



PATIENT

Gray Kirby

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

13 Years

WEIGHT

8.5 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Meghan Morse LVT,
CVT

HOSPITAL NAME

North Haledon Vet
Care

REFERRING VET

Dr. Mansfield

INVOICE

14083

DATE

03/05/26

PRESENTING CLINICAL SIGNS

- Abd mass

Abnormal PE/Chem/CBC/UA Results: SGPT 713, SAP 225, PSL 62

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 mild dependent lumen hyperechoic sediment/mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 3.6 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.30 cm width at the caudal pole.

The right adrenal gland was not definitively visualized owing to periadrenal artifact.

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 presented with mild hepatomegaly with rounded contour. Homogenous mildly hyperechoic parenchyma compared to adjacent omentum. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 overall intact wall layering with maintained wall layer ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestine wall measured 0.25 cm wall width.

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Normal visible colon wall layers were present with semi formed fecal matter.

Pancreas

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The pancreas was normal to variable pancreatic enlargement with capsule asymmetry and nonhomogenous to regional hypoechoic remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent left limb pancreatic duct.

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Free Abdomen

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No obvious visualized significant or swollen mid abdomen mesenteric lymphadenopathy was present. An irregular nonhomogenous mass in the right cranial abdomen adjacent to the distal small intestine/ileocolic junction and within the area of the distal right pancreas was present measuring approximately 4.0 cm in diameter. Surrounding to regional mild hyperechoic omentum and minor cranial abdomen effusion.

WEIGHT

8.5 pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mass in the right cranial abdomen in the area of the right pancreas and ileocolic junction.
- Associated regional cranial abdomen hypoechoic omentum and minor effusion.
- Hepatomegaly with mild parenchyma hyperechogenicity.
- Gallbladder debris.
- Variably prominent nonhomogenous hypoechoic pancreas.

Secondary Findings

- Age-related renal changes.
- Mild urinary bladder lumen sand/mineral.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed abdominal mass is most consistent with neoplastic criteria with pancreatic or intestinal origin favored. The liver may indicate lipidosis if historical anorexia, vacuolar/cholestatic, inflammatory etiologies or neoplasia.

Assuming normal clotting status using 25-gauge needle, mass and screening liver FNA cytology is warranted for further clarification. Concurrent chronic to chronic active pancreatitis is suspected. Assuming no pathology on three view chest radiographs, abdominal CT could be considered for further for further clarification. Urinalysis is recommended.

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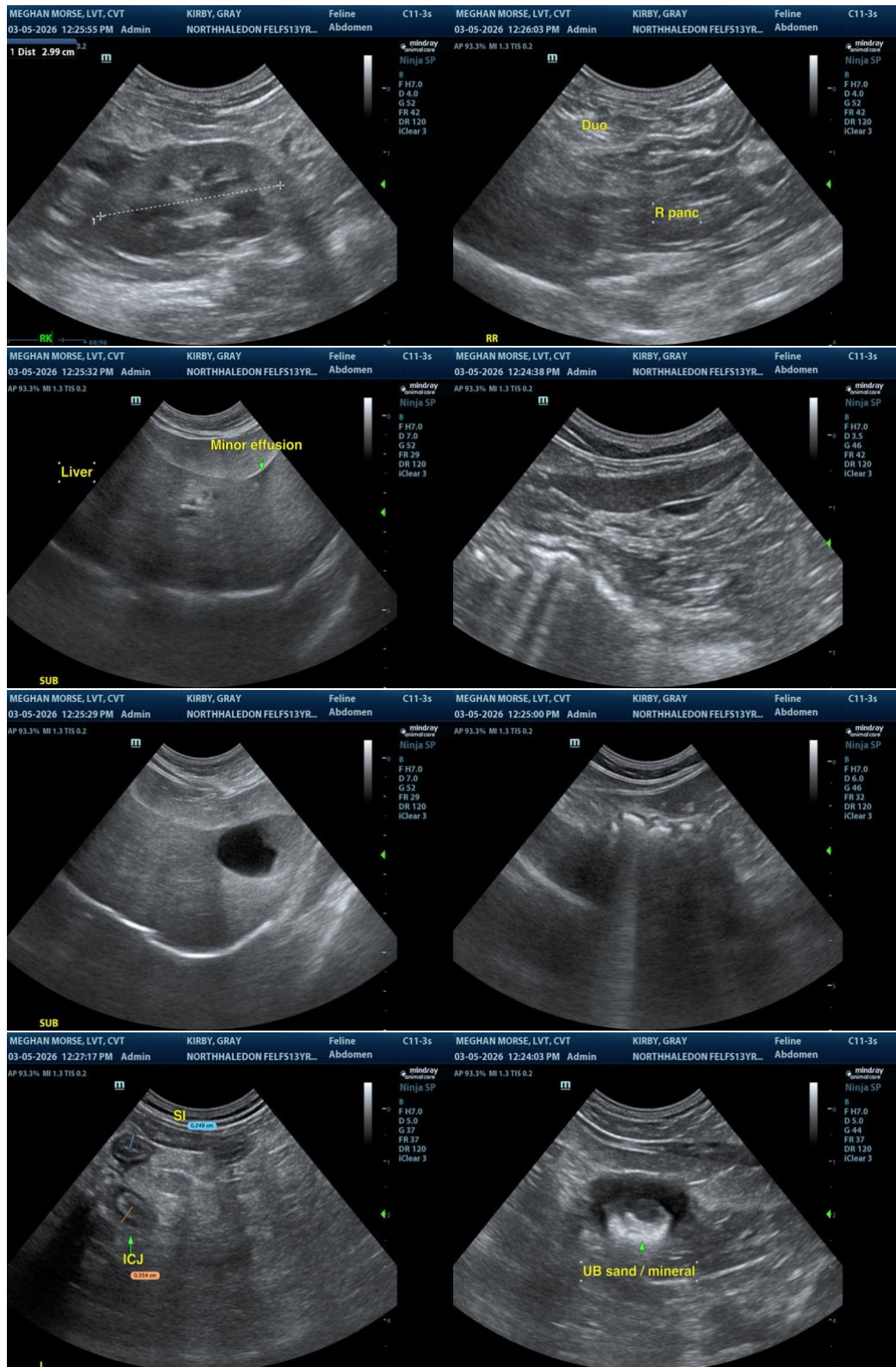
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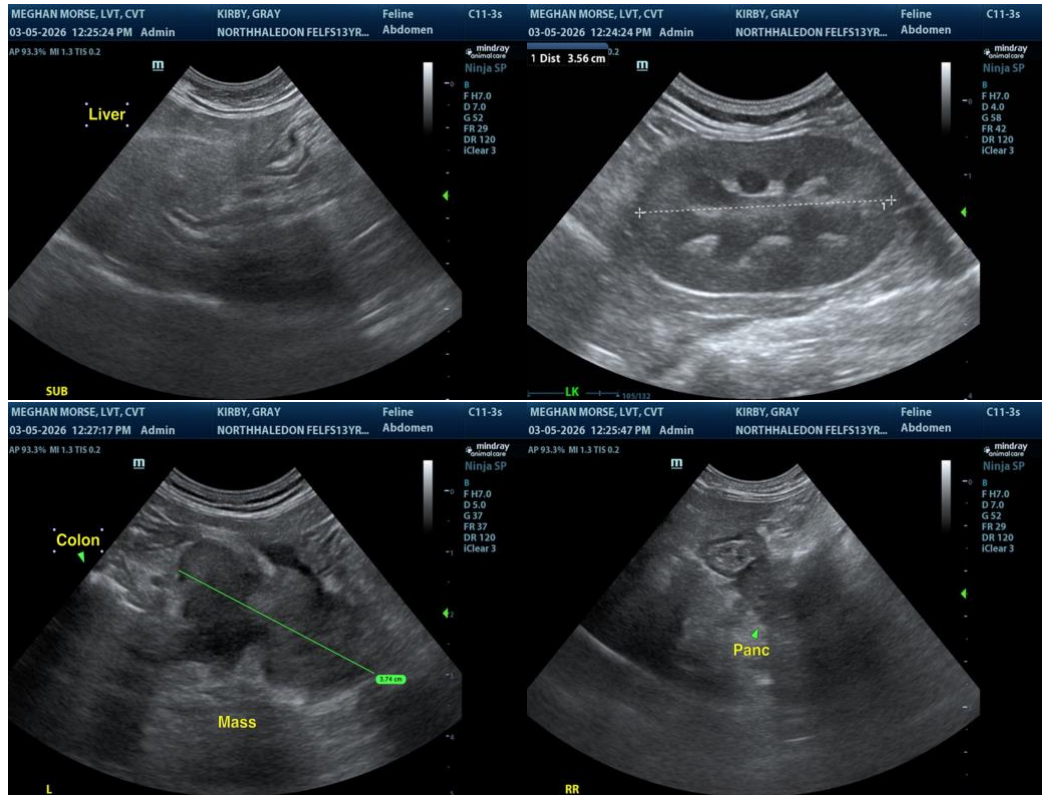
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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