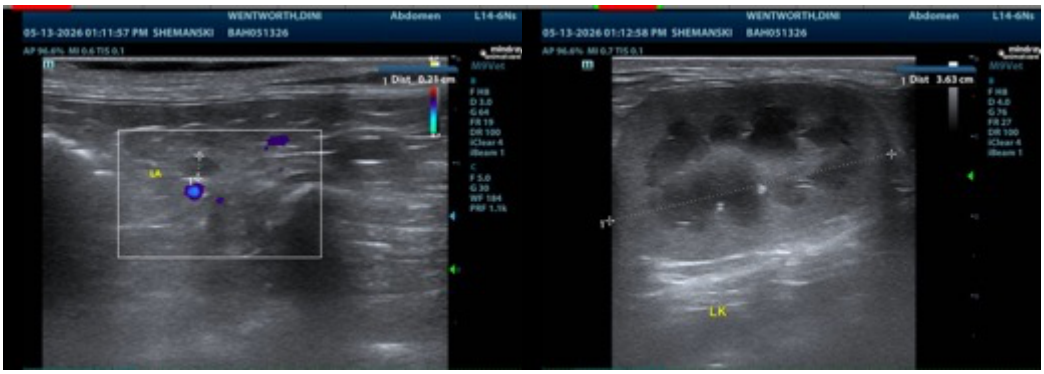
There is a nodule visualized in the thorax either involving the body wall or the peripheral lung, measuring 0.52 cm.

ULTRASONOGRAPHIC FINDINGS

- Large, mottled spleen with a mixed echogenicity hypoechoic mass effect. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The appearance of the mass effect is concerning for possible neoplastic lesion. Consider round cell neoplasia, sarcoma, carcinoma, other.
- Pancreatic changes consistent with chronic pancreatic remodeling with concern for a possible pancreatic mass lesion. Findings are concerning for pancreatic carcinoma or metastatic lesions.
- Heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Focal duodenal wall thickening and loss of layering. Findings are most consistent with infiltrative neoplasia, round cell neoplasia, metastatic lesion, other.
- Large, hypoechoic body wall mass lesion. Neoplastic lesion is thought likely.
- Large, abnormal, sometimes mineralized mesenteric lymph nodes. Findings are concerning for metastatic lymph nodes.
- Thoracic nodule. A metastatic pulmonary nodule is thought most likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are large, irregular, expansile, hypo- to mixed echogenicity mass lesions/nodules visualized associated with the spleen, mesentery, lymph nodes, pancreas, body wall and proximal duodenum, as well the thoracic cavity. Findings are strongly supportive of metastatic neoplastic process. Consider a fine needle aspirate of the spleen, and the body wall lesion. If a cytologic diagnosis is obtained, consider consultation with a veterinary oncologist regarding possible medical/chemotherapeutic options. Additionally recommend three view thoracic radiographs.



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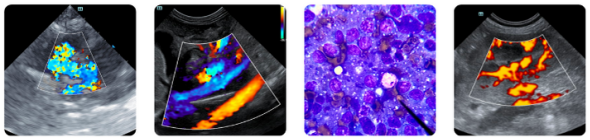

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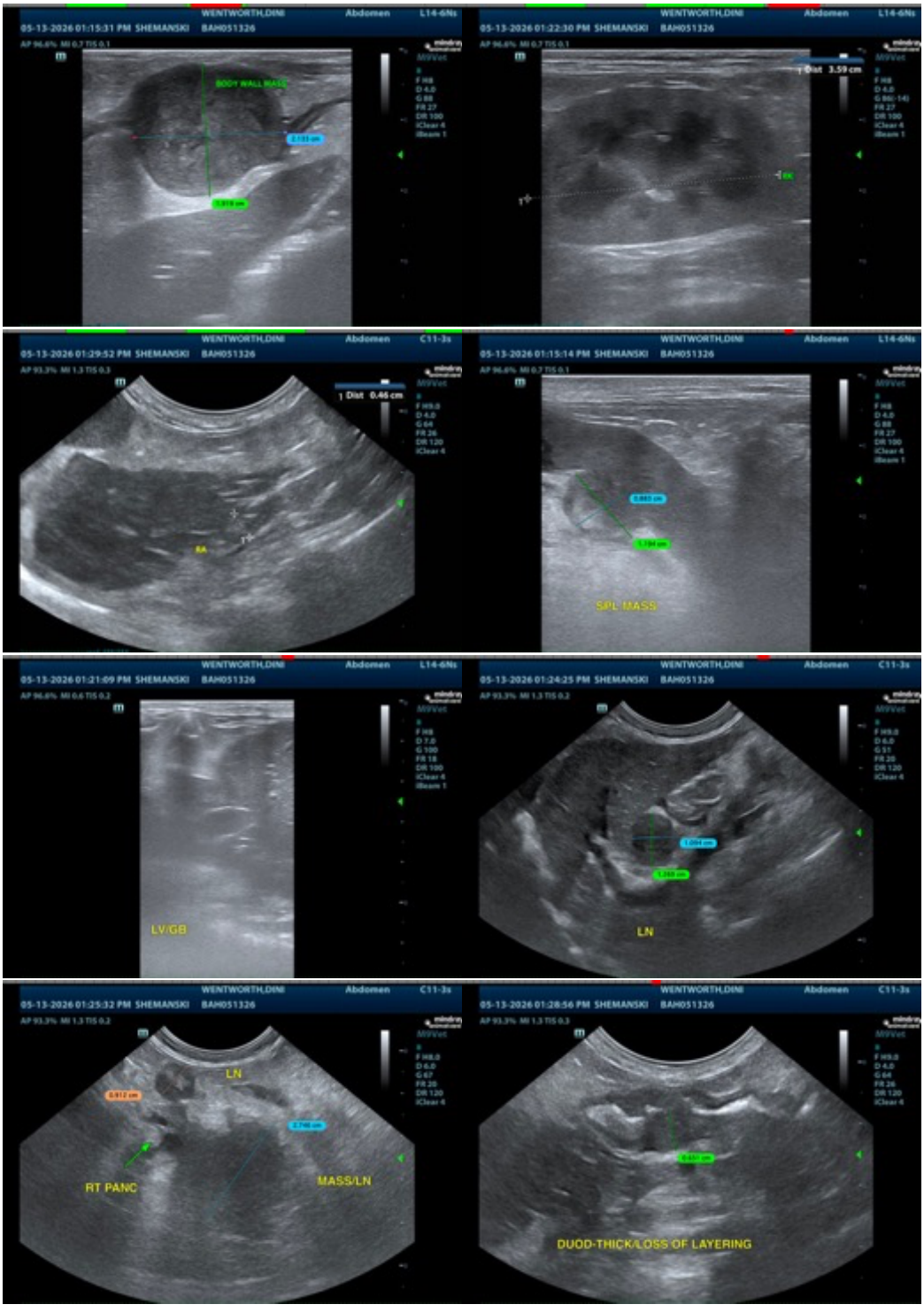

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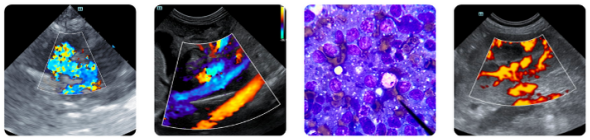

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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