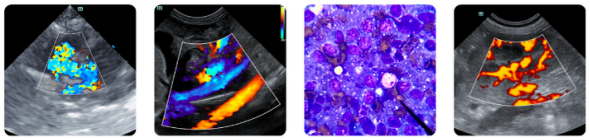


PATIENT

Ashleigh Devon Nelson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 years 5 months

WEIGHT

12.63

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Celia Galanti

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Dr. Manuel DeJesus

INVOICE

10715

DATE

11/7/2025

PRESENTING CLINICAL SIGNS

Ashleigh Devon is a 16 yr 6 mo old MN DSH presenting on emergency for vomiting, in and out of litterbox with no production, elevated liver enzymes from rDVM over past week. O reports P has been diabetic since July of 2023, currently on prozinc 1.5 U BID but has been receiving 1 U due to inappetence. P presented to rDVM last week and was found to have elevated hepatic enzymes and a leukocytosis. P was prescribed pradofloxacin and mirtazipine, P appeared somewhat improved but symptoms represented today. O reports at bloodwork recheck liver looked better but bilirubin still high. Owner reports no diarrhea, coughing, or sneezing. Current medications: Prozinc 1.5 U BID, mirtazipine, pradofloxacin Patient has no recent travel history. Past pertinent medical history: Diabetic There are no known vaccine or medication allergies.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing small amount of both floating and dependent hyperechogenic sediment with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size with increased echogenic appearance, loss of cortico-medullary differentiation and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 3.8 cm, and the right kidney measures 3.6 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.46 cm in width. The right adrenal measures 0.52 cm in width.

Spleen

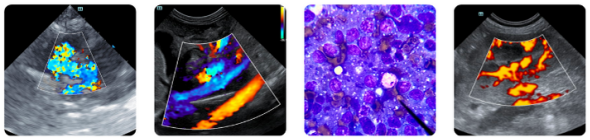
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 0.5 cm in width.

Liver

Mottled, echogenic, irregular cystic mass. Measuring approximately 2.0 cm x 2.8 cm in the cranial aspect of the left lobe. The rest of the liver is of normal size, maintaining normal echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas. Small, hypoechogenic parenchymal nodule in the right lobe, measuring approximately 0.7 cm in size.

Free Abdomen

Prominent appearance of the mesenteric lymph nodes, measuring up to 0.4 cm x 0.9 cm in size with a hypoechogenic appearance and a rounded shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Chronic pancreatitis versus pancreatic fibrosis.
- Pancreatic nodule.
- Mesenteric lymphadenomegaly.
- Age related renal changes versus early chronic kidney disease.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic mass would be cystadenoma, hematoma, and primary hepatic neoplasia.

Although, the pancreatic nodule is most likely an incidental finding, a granuloma and emerging neoplasia needs to be considered.

Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis, and infiltrative neoplasia.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, and possibly bacterial cystitis.

Further assessment would be urinalysis, possibly urine culture, FPL/PSL assay, an FNA cytology of the hepatic mass, pancreatic nodule and mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.

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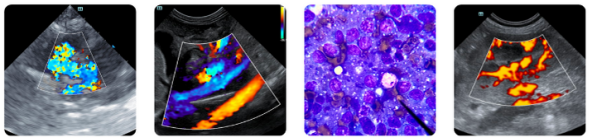

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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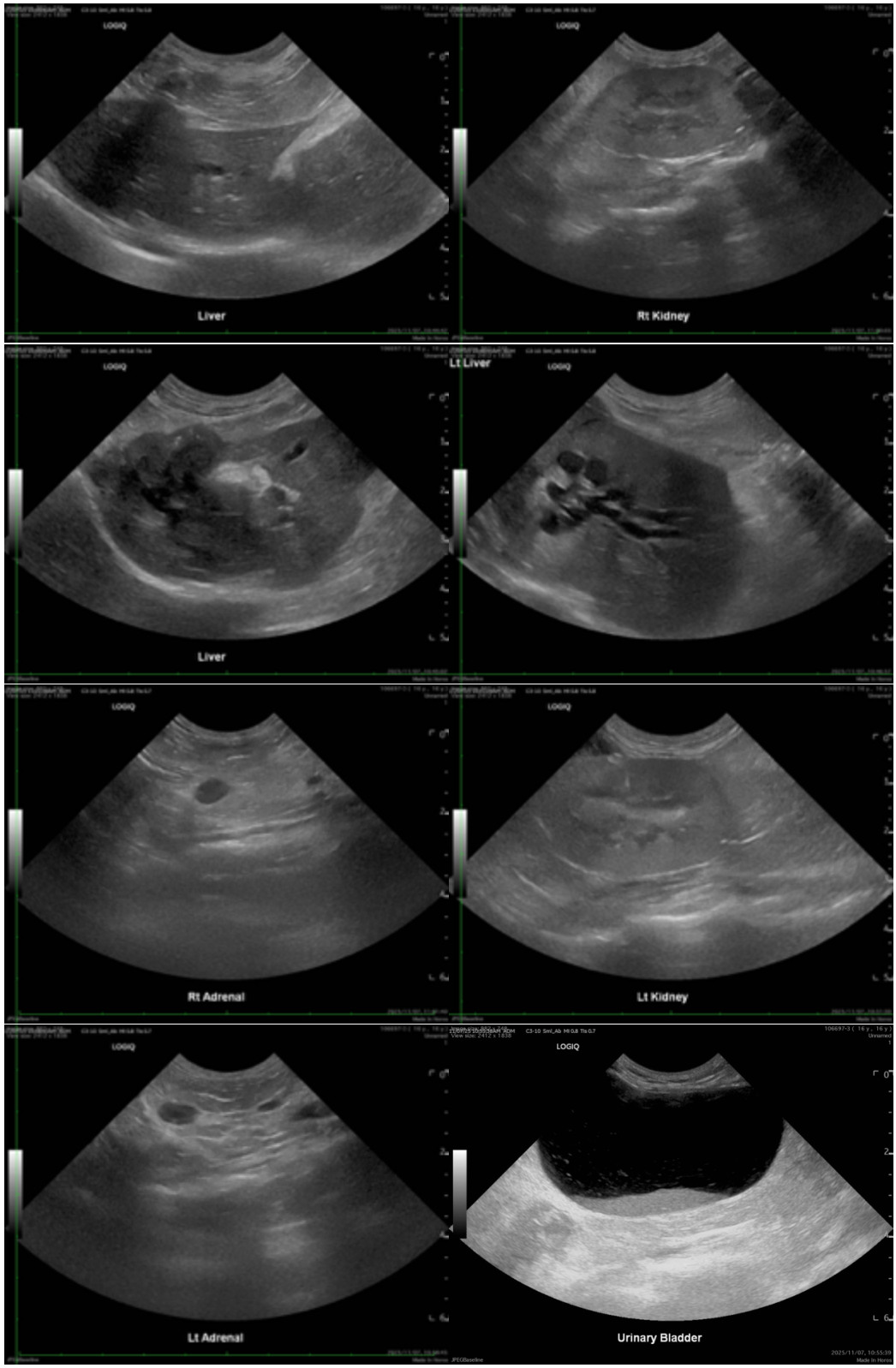

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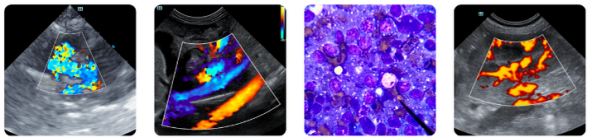

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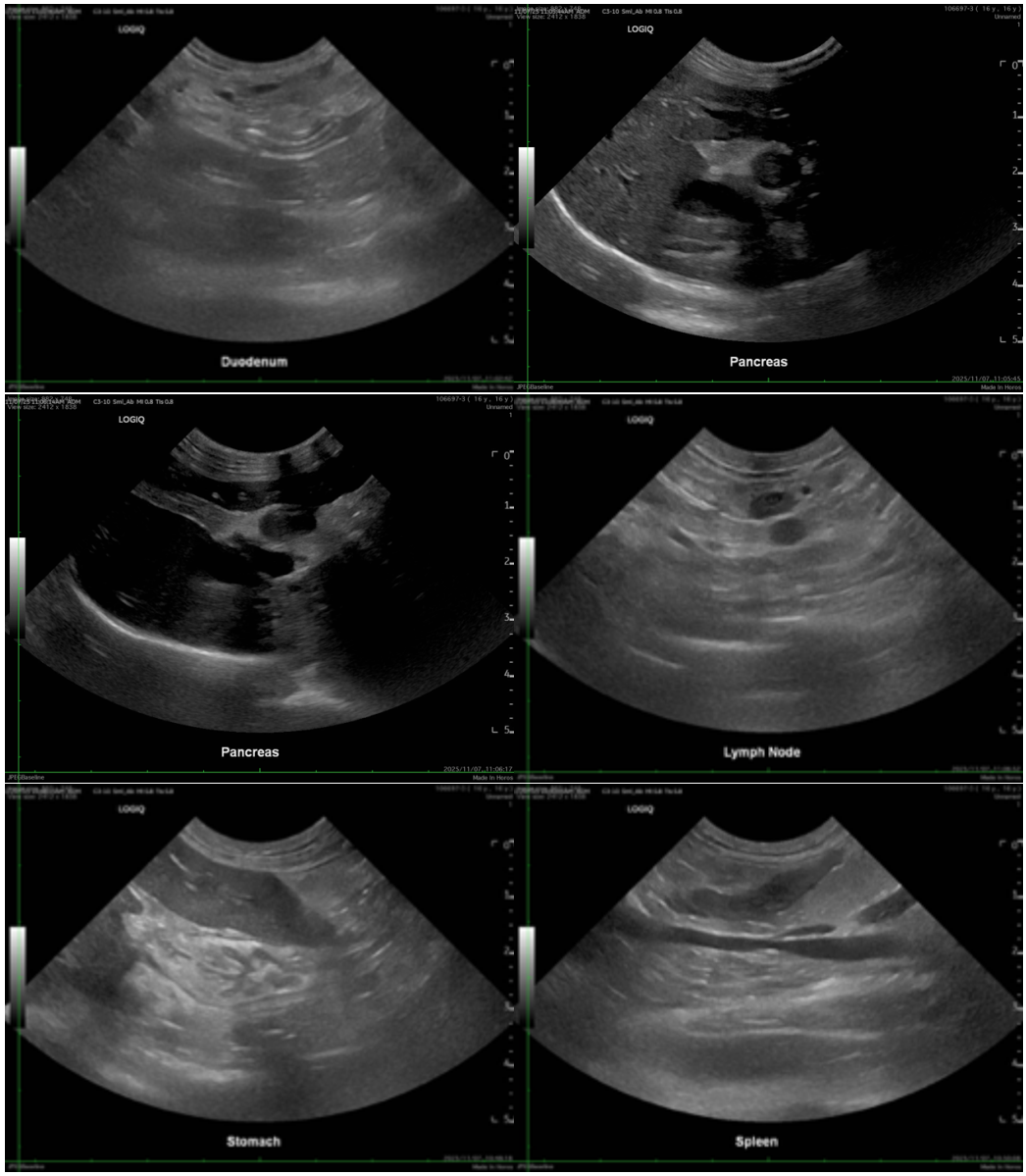

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com