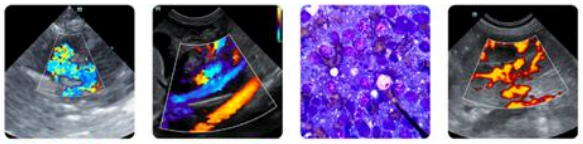


PATIENT
Marceline Hatch

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
14yr

WEIGHT
10.7lb

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

IMAGING PERFORMED BY
Emma Flott

HOSPITAL NAME
Portland Veterinary Wellness Center

REFERRING VET
Torrey Schwartz

INVOICE
24296

DATE
03/24/2026

PRESENTING CLINICAL SIGNS

- vomiting food several times a week for a few weeks
- weight loss over last few months of 2 lb
- hx of diabetes mellitus, controlled on ProZinc
- Abnormal PE/Chem/CBC/UA Results: lab results pending

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 no evidence of urine/lumen sediment, mineral, or calculi. 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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.

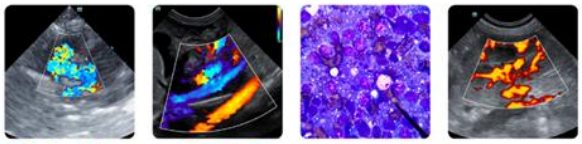
Liver/Gallbladder

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 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.

The small intestine presented variably thickened wall exhibiting intact wall layering with segmental thickened wall and loss of mural detail in the segmental jejunum. The duodenum wall measured 0.38



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cm wall width. Thickened hypoechoic jejunum wall with loss of intestinal mural detail measured 0.46 cm in width.

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

Pancreas

The pancreas exhibited two subjective masses, one in the left pancreatic limb and one in the area of the pancreas base or proximal right pancreatic limb caudal to the pylorus and duodenum. The masses exhibited non-homogenous to cystic parenchyma. An example of a pancreatic mass measured 2.5 cm. Generalized heterogeneous remodeled pancreatic parenchyma with surrounding peripancreatic hyperechoic omentum was present.

Free Abdomen

Intermittent asymmetrically enlarged to swollen non-homogenous hypoechoic mesenteric lymph nodes were present, an example measured 1.7 cm x 1.0 cm.

No evidence of peritoneal effusion was present.

Perihepatic, peri intestinal and perilymphatic hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

Primary

- Pancreatic mass /masses
- Thickened intestine with segmental jejunal mural mass
- Asymmetrically swollen hypoechoic mesenteric lymphadenopathy

Secondary

- Mild gallbladder debris
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric pancreatic and intestinal neoplastic criteria is highly suspected with significant pancreatic and intestinal inflammatory disease with potential for pancreatic necrosis felt less likely. Further assessment may include assuming normal clotting status, pancreatic mass FNA cytology using 25ga needle. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Correlation with pending lab work is recommended. Biopsies potentially required for definitive diagnosis.

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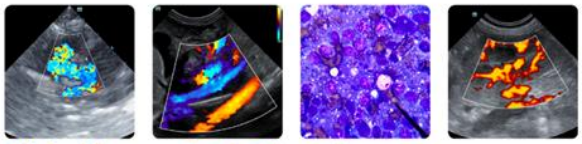

Clinical Sonography & Telecytology
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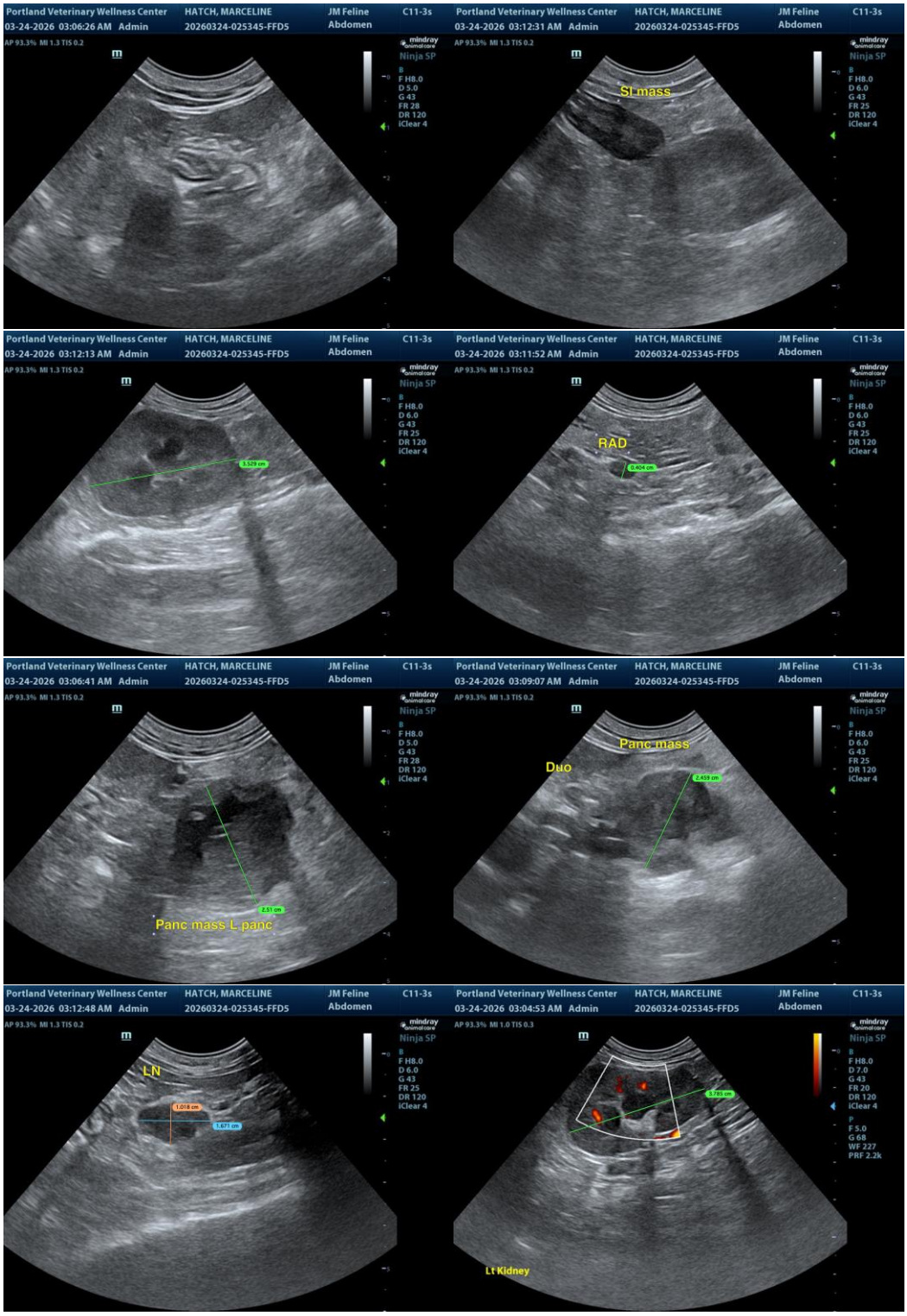

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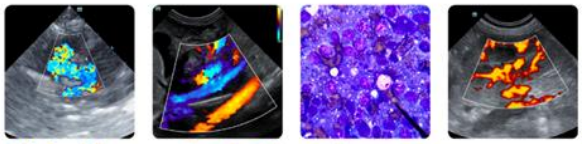

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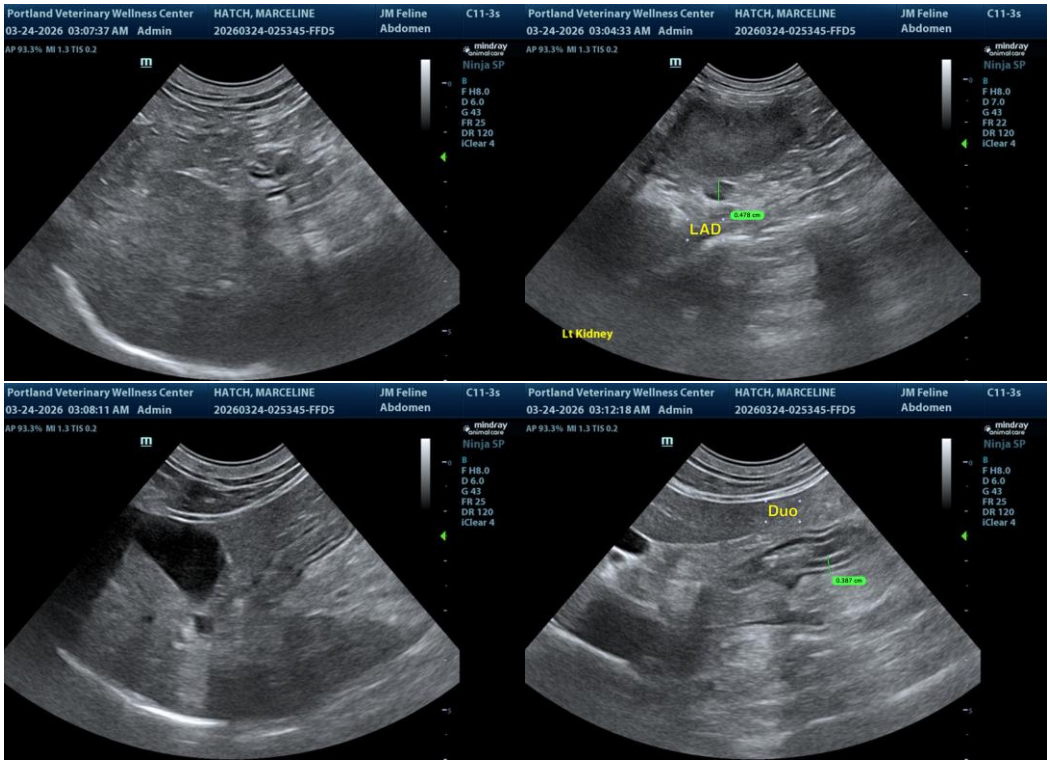

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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