

PATIENT

Lilo Miranda

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12y

WEIGHT

6.12 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Denise Bruno RDMS,
LVT

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

13265

DATE

3/10/26

PRESENTING CLINICAL SIGNS

History:

- Chronic diarrhea. ^Globulin 5.4. Evaluate for neoplasia. Labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder containing small amounts of floating hyperechogenic sediment with a normal thickness and smooth appearance of the wall.

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.

The left kidney exhibited normal size with an increased echogenic appearance, some loss of corticomedullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern evident. The left kidney measured 3.8 cm. The right kidney was not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.94 cm length x 0.48 cm width. The right adrenal gland was not visualized.

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 measured 0.6 cm width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal parenchymal cystic nodule was present measuring ~1.0 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing a small amount of non-adhered hyperechogenic sediment as well as a few small incidental choleliths. 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. Small intestine measured up to 0.28 cm.

Pancreas

The pancreas was enlarged in size with an irregular shape, hypoechoogenic appearance and an irregular capsule. Few, small hypoechoogenic parenchymal nodules were present. Mild increase in the echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

Small amount of acellular ascites present within the cranial abdomen.

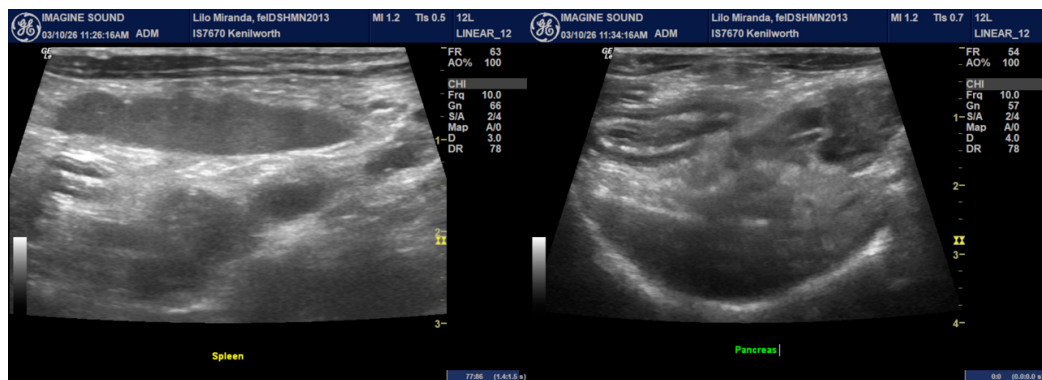
ULTRASONOGRAPHIC FINDINGS

- Pancreatic pathology
- Ascites
- Hepatic nodule
- Age-related renal changes vs early chronic kidney disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An important etiology for the appearance of the pancreas would be pancreatic neoplasia with chronic active pancreatitis. A possible differential diagnosis for the ascites can be ascribed as secondary to the pancreatic pathology. The appearance of the hepatic cyst would be consistent with an incidental benign cystadenoma.

Further assessment would be 3-view thoracic radiographs and FNA cytology of the pancreas. Specific therapy would be dependent on an etiological diagnosis.



Imaging performed by



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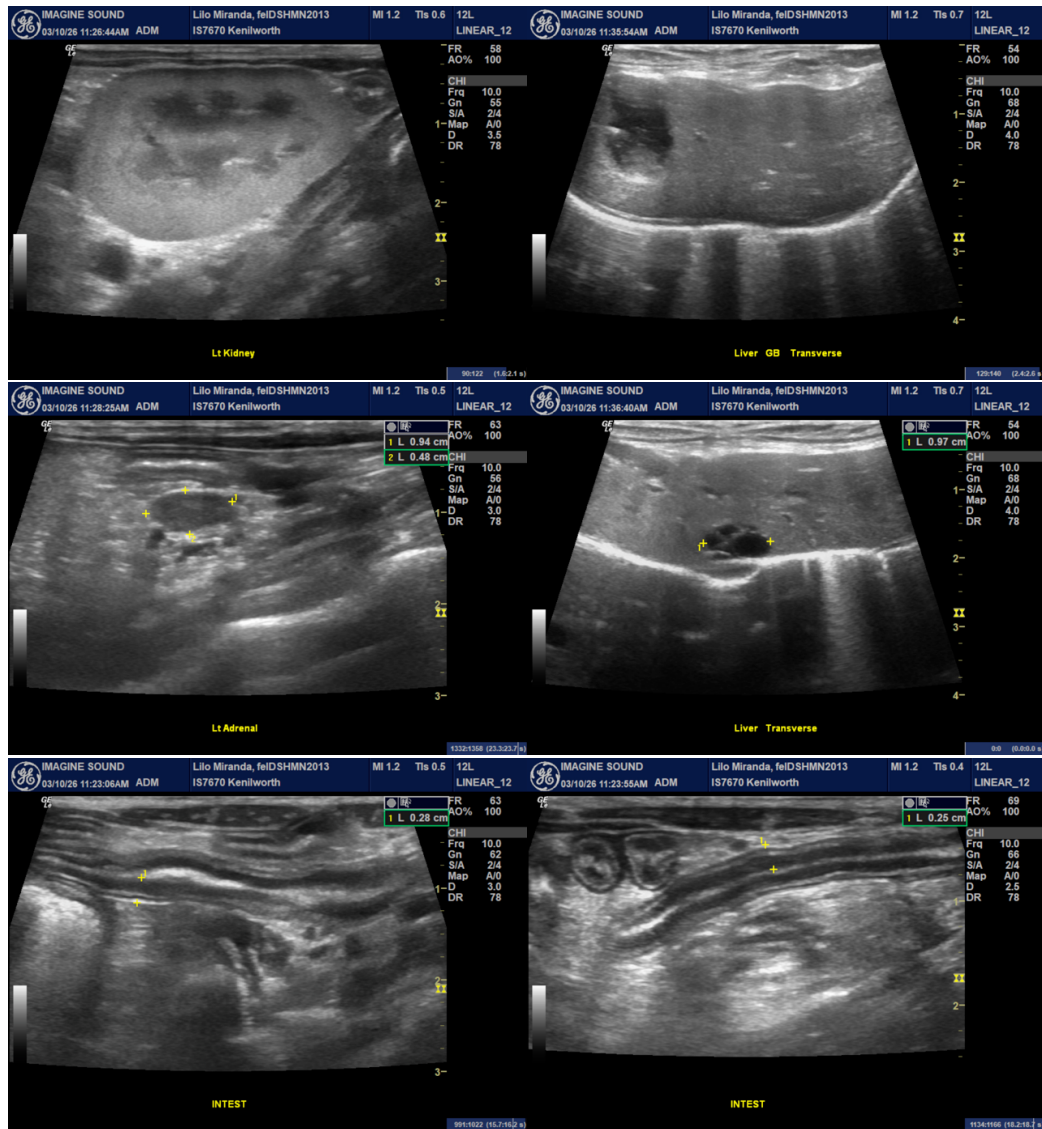
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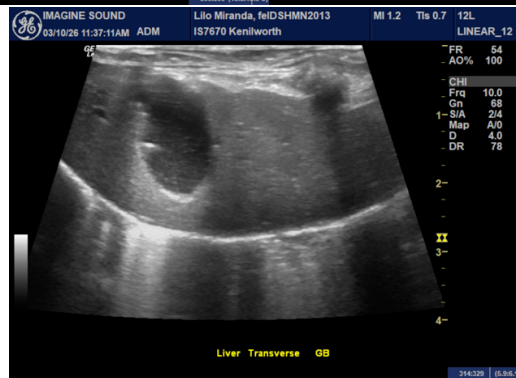
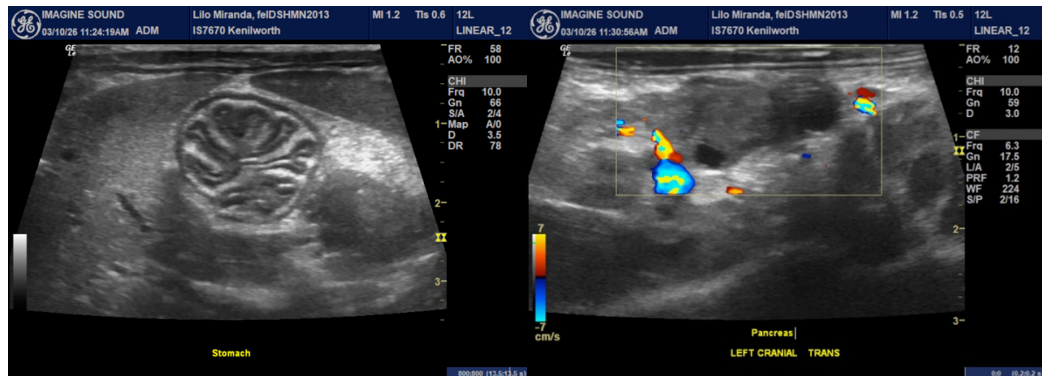
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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