

**PATIENT PRESENTING CLINICAL SIGNS**

Smoke Manasia  
History: Large firm abdominal mass (7-8cm)- Surgical?  
Abnormal PE/Chem/CBC/UA Results: WBC 20.4, Neutrophilia , BUN 51, crea 2.7, URINE: RBC 15-20, rest is WNL

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

*Urinary System*

Domestic Shorthair

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Neutered Male

The left kidney is normal size (3.26 cm in length) with a slightly irregular shape. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

**AGE**

12 Years

The right kidney is normal size (3.51 cm in length) with a slightly irregular shape. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

**WEIGHT**

9.13 Pounds

*Adrenal Glands*

**INTERPRETED BY**

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

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

*Spleen*

**HOSPITAL NAME**

Peavine AH

The spleen is normal in size (0.83 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Numerous varying sized hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

*Liver*

**REFERRING VET**

Dr. Baggett

The liver is enlarged with irregular peripheral contours. A >6 cm multi-septated cystic mass is observed on the left side. The lesion causes capsular expansion. In addition, a >4.5 cm hyperechoic to heterogeneous multi-septated cystic mass is observed on the right side, at the caudal aspect. The remaining hepatic parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

**INVOICE**

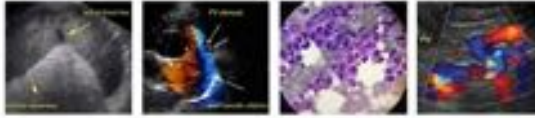
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*Gastrointestinal*

**DATE**

1/24/23

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



**PATIENT**

Smoke Manasia

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 ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

**SPECIES**

Feline

***Pancreas***

The pancreas is diffusely prominent to enlarged with slightly irregular peripheral contours. The parenchyma is isoechoic to hypoechoic relative to surrounding omental fat and diffusely mottled in appearance. Several varying sized hypoechoic nodules are observed throughout the organ. The pancreatic duct is borderline dilated (0.25 cm in diameter).

**BREED**

Domestic Shorthair

***Free Abdomen***

**SEX**

Neutered Male

There is no obvious evidence of free fluid. A few mesenteric lymph nodes are visible, the largest measuring 0.57 cm in length. The nodes are normal in shape and echogenicity.

***Other***

**AGE**

12 Years

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

**WEIGHT**

9.13 Pounds

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Cystic hepatic masses. Differentials include biliary cystadenomas, biliary cystadenocarcinomas, other.

**Secondary Findings:**

- The pancreatic changes are most consistent with chronic pancreatitis with suspected benign nodular hyperplasia and age-related remodeling +/- fibrosis. Infiltrative neoplasia is possible but considered less likely.
- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis with non-obstructive nephrolithiasis.
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas). However, emerging neoplasia (i.e., mast cell disease) cannot be completely excluded.

**INTERPRETED BY**

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(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Peavine AH

**REFERRING VET**

Dr. Baggett

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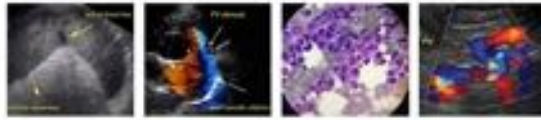
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Regarding the hepatic masses, consider a consultation with a board-certified surgeon. Based on the abdominal ultrasound, complete surgical resectability is considered unlikely. However, debulking may be possible. An abdominal CT scan would be beneficial in further determining surgical resectability.
- Given the patient's history of azotemia and microscopic hematuria, consider the following:
  1. Urine culture and sensitivity



**PATIENT**

Smoke Manasia

- Baseline blood pressure measurement
- Transition to a prescription renal diet if the patient will tolerate it.

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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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