



**PATIENT**

Abby Ellis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14 years

**WEIGHT**

3.35 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Britannia Kingsland  
Vet Clinic

**REFERRING VET**

Dr. Hamill

**INVOICE**

15274

**DATE**

10/26/22

**PRESENTING CLINICAL SIGNS**

Hx of weight loss, increased appetite, possible pu/pd, increased activity. Abdominal mass palpated on exam. Heart murmur grade 1.

Abnormal PE/Chem/CBC/UA Results: ProBNP 101 (0-100 ref range). CBC and Chem NSF.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.26 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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. The spleen measured 0.86 cm width at the level of the hilus.

**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**



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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. The gastric body wall width measured 0.24 cm.

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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 ileus, obstruction, or foreign material. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.17-0.20 cm width. The ileocolic wall measured 0.25 cm width.

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

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***Pancreas***

The left pancreatic limb was normal in size with mild capsule asymmetry and subtle hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum. A small to moderately sized cystic nonhomogeneous mass was present in the area of the right pancreatic limb subjectively medial to the duodenum yet within the area of the ileocolic junction measuring 4.0 cm in diameter.

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***Free Abdomen***

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No evidence of significant lymphadenopathy or peritoneal free fluid.

**ULTRASONOGRAPHIC FINDINGS**

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R. McKenzie Daniel,  
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- Cystic mass lesion in area of right pancreas adjacent to ileocolic junction
- Overtly normal gastrointestinal tract
- Bilateral chronic renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although not definitive, the cystic mass lesion is suspected to be pancreatic in origin with benign vs. malignant etiologies possible. Minor potential for non-obvious intestinal or ileocolic origin of the mass, given its location, cannot be definitively excluded.

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Correlation with a Spec fPL, or ideally given the patient weight loss and increased appetite, a full GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status, screening FNA cytology of the cystic mass using a 25-gauge needle is warranted.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. If not done, three-view chest radiographs are recommended to rule out occult thoracic pathology as a contributing factor to the patient's weight loss.

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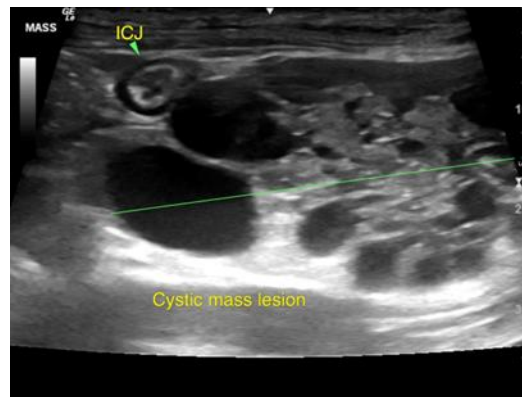
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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