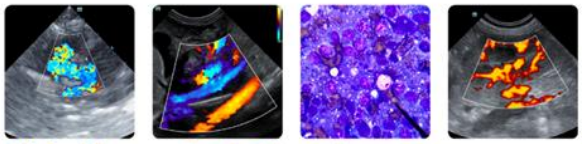


PATIENT

Prince Nimitz

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

14yr

WEIGHT

7.57kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE
23466

DATE
01/06/2026

PRESENTING CLINICAL SIGNS

Increased intermittent vomiting and lethargy. Overgrooming ventral abdomen. Abdominal mass identified on radiographs.

Abnormal PE/Chem/CBC/UA Results: Grade II/VI systolic heart murmur Distended abdomen, firm mass palpable in abdomen, mild pain on palpation Unkempt and greasy haircoat, moderate to severe dry scales Muscle wasting over dorsum and hindlimbs, Blood pressure: >300 mm Hg (Doppler) EPOC: Glucose 199 H CBC: Neutrophils 12.96K H, Monocytes 0.83K H Chem15: Glucose 187 H T4: 1.8 Urinalysis: USG >1.050 H, pH 6.0 Thoracic and abdominal radiographs: Large abdominal mass right mid-abdomen,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.38 cm width. The right adrenal gland measured 0.50 cm width.

Spleen

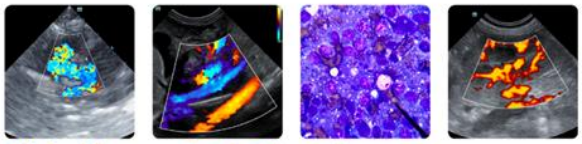
The spleen exhibited normal size and contour with a mildly non-homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. No visualized masses or nodules were present.

Liver/Gallbladder

The liver was subjectively borderline to mildly enlarged in size. 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 mild non-organized debris. 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 was empty with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact diffusely thickened wall exhibiting an altered wall layer ratio owing to thickened mucosa and muscularis layer. The duodenum wall measured 0.46 cm width. The jejunum wall measured 0.36 cm width. The ileocolic wall measured 0.49 cm width.

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

Pancreas

The left pancreas was mildly prominent in size with capsule asymmetry and non-homogenous parenchyma. Mildly prominent left limb pancreatic duct was present.

Free Abdomen

A moderately sized asymmetrically marginated mixed echogenic to nodular possibly cystic mass was present in the mid to cranial abdomen. The mass measured ~ 7 cm x 6.5 cm. The mass was noted in the area of the ileocolic junction and immediately caudal to the ventral aspect of the liver.

Scant pockets of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mid to cranial abdomen mass.
- Borderline mild hepatomegaly.
- Mild gallbladder debris.
- Intact diffusely thickened small intestine.
- Suspect concurrent left limb chronic pancreatitis

Secondary

- Bilateral chronic renal changes.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive connection of the confirmed abdominal mass to a specific organ was not obvious. Lymphatic, non-obvious intestine or potential hepatic origin is favored without evidence of splenic involvement and with pancreatic origin thought less likely. Concurrent diffuse enteropathy, which may indicate inflammatory, neoplastic or granulomatous etiology. Assuming normal clotting status, mass and suggested screening hepatic FNA cytology is warranted for further clarification.

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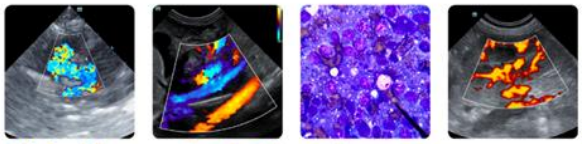

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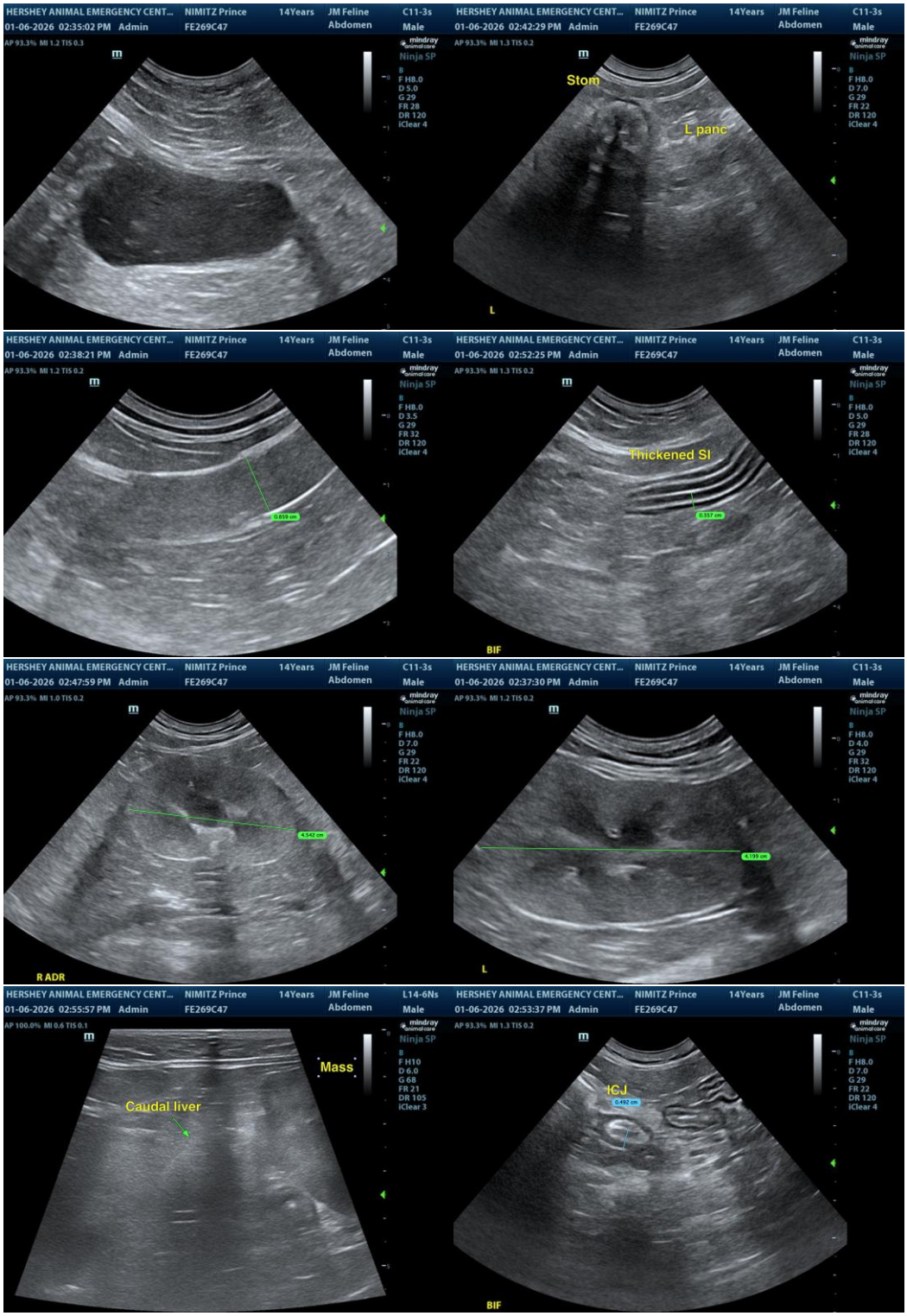

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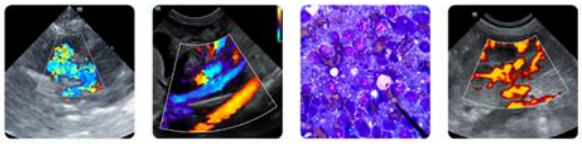

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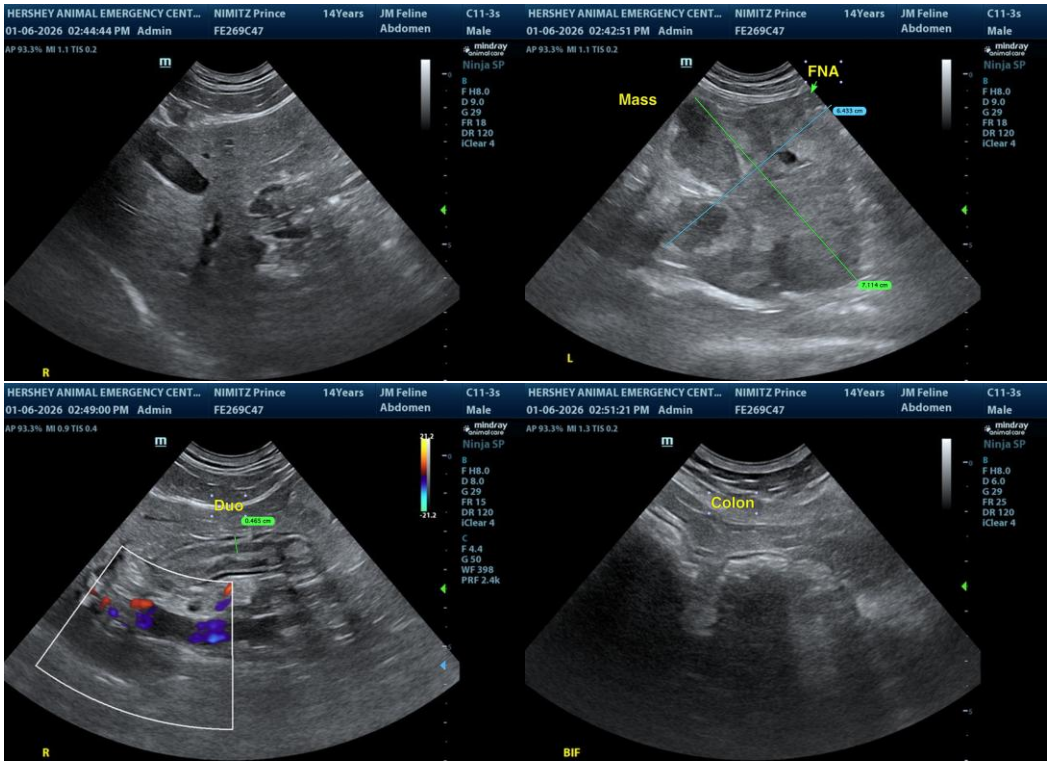

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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