



PATIENT PRESENTING CLINICAL SIGNS

Nash Evans History: Abdominal mass found on annual exam. Some weight loss. Bloodwork shows mild lymphopenia. Otherwise, unremarkable.

SPECIES Three-view thoracic radiographs reveal no obvious evidence metastatic disease in the lungs. There is suspicion for sternal lymphadenopathy.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity-dependent mineralized debris +/- tiny calculi is observed within the lumen, along with a small amount of suspended echogenic debris. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Neutered Male

AGE

The left kidney is normal in size (4.17 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature appears normal.

12 years

WEIGHT

The right kidney is normal in size (4.05 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature appears normal.

12.8 lbs

INTERPRETED BY

Adrenal Glands

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

The left adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

IMAGING PERFORMED BY

Spleen

Andrea Nicastro,
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Internal Medicine)

The spleen is normal in size (0.81 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature appears normal.

Liver

HOSPITAL NAME

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

Long Point AH

REFERRING VET

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Brett Burton

Gastrointestinal

INVOICE

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

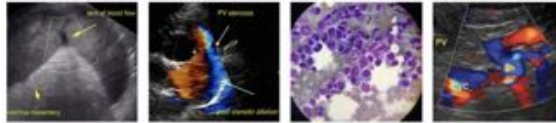
13690

Pancreas

DATE

(See "Other" category).

7.14.23



PATIENT *Free Abdomen*

Nash Evans

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DSH

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HOSPITAL NAME

Long Point AH

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INVOICE

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DATE

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There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

In the cranial to midabdominal, just caudal to the stomach, a 4.78 x 2.80 cm irregular, heterogenous, cavitated mass is visualized. Surrounding mesentery is hyperechoic.

A brief echocardiogram reveals no evidence of pericardial effusion or pleural effusion in the visible window.

*Fine-needle aspirates of the abdominal mass were performed at the end of this study without incident.

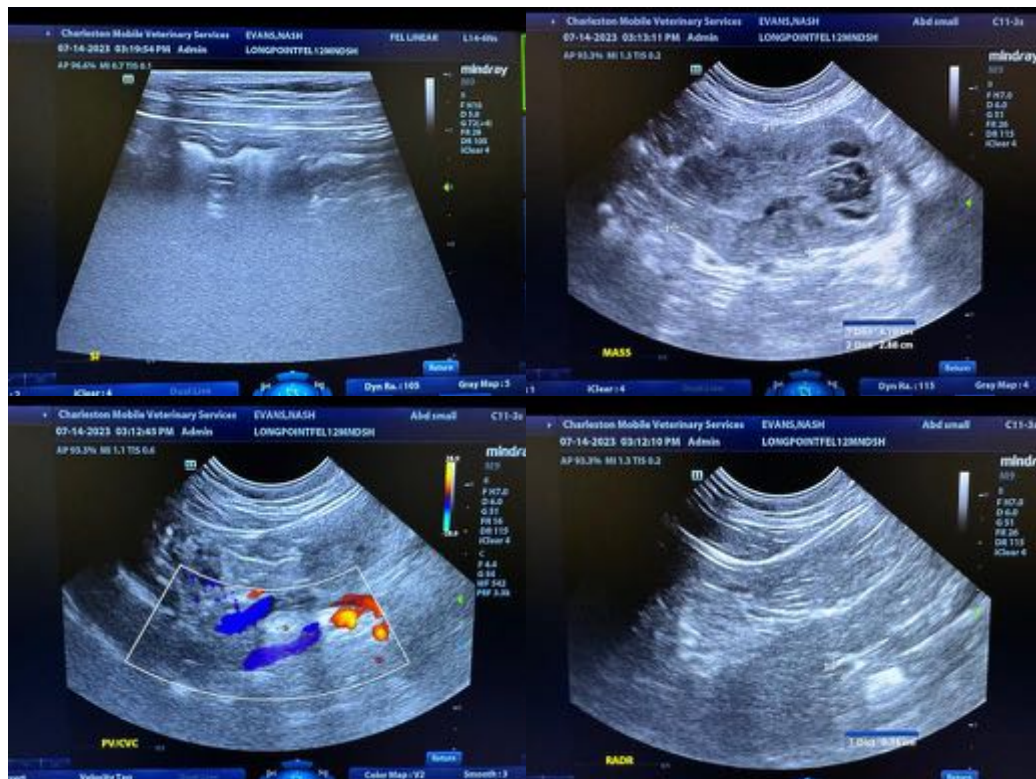
ULTRASONOGRAPHIC FINDINGS

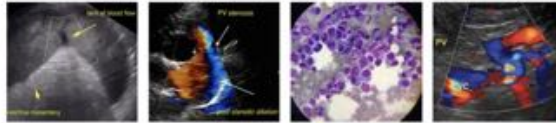
Primary Findings

- Cranial to midabdominal mass, the origin of which is unclear. Considerations include pancreatic, lymph node or mesenteric origin. A pancreatic origin is favored. Neoplasia (i.e., adenocarcinoma, sarcoma) is suspected, with a low possibility of a benign process (i.e., inflammatory). Adjacent peritonitis is present.
- Urinary bladder sand +/- tiny calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further diagnostic and treatment recommendations should be based on cytology results from the abdominal mass. An oncology consultation may be warranted.





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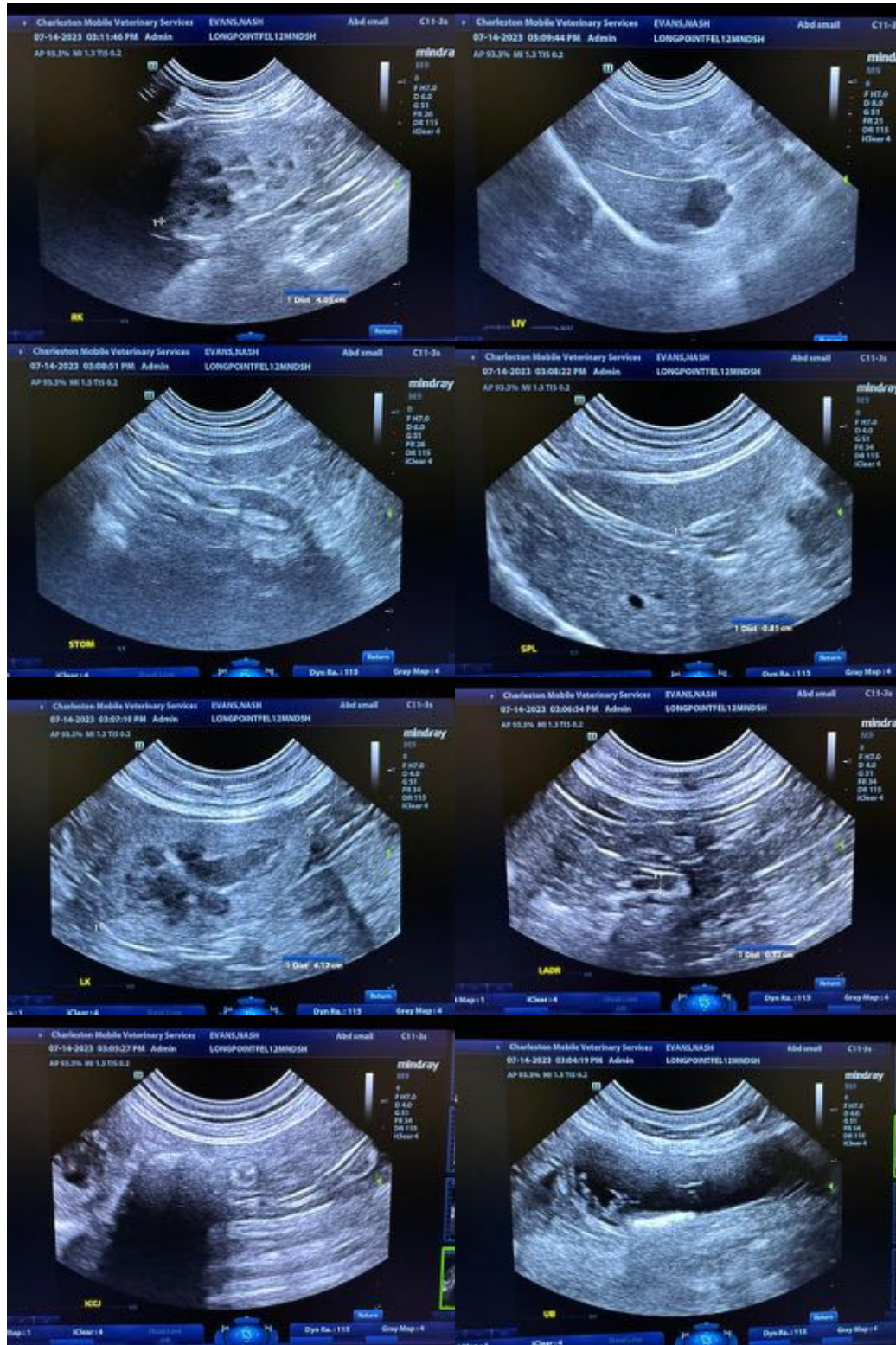
Brett Burton

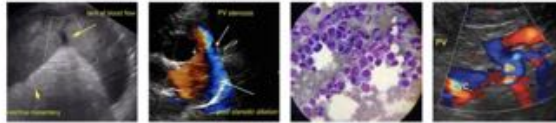
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PATIENT

Nash Evans

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.

SPECIES

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BREED

DSH

SEX

Neutered Male

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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12 years

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