



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Rusty Siwicki

**SPECIES**  
Feline

History: History of weight loss, urinating and defecating outside the litterbox. Had AUS 1/17/22 - slightly enlarged abd LNs, no evidence of FB, gastroenteritis. History of negative fecals; mild improvement with metronidazole; blood works have been normal Was 8.8lbs in June '22 at prev vet Not UTD on vaccines Currently on metro

Abnormal PE/Chem/CBC/UA Results: RBC: 6.93 L Lymphocytes: 344 L Calcium : 8.0 L ALT : 25 L

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**SEX**

Neutered Male

The left kidney is normal in size (3.92 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

14 years

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

**WEIGHT**

7 lbs

**Adrenal Glands**

The region of the adrenal glands is evaluated. No obvious pathology is observed.

**INTERPRETED BY**

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

**Spleen**

The spleen is subjectively normal in size (0.64 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.

**IMAGING PERFORMED BY**

Amy Priest

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

**HOSPITAL NAME**

Long Valley AH

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Lauren Semanchik

**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. There is no evidence of an obstructive pattern.

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**Pancreas**

The left limb is visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is



**PATIENT** not overtly dilated.

Rusty Siwicki

**Free Abdomen**

Trace free fluid is observed. At the mesenteric root, the lymph nodes are severely enlarged (>4.00) creating a mass effect. The nodes are rounded and hypoechoic. Surrounding mesentery is mildly hyperechoic.

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**Other**

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Mesenteric root lymph nodes mass effect. Infiltrative neoplasia (i.e., lymphoma) is considered likely with a lower possibility of severe lymphadenitis (i.e., pyogranulomatous). Adjacent peritonitis is present.

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**Secondary Findings**

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

**AGE**

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**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Fine-needle aspirates of the enlarged abdominal lymph nodes are recommended (if clotting status is appropriate). If the cytology results are inconclusive, more advanced testing (i.e., flow cytometry, PARR or biopsies) may be necessary to get a definitive diagnosis.
- Thoracic radiographs and feline leukemia/FIV testing are also recommended.

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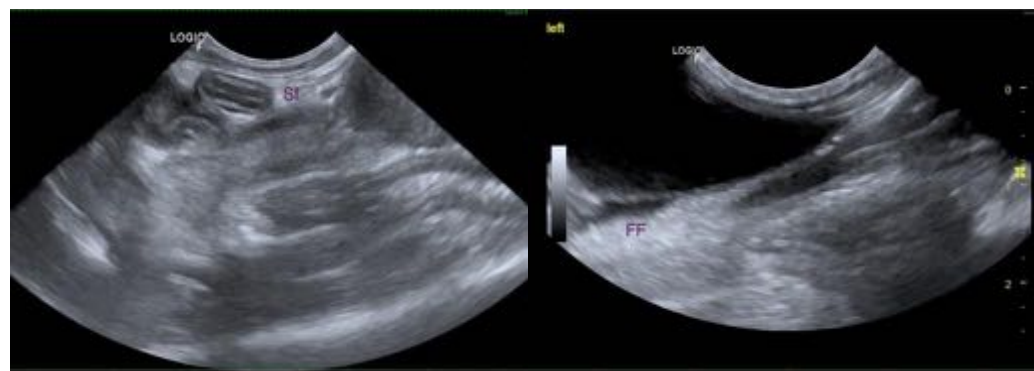
Amy Priest

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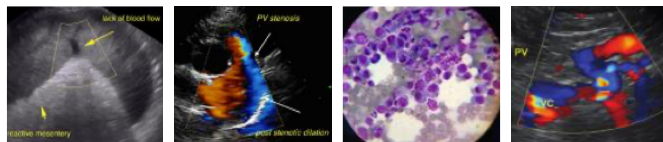


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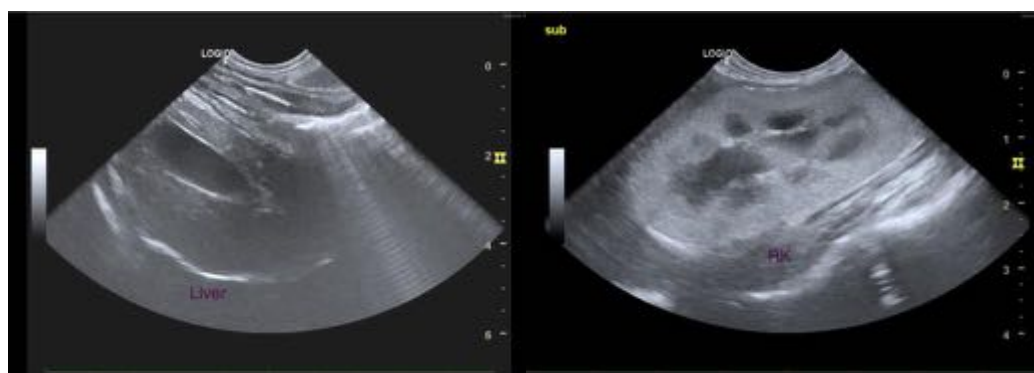
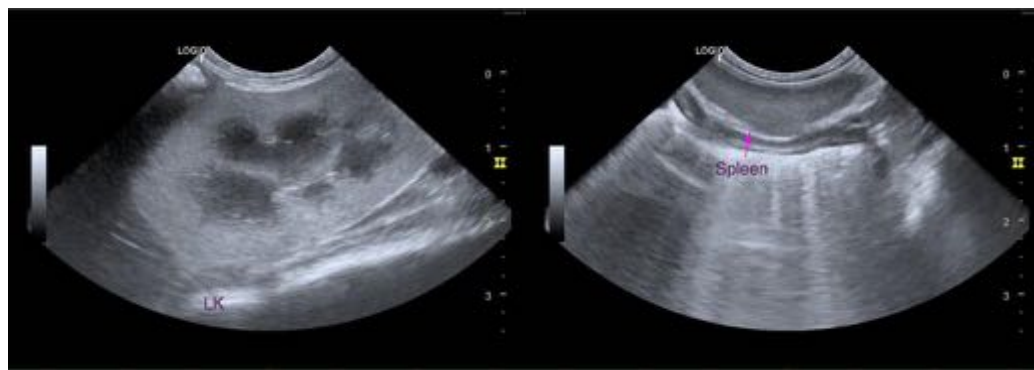
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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 DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com

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