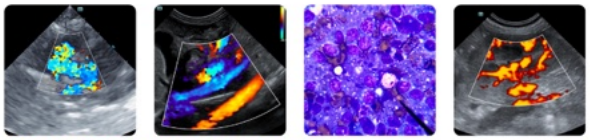


PATIENT

Adele Hinricher

SPECIES

Feline

BREED

SEX

Spayed female

AGE

8 years

WEIGHT

16 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Kelley

INVOICE

74555

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Cutaneous APOCRINE ADENOMA removed off of the chin 2 weeks ago at time of dental procedure. Uncommon in cats. This benign mass is completely excised. Weight loss. Owner is concerned about a potential relapse of her previously diagnosed diabetes mellitus. She has been hiding more recently, which the owner attributes to being pestered by a newer cat in the household. Eats a high protein, low carb dry kibble. Appetite is difficult to monitor as she hides frequently and does not eat in front of people. Strictly indoor only. Lives in a multi-cat household. No travel history. No known adverse reactions to medications or vaccines. Appears to be in diabetes mellitus remission, off insulin since 10/2025. Concern for pancreatitis or other pancreatic disease. 3-4/6 systolic heart murmur auscultated. On monthly Solensia injections for suspected arthritis.
3/2026: BUN 42 (HIGH) 14-36 GLUCOSE 303 (HIGH) 64-170 PrecisionPSL 51 (HIGH) 8-26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

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 (left measured 3.6 cm, right measured 3.3 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

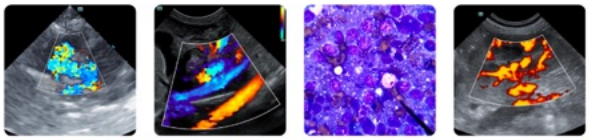
Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.38 cm in width. The right adrenal gland measured 0.37 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 measured 0.8 cm in width.

Liver



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Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Multiple, small, hyperechogenic parenchymal nodules measuring up to 0.45 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Irregular, lobulated, cystic mass like structure in noted in the right cranial abdomen measuring approximately 1.8 x 2.3 cm in size. This is possibly associated with the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Abdominal cyst.
- Hepatic nodules.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the cystic structure would be a pancreatic pseudocyst with mesenteric cyst a differential diagnosis.

The hepatic nodules can be considered an incidental age related nodular hyperplasia.

The most likely etiology for the urinary bladder sediment would be incidental debris, with crystalluria and bacterial cystitis an unlikely differential diagnosis.

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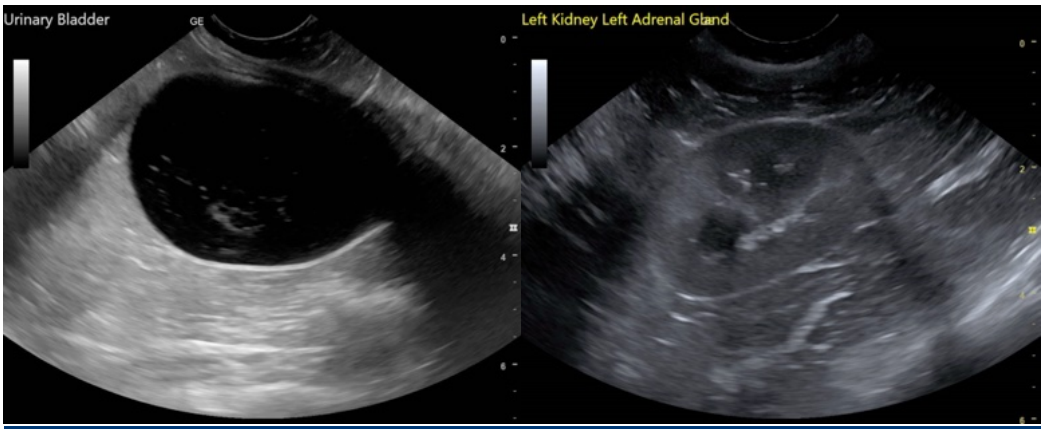
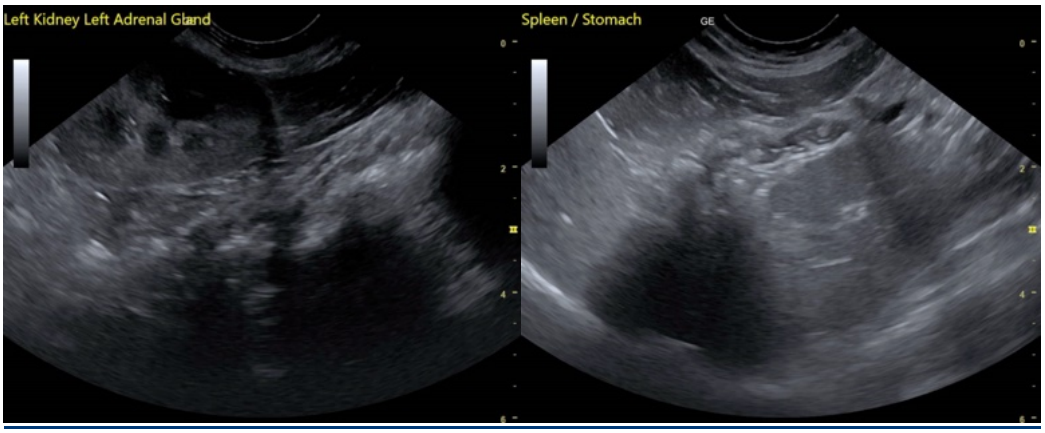
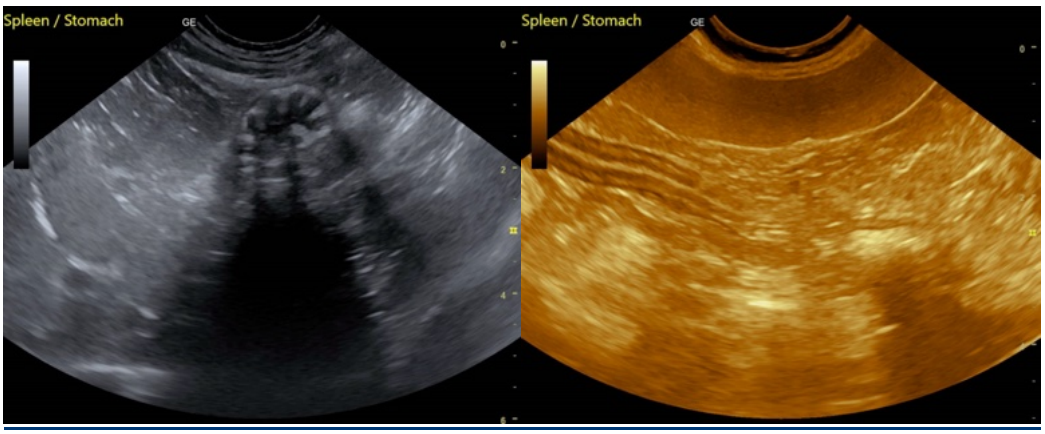
Further assessment would be urinalysis, possibly urine culture and FNA cytology/drainage of the cysts.

Further assessment of the hyperglycemia would be fructosamine.

Specific therapy would be dependent on an etiological diagnosis.







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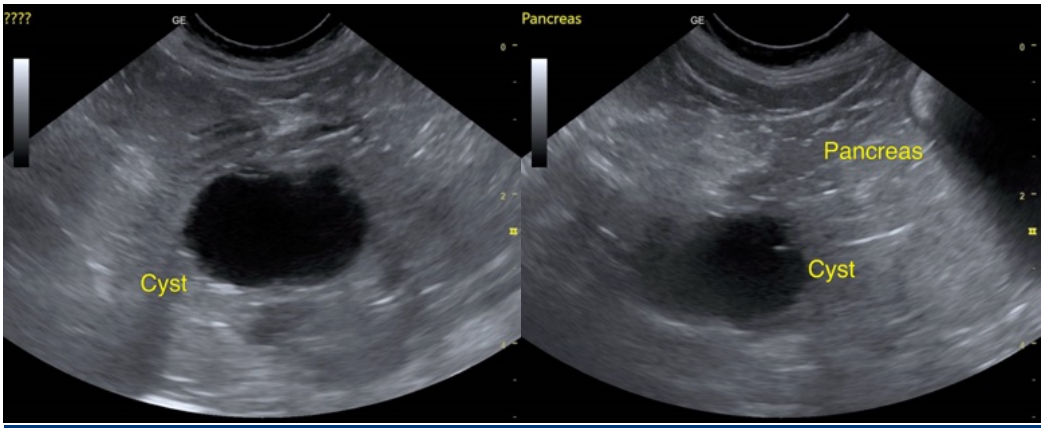

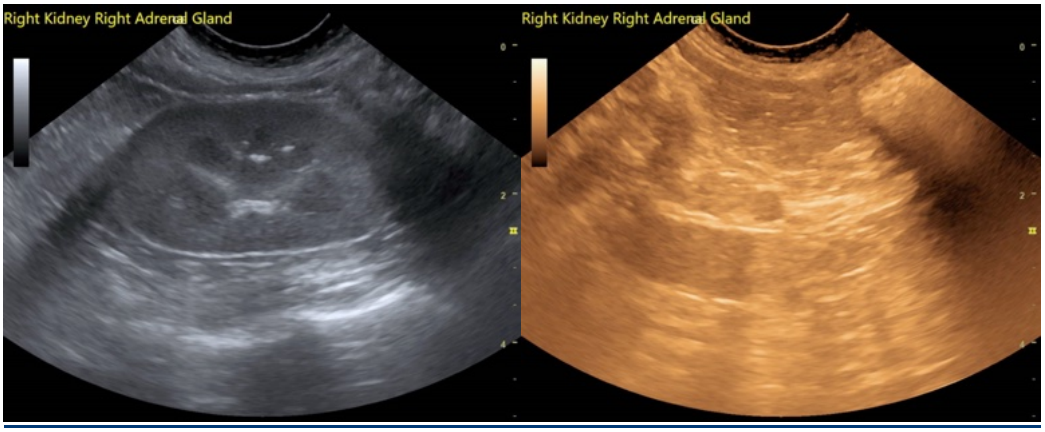

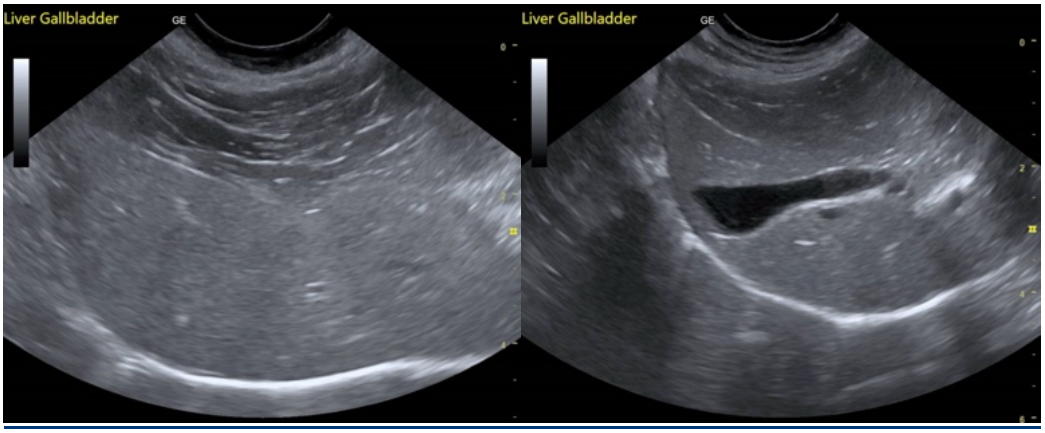

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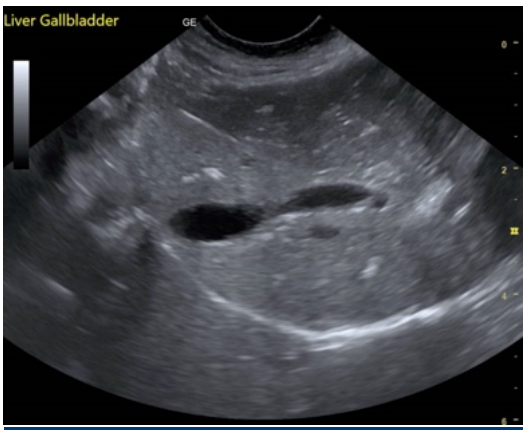

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com