

PATIENT PRESENTING CLINICAL SIGNS

Joker Neumann

- 16yo neutered male Bengal presents for 2 days of anorexia and lethargy. He is also having slow, uncoordinated movements and black, tarry stool/ diarrhea. Hyperbilirubinemia, elevated BUN on chem. anemia (HCT 17%), plt (50, unsure if from clotting - no blood smear yet). pale mm, dehydrated, painful on limb manipulation. TPR nl. thickened bowels palpated on abdominal exam. dental disease.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Bengal

Urinary System

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

SEX

Neutered Male

The left kidney is normal in size (4.54 cm in length) with a relatively normal shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

AGE

16

The right kidney is normal in size (4.46 cm in length) with a relatively normal shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A 2.1 x 1.3 cm hypoechoic-to-heterogenous nodule/mass is observed at the medial aspect. There is no evidence of pyelectasia, nephroliths or hydroureter.

WEIGHT

8.3 lbs

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

INTERPRETED BY

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

The right adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Brittani R Nicolaci

Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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Liver

The liver is subjectively enlarged with slightly swollen 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.

REFERRING VET

Brittani R Nicolaci

The gallbladder 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 visible/tortuous but not overtly dilated.

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Gastrointestinal

The gastric lumen is mildly 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 not dilated. The small intestinal wall is diffusely thickened (up to 0.37 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

DATE

1-22-26

Pancreas



PATIENT

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The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

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Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.11 x 0.68 cm).

BREED

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Free Abdomen

Trace free fluid is observed.

SEX

Neutered Male

Primary Findings

- Minor retained gastric ingesta
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- Right renal nodule/mass. Neoplasia (i.e., adenocarcinoma, round cell tumor) is of top concern. However, a benign process (i.e., granuloma/inflammatory process) cannot be excluded.

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Secondary Findings

- Minor pancreatic parenchymal remodeling in the right limb.
- Urinary bladder debris
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the anemia, consider the following:
 1. Reticulocyte count
 2. CBC with clinical pathology review
 3. Slide agglutination test
 4. +/- vector-borne disease testing
 5. +/- bone marrow aspirate (if indicated)
 6. While awaiting test results, empirical treatment for gastric ulceration is recommended.
- Regarding the right renal nodule/mass, cytology of histopathology would be necessary to get a definitive diagnosis. Three-view thoracic radiographs are also recommended to assess for pulmonary metastatic disease.
- Regarding the GI changes, consider the following:
 1. Fecal evaluation for ova and Giardia
 2. GI panel including serum cobalamin and folate, TLI and PLI
 3. Endoscopic or surgical GI biopsies



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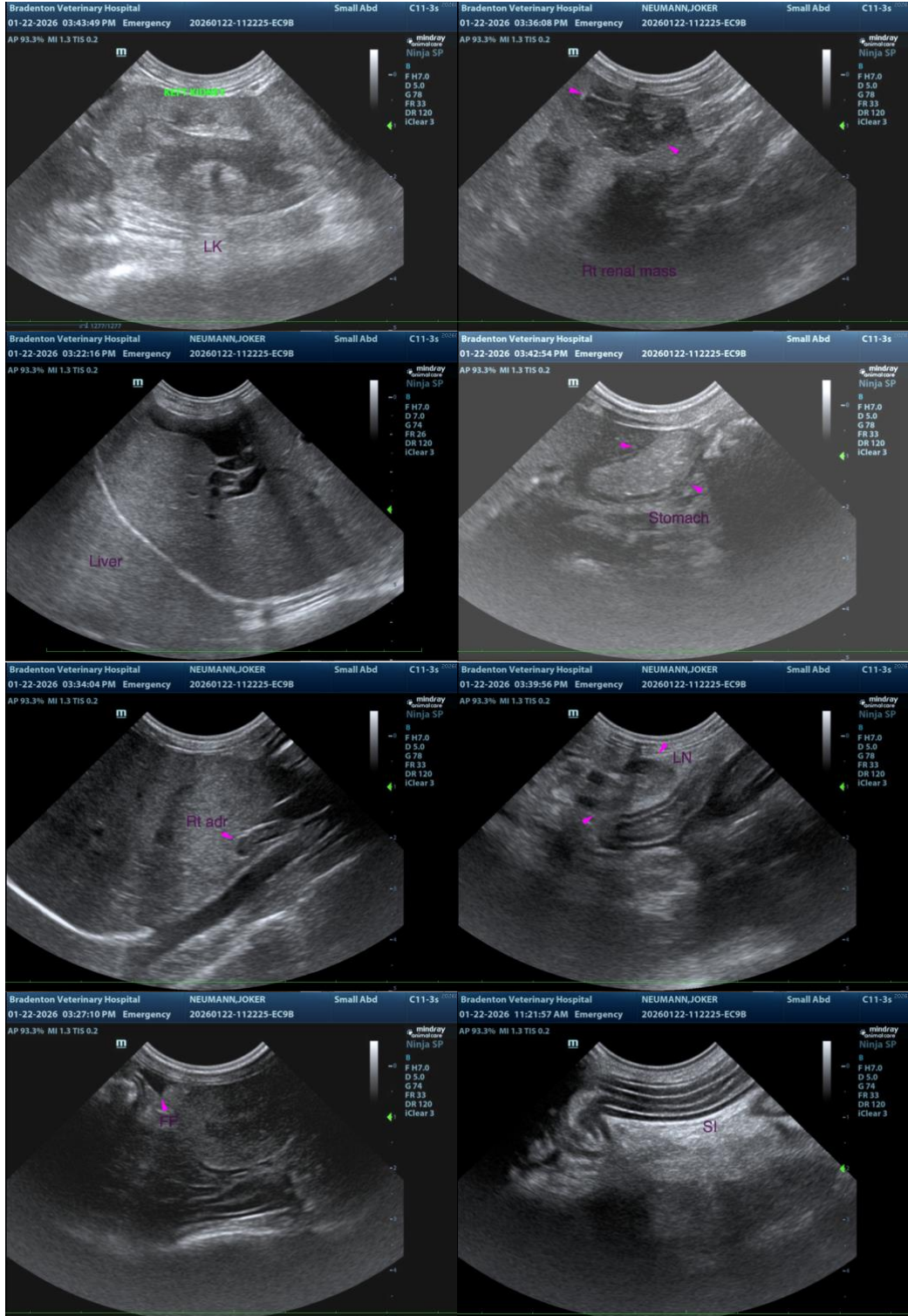
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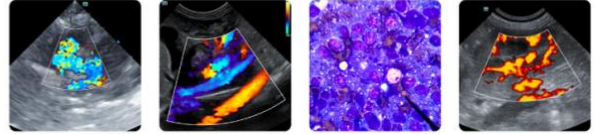
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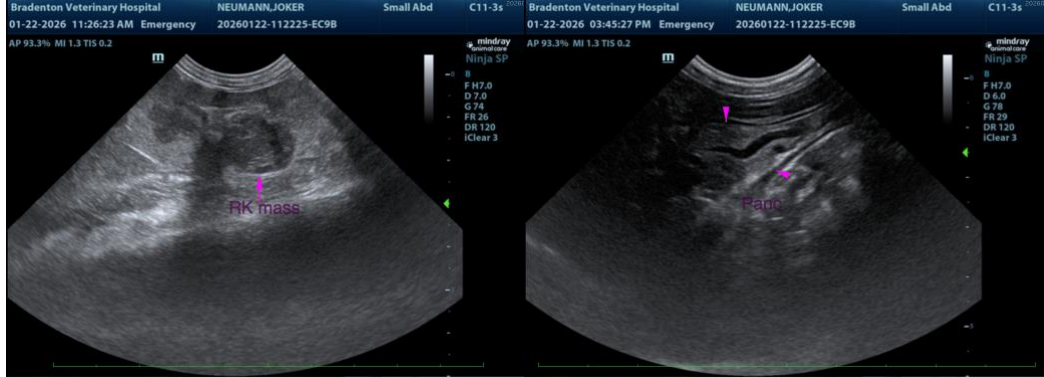
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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