



PATIENT PRESENTING CLINICAL SIGNS

Finley Rooney History: Presented for hazy eye. Acting normal otherwise.

SPECIES Abnormal PE/Chem/CBC/UA Results: Cream colored anterior uveal mass, mandibular lymphadenopathy, possible thyroid nodule. Tachycardia. Chest x-rays unremarkable. CBC/Chem/T4/FIV/FeLV testing pending. Lymph node cytology pending.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The urinary bladder, trigone, and pelvic urethra are 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 2 cm, are normal.

SEX

Neutered Male The left kidney is normal in size (4.06 cm in length) with a slightly irregular shape, architecture and smooth peripheral margins. 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. Renal vasculature is normal.

AGE

9 years The right kidney is normal in size (4.42 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

6 kg

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 normal in size (1.21 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. An ill-defined slightly hypoechoic area is observed near the craniomedial aspect. Splenic vasculature is normal.

IMAGING PERFORMED BY

Matthew Olcha

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

East Meadow VC

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

REFERRING VET

Dr. Michael Ferber

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discrete masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.



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Neutered Male

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Free Abdomen

Trace free fluid is observed. Two to three prominent medial iliac lymph nodes are visualized (the largest measuring 0.95 cm in length). One to two prominent lymph nodes are observed in the midabdominal region (the largest measuring 1.09 cm in length)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy could be consistent with reactive change or infiltrative neoplasia.
- The splenic parenchymal changes may be a normal variant for this patient for this large-breed cat, or may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis antigenic stimulation, splenitis or infiltrative neoplasia.
- The mild hepatomegaly may also be a normal variant for this patient or could be secondary to inflammatory disease, emerging hepatic lipidosis, infiltrative neoplasia, other. Correlation with the patient's liver values is recommended.
- Trace ascites

Secondary Findings

- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspirates of the spleen, abdominal lymph nodes +/- liver (if clotting status is appropriate). Twenty-five gauge-needles should be used.
- Also consider feline leukemia and FIV testing.
- Consultation with a board-certified ophthalmologist is recommended to further evaluate the ocular mass.





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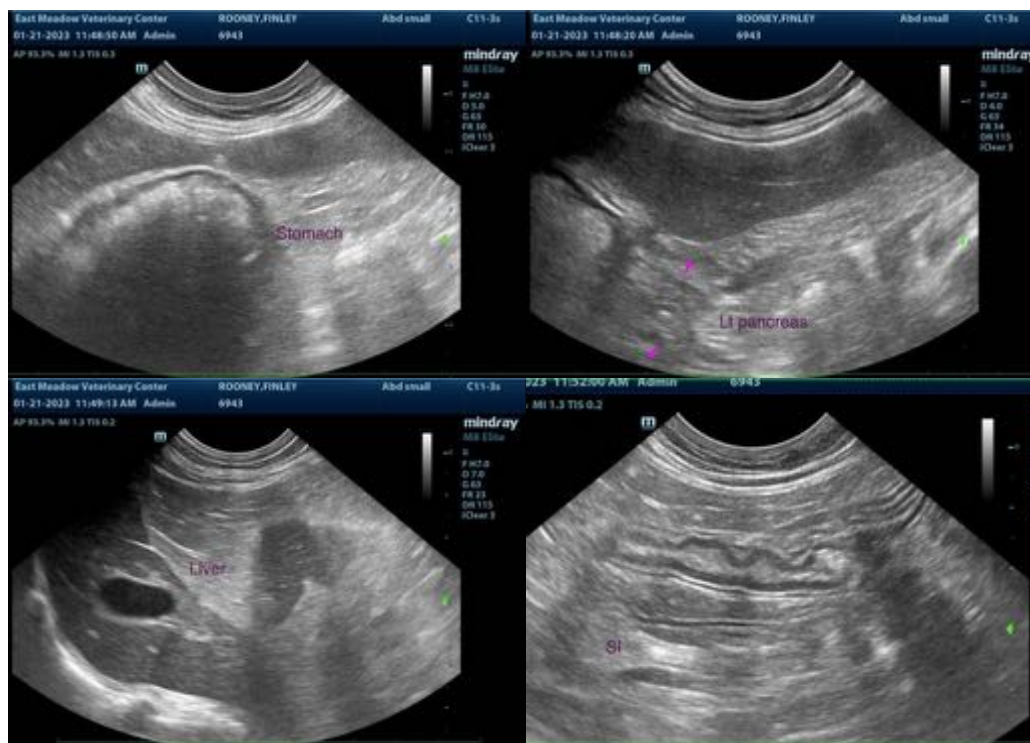
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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