



PATIENT

Spike Turner

PRESENTING CLINICAL SIGNS

History: weight loss, vomiting, lethargy
Abnormal PE/Chem/CBC/UA Results: ionized calcium 0.97 BUN 74 alkp 243 tbil 2.5 WBC 61.8 Neut 23 Lymph 20 Mono 17

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic shorthair

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

SEX

Male

The left kidney is normal in size (3.98 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is hyperechoic. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

AGE

10 Yrs.

The left kidney is normal size (3.98 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

WEIGHT

5 kg.

The right kidney is normal size (4.52 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

IMAGING PERFORMED BY

Hayley Heindel

Spleen

The spleen is enlarged (1.17 cm in width at the level of the hilus) with a slightly irregular medial contour. The parenchyma is subjectively hypoechoic and subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

Mason Dixon Animal
ER

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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 gall bladder lumen is moderately distended. The wall is normal in thickness. A moderate amount of gravity-dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

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Dr. De Cordon

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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

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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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

SPECIES

Feline

Pancreas

The left limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Domestic shorthair

Free Abdomen

SEX

Male

Trace free fluid is visualized. Several enlarged cranial to mid-abdominal lymph nodes are visualized. The largest measuring 2.58 cm in length. The nodes are irregular to rounded and hypoechoic. Surrounding mesentery is hyperechoic.

AGE

10 Yrs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The findings of hepatosplenomegaly and abdominal lymphadenopathy are concerning for infiltrative neoplasia (i.e., lymphoma). However, severe inflammatory disease (i.e., pyogranulomatous, secondary to Feline Infectious Peritonitis) cannot be completely excluded.
- Diffuse peritonitis, likely secondary to lymph node, splenic and/or hepatic pathology.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

Secondary Findings:

- Bilateral, chronic nephropathy with left dystrophic mineralization.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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**IMAGING
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Feline leukemia and FIV testing is recommended.
- Also consider a clinical pathology review of the CBC findings.
- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- Consider fine needle aspirates of the liver, spleen and abdominal lymph nodes, if clotting status is appropriate. 25 gauge needles should be used. If cytology results are inconclusive, more advanced testing (i.e., flow cytometry, PARR or biopsies) may be necessary to get a definitive diagnosis.



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Spike Tarnier

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male

AGE

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WEIGHT

5 kg.

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**IMAGING
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Hayley Heindel

HOSPITAL NAME

Mason Dixon Animal
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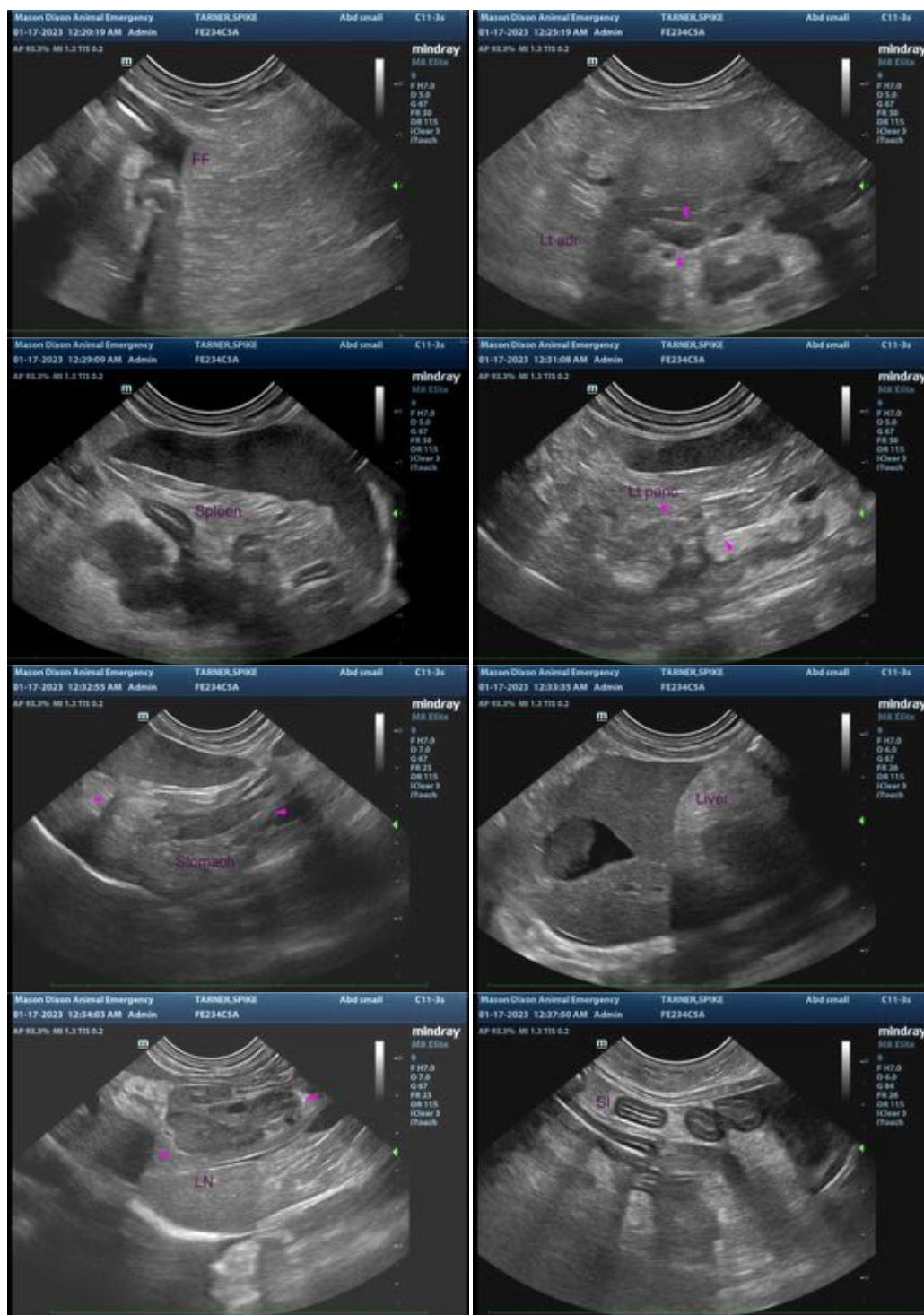
Dr. De Cordon

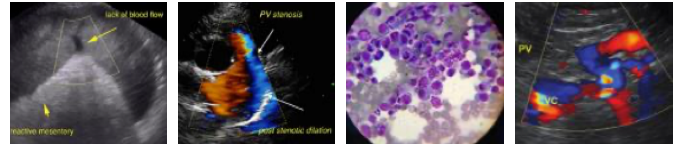
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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