



PATIENT

Cleo Dorsett

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

3.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Highland VH

REFERRING VET

Dr. Rachel Poet DVM

INVOICE

12803

DATE

1/10/2022

PRESENTING CLINICAL SIGNS

History: Patient was referred to US service for full diagnostic abdominal evaluation based on previous diagnosis of abdominal mass. The mass was initially palpated in November by a DVM at Cinder Rock. A brief/partial abd US yielded the diagnosis of an abdominal mass. Prednisone was initiated and initially, Cleo responded well. Over the last few weeks, she has been declining and began to develop significant ascites. Her appetite is poor, and she has not had a bowel movement in several days. Currently on prednisolone and Lasix (x 3 days) to help reduce ascites.

Abnormal PE/Chem/CBC/UA Results: Physical exam: ~7% dehydrated with emaciation and evidence of cachexia. Profound ascites and tense abdomen. Blood work -- 12/13/21: RBC 6.51 (7.12-11.46 M/uL) HGB 8.6 (10.3-16.2 g/dL) HCT 27.8 (28.2-52.7 %) CHEM: unremarkable fPL: > 50 ug/dL (0-3.5) FeLV/FIV/HW: NEG x 3 UA: unremarkable. Upon completion of the AUS, performed therapeutic abdominocentesis and removed ~ 1 L golden colored, turbid, modified transudate (TP = 2.6 g/dL).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are seen. The region of the trigone is normal.

The left kidney is normal size (3.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.94 cm in length); normal shape and architecture with smooth peripheral margins. 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 is normal.

Adrenal Glands

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

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

Spleen

A 0.91 cm hypoechoic nodule is arising from the parenchyma. The lesion causes capsular expansion. In the remainder of the spleen, the peripheral margins are curvilinear and the parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver



PATIENT

Cleo Dorsett

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

3.5 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Patti Mayfield DVM

HOSPITAL NAME

Highland VH

REFERRING VET

Dr. Rachel Poet DVM

INVOICE

12803

DATE

1/10/2022

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A >3 cm cystic structure is observed on the right side. The remainder of the parenchyma is relatively homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly 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 visible/tortuous but not overtly dilated.

Gastrointestinal

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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

See *Other*.

Free Abdomen

A large amount of slightly echogenic free fluid is present within the abdomen. The omentum throughout the abdomen is hyperechoic with numerous varying sized hypoechoic nodules. The abdominal lymph nodes are normal/not visible.

Other

A >4 cm irregular hypoechoic to heterogeneous, multi-lobulated mass effect is observed in the cranial abdomen caudal to the liver/stomach.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cranial abdominal mass effect, the origin of which is unclear. It may be arising from pancreas, mesentery, liver, other. Neoplasia (i.e., carcinoma) is suspected.
- The diffuse omental changes are most concerning for carcinomatosis.
- The splenic nodule could be consistent with a metastatic lesion. Alternatively, a benign focus of lymphoid hyperplasia or extramedullary hematopoiesis may be present.
- The ascites is likely secondary to the mass effect in the cranial abdomen and the diffuse omental pathology.

Secondary Findings:

- Minor, bilateral age-related renal changes.
- Large right hepatic cyst.



PATIENT

Cleo Dorsett

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

3.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Highland VH

REFERRING VET

Dr. Rachel Poet DVM

INVOICE

12803

DATE

1/10/2022

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the cranial abdominal mass and nodular omentum, if clotting status is appropriate. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. However, given the diffuse abdominal pathology, the prognosis for this patient is considered guarded.





PATIENT

Cleo Dorsett

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

3.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Highland VH

REFERRING VET

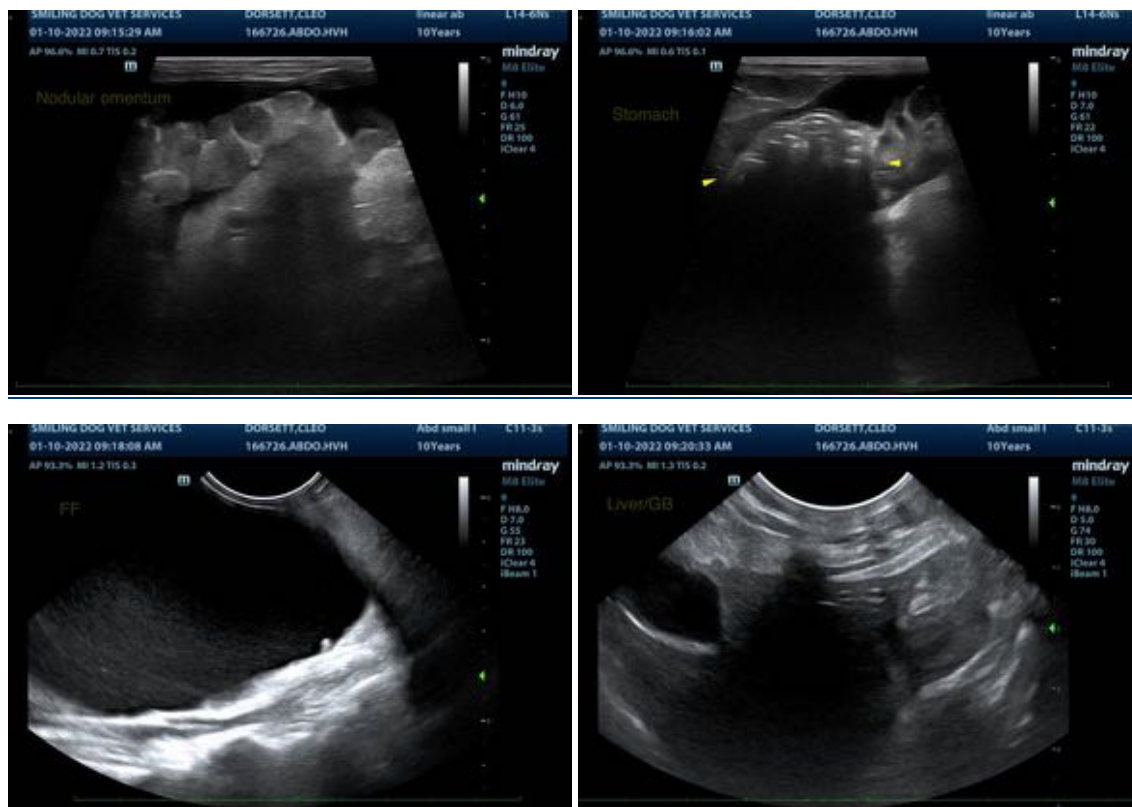
Dr. Rachel Poet DVM

INVOICE

12803

DATE

1/10/2022



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.

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

Andrea.nicastro@sonopath.com