

**PATIENT PRESENTING CLINICAL SIGNS**

Lilly La Rosa History: weight loss, vomiting every other day, ADR. thickening of intestines palpated on exam. On vetsulin 1.5 U bid

**SPECIES** Abnormal PE/Chem/CBC/UA Results: 2/28/23: BG 412, neuts 17.69, lymphs 0.58

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

Maine

**SEX**

Both kidneys exhibit decreased corticomedullary differentiation. Infarcts are seen within the renal cortex of the right kidney. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.9 cm in length. The right kidney is 4.2 cm in length.

Female Spayed

**AGE**

**Adrenal Glands**

The adrenal glands are not distinctly visualized, but the regions appear unremarkable.

14 years

**Spleen**

The spleen is not visualized due to the presence of a large mass in its normal anatomic location.

**WEIGHT**

**Liver**

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

9.8 lbs

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**IMAGING PERFORMED BY**

Diane McFadden

**Gastrointestinal**

The stomach is moderately distended with normal ingesta. The gastric wall is 2.6 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

**HOSPITAL NAME**

Newton VH

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 2.5 mm. The jejunal wall measures up to 2.4 mm. Intestinal motility appears normal.

**REFERRING VET**

Dr Kim

The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

**Pancreas**

There is a very large pancreatic mass occupying much of the space in the abdomen, which has obstructed the pancreatic ducts, which in turn are markedly dilated. There is hyperechoic omental fat surrounding the mass.

**INVOICE**

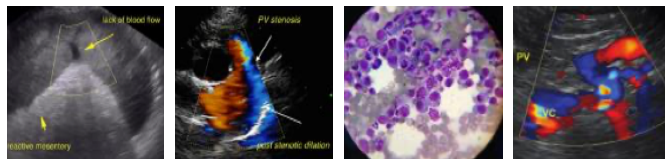
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**Free Abdomen**

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are hyperechoic, especially in the region of the pancreatic mass. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**DATE**

4.24.23



**PATIENT**

Lilly La Rosa

**SPECIES**

Feline

**BREED**

Maine

**SEX**

Female Spayed

**AGE**

14 years

**WEIGHT**

9.8 lbs

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**ULTRASONOGRAPHIC FINDINGS**

**Findings**

- Large pancreatic mass

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fine-needle aspirate is recommended for definitive diagnosis of the mass. A CT would be helpful to further define its location, and whether surgical resection is a possibility. Additional recommendations include:

- Three-view chest radiographs
- Supportive care with fluids, antiemetics and appetite stimulants, as needed



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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com