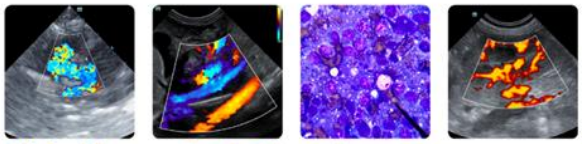


PATIENT

Mr. Middle Fiedel

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

17yr

WEIGHT

9lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Traci Holder, DVM

INVOICE
23411

DATE
1-2-26

PRESENTING CLINICAL SIGNS

Staff pet recently presented for feeling general malaise - pet has history of mild CKD. Abdominal palpation suspicious of a mass. AUS recommended.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. Bilateral pinpoint areas of dystrophic medullary mineral were present. The left kidney measured 2.7 cm in length. The right kidney measured 2.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

Spleen

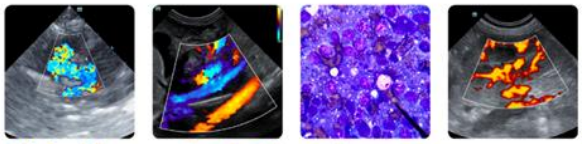
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.21 cm in width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

An asymmetrical to irregular mixed echogenic potentially cystic to cavitated mass was present in the mid-abdomen, primarily in the area of the left pancreas measuring ~ 5 cm x 2.3 cm.

Free Abdomen

Surrounding to peripheral non-homogenous hyperechoic omentum.

Pockets of mild peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Pancreatic mass
- Normal gastrointestinal tract with mild non-shadowing gastric ingesta
- Chronic renal changes exhibiting mild pyelectasia
- Minor peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreatic mass is highly suggestive of neoplastic criteria with FNA cytology recommended for further clarification. Non-pancreatic or unspecified mass impinging upon the area of the pancreas, i.e. omental or lymphatic origin mass felt less likely. Recheck UA +/- C/S or UPC level for renal staging is recommended.

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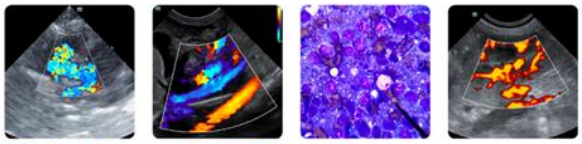

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SonoPath.com info@sonopath.com 1.800.838.4268

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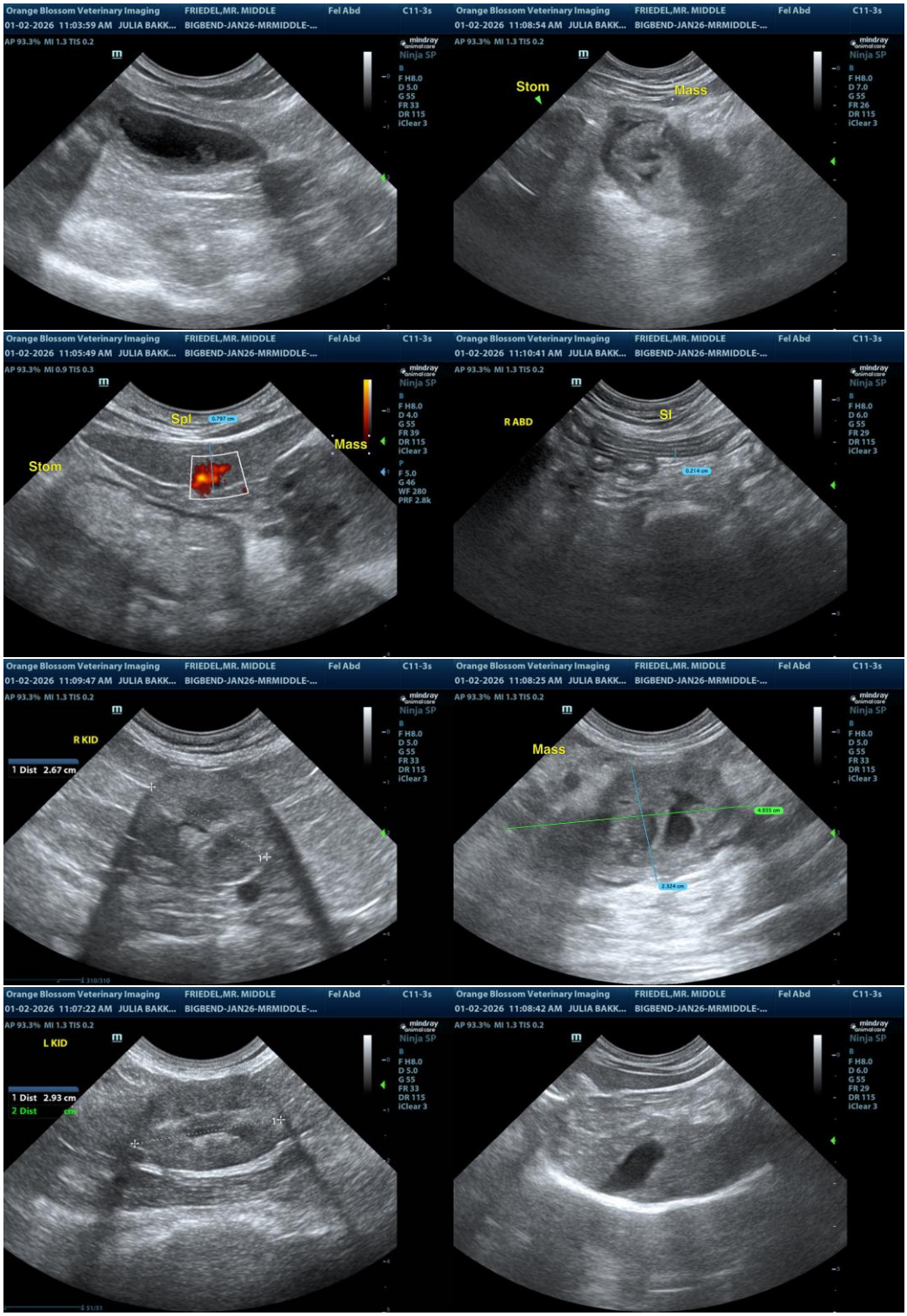

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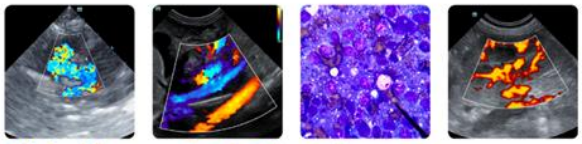

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com