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**DATE PRESENTING CLINICAL SIGNS**

8/10/23 Large abdominal mass- diabetic (well controlled).

**PATIENT**

Fritha Molinari-Fuqua

Current Medications: Glargine 2 units SQ BID, Solensia monthly.

Lab Results: See attached.

Radiographs: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Gas anesthesia.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9/17/08

**WEIGHT**

12.6 Pounds

**INTERPRETED BY**

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

**HOSPITAL NAME**

Bay Country VH

**REFERRING VET**

Dr. McLean

**INVOICE**

44579

**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 (3.84 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 (3.78 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 0.47 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 right adrenal gland is normal in size measuring 0.60 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 (0.89 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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. 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. Jejunum wall measures 0.16 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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***

A normal appearing pancreas is not visualized. There is a large, rounded, mixed echogenic mass effect with irregular borders and surrounding inflammation visualized in the left cranial abdomen in the region of the pancreas. Pancreatic origin is suspected but cannot be confirmed. The mass effect measures 8.96 cm x 6.54 cm.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is hyperechoic surrounding the large cranial abdominal mass.

### ***Other***

There is a large, mixed echogenic mass effect visualized in the left cranial abdomen described under pancreas. Primary differential would be pancreatic mass lesion, although the source of this mass lesion is not clear.

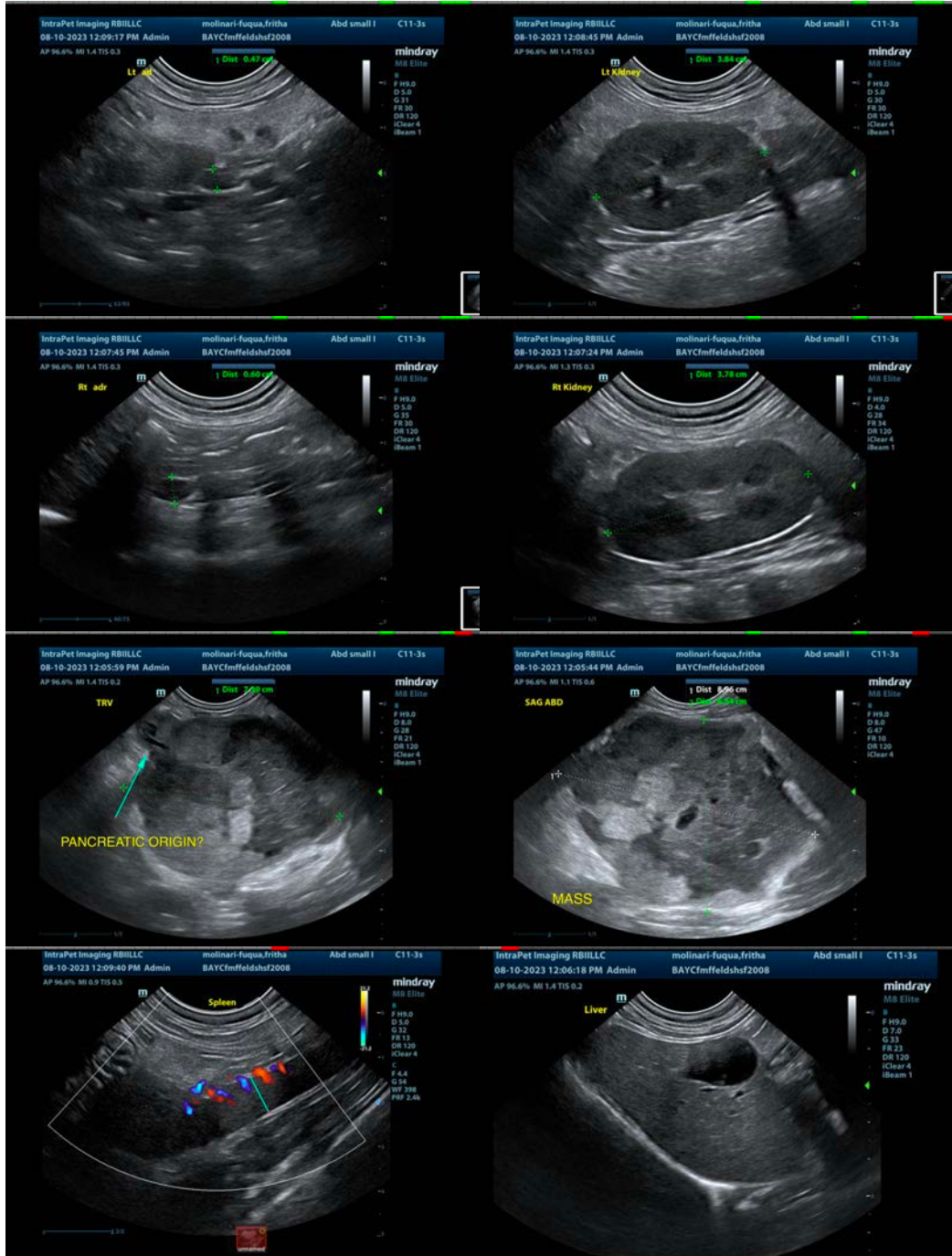
Ringdown artifact is visualized at the level of the diaphragm.

## **ULTRASONOGRAPHIC FINDINGS**

- Large, rounded, irregularly marginated, mixed echogenic mass effect visualized in the left cranial abdomen – Suspect pancreatic origin, but this cannot be confirmed. Other sources are possible.
- Ringdown artifact visualized at the level of the diaphragm – This can be associated with pulmonary parenchymal disease. Recommend 3-view thoracic radiographs.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a large mixed echogenic mass visualized in the left cranial abdomen. The size of this mass prevents clear visualization of associated structures. Pancreatic origin is suspected but cannot be confirmed. Recommend a fine needle aspirate of this lesion as well as a contrast CT scan to try and better determine the extent of the mass lesion, its origin, and what surgical options are available.



**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.

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