

PATIENT

Riley Smith

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12/18/2009

WEIGHT

8.2

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Saddleback Mobile VC

REFERRING VET

Dr Kelli Klein

INVOICE

22384

DATE

1-15-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Losing weight. Low energy
Current Medications: Mirtazapine, Gabapentin, Trazodone
Thoracic radiographs pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is enlarged (4.62 cm in length) with swollen peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate-to-severe loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. Trace subcapsular fluid is present.

The right kidney is enlarged (5.84 cm in length) with swollen, irregular peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.20 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. Subcapsular fluid is present.

Adrenal Glands

The left adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is overall normal in size (0.97 cm in width at the level of the hilus). The parenchyma is subjectively hypoechoic and subtly mottled in appearance. with a normal capsular contour. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

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.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small-to-moderate amount of mobile, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 duodenal and jejunal walls are normal in thickness with a normal layering pattern and appropriate mural detail. At the level of the ileoceocolic junction, extending from the distal ileum into the ascending colon, a 3.9 x 2.1 cm irregular, hypoechoic mass is visualized. There is complete loss of the normal layering pattern within this segment. Surrounding mesentery is hyperechoic. The remaining colonic wall is normal. There is no obvious evidence of an obstructive pattern.



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Pancreas

The pancreas is visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and homogenous in appearance. The pancreatic duct is not overtly dilated.

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Lymph Nodes

A few enlarged, hypoechoic, rounded mesenteric lymph nodes are visualized (one measuring 1.11 x 0.72 cm).

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Mass at the ileocecolic junction. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected, with a lower possibility of a focal inflammatory process. Adjacent peritonitis is present.
- The bilateral renomegaly is also concerning for infiltrative neoplasia (i.e., lymphoma). However, an inflammatory process (i.e., pyelonephritis or interstitial nephritis) cannot be completely excluded.
- The splenic parenchymal changes are nonspecific and could be secondary to infiltrative neoplasia (i.e., lymphoma), lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other.
- The mesenteric lymphadenopathy could be consistent with lymphoid hyperplasia, lymphadenitis or neoplasia (i.e., lymphoma).

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Secondary Findings

- The hypoechoic pancreas may be a normal variant for this patient or may represent mild pancreatitis. Correlation with the patient's clinical history is recommended.

*Ultrasound-guided fine-needle aspiration of the mass at the ileocecolic junction was performed at the end of this study without incident.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

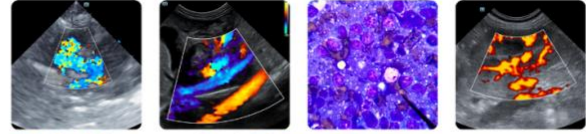
Depending on cytology results from the mass at the ileocecolic junction, consultation with a board-certified oncologist may be indicated.

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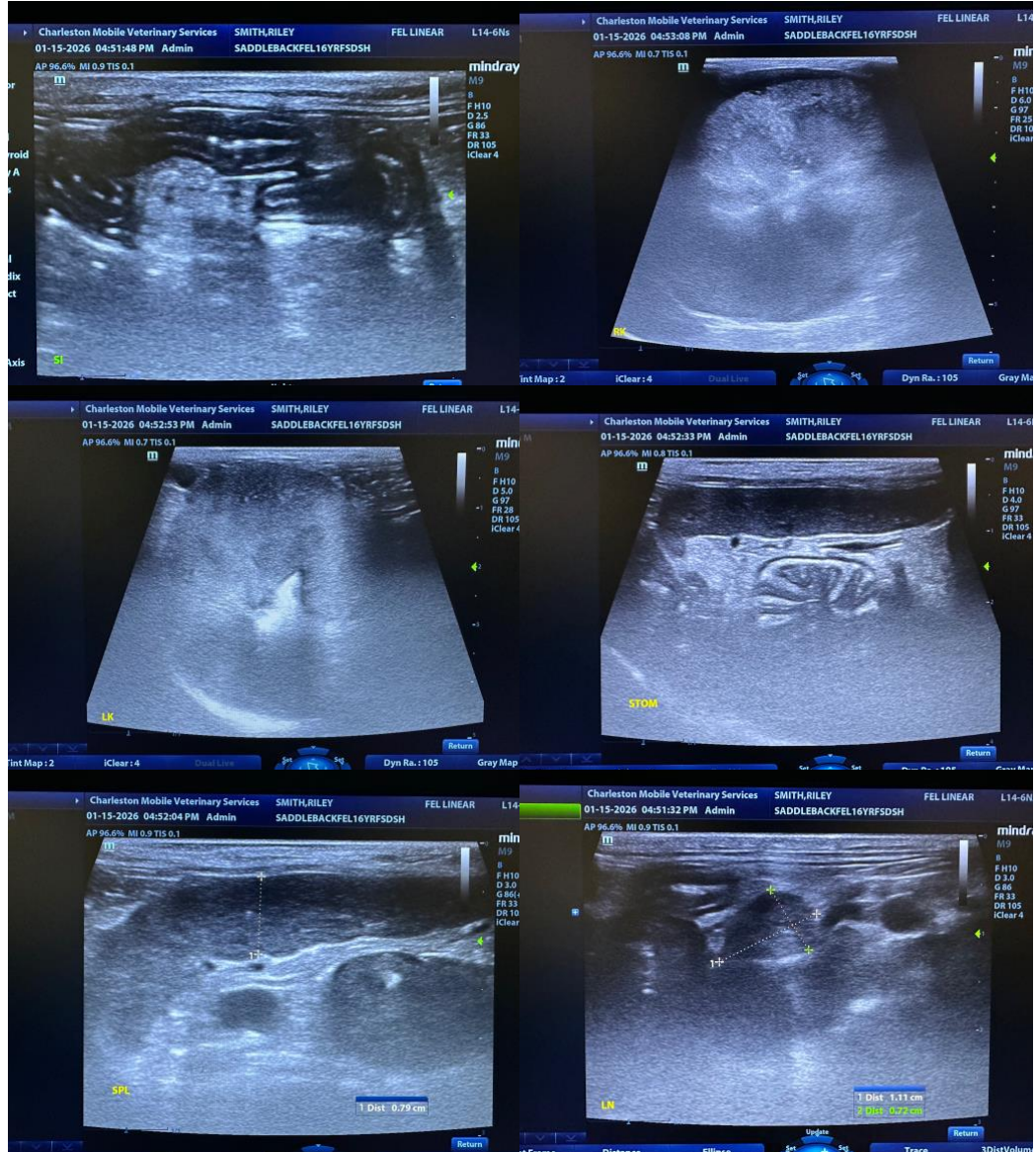
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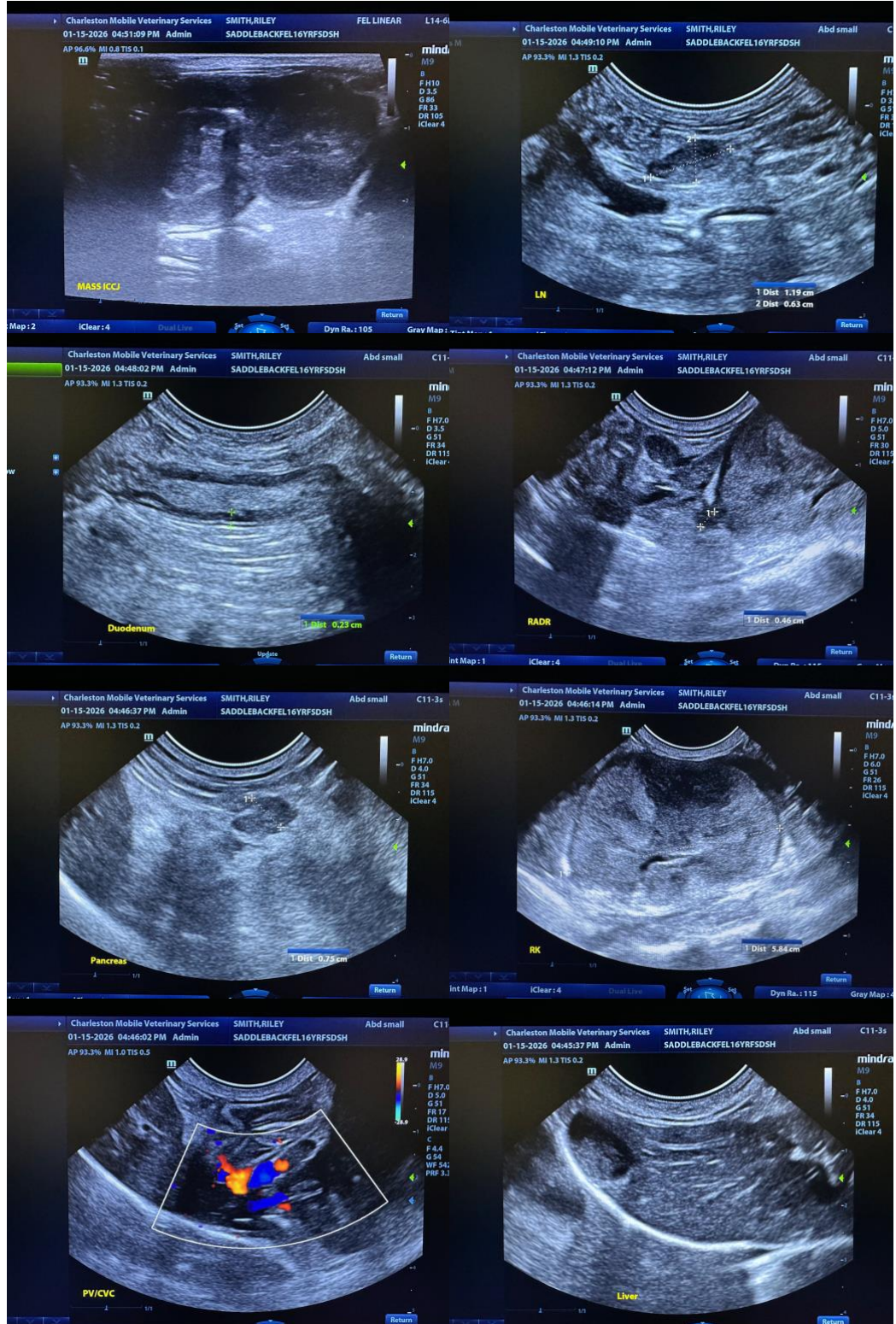
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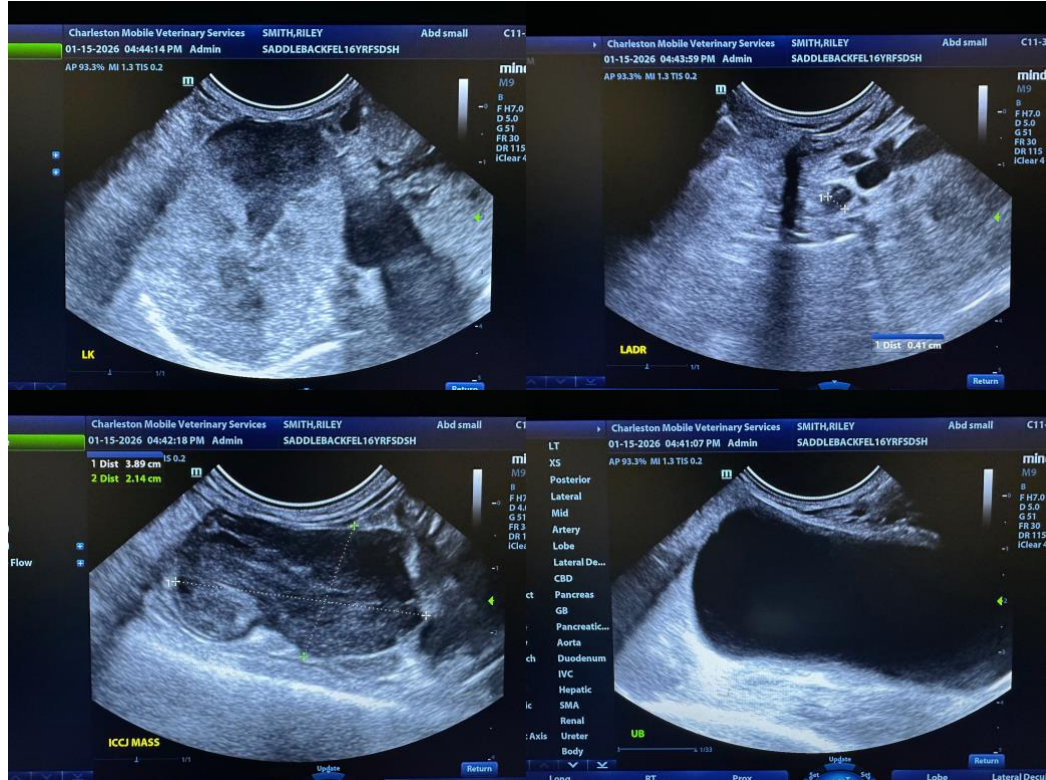
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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