



**PATIENT**

Peanut Klink

**PRESENTING CLINICAL SIGNS**

History: Abdominal mass dx 3 wks ago by rDVM. Vomiting, mild anorexia resolved with Cerenia injection. No current meds. Repeat rads taken today: No mass effect seen.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Domestic Shorthair

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**

Female Spayed

The left kidney is normal size (3.71 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

7 years

The right kidney is normal size (3.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

Not Given

*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.

**INTERPRETED BY**

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

The right adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Shari Reffi CVT

*Spleen*

The spleen is normal in size (0.64 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

Legacy Animal Hospital

*Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Potenzzone

*Gastrointestinal*

The gastric wall is questionably mildly thickened; although, this is difficult to determine due to excessive rugal folds. There is apparent retention of the normal layering pattern. A small amount of ingesta is observed within the gastric lumen. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis to mucosal ratio in most segments.

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Discreet masses are not identified. The ileocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**Pancreas**

**SPECIES**

Feline

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.

**Free Abdomen**

**BREED**

Domestic Shorthair

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized with the largest measuring 1.24 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Female Spayed

- Questionable gastric wall thickening and a bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**AGE**

7 years

\*\*There is no obvious evidence of an abdominal mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

Not Given

1. If clinical signs persist, consider further GI work up including:
  - a. A malabsorption panel including serum cobalamin, folate, PLI and TLI
  - b. A fecal evaluation for ova/Giardia
  - c. Three-view thoracic radiographs to assess for occult esophageal disease
  - d. +/- endoscopic or surgical gastrointestinal biopsies.
2. Consider a repeat ultrasound in 3-4 weeks to re-evaluate the gastric wall.

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(Small Animal Internal  
Medicine)

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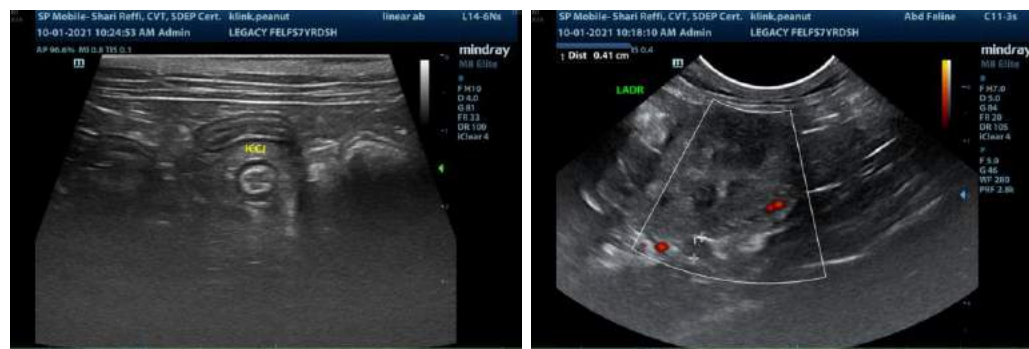
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**SEX**

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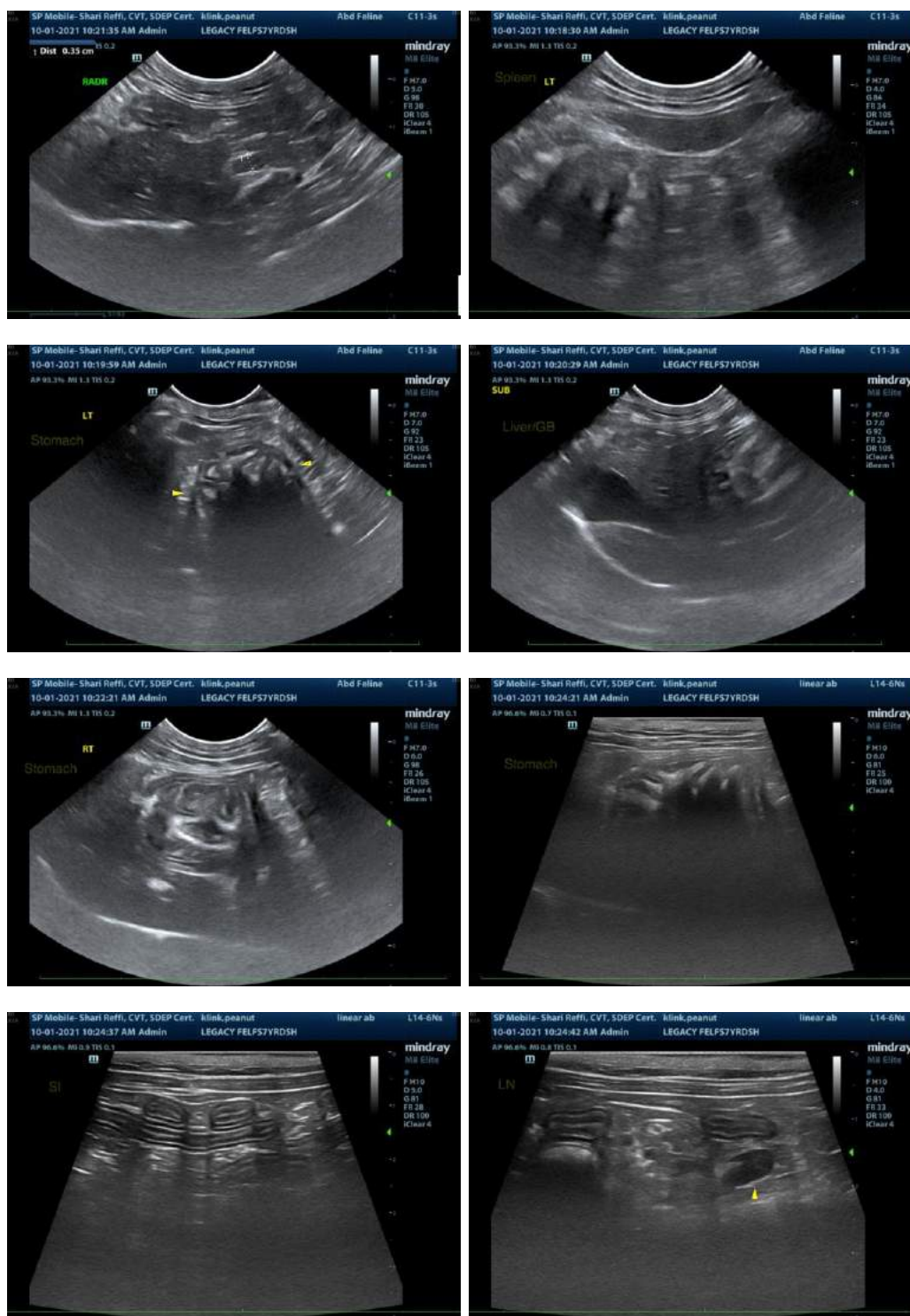
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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Peanut Klink

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)  
Andrea.nicastro@sonopath.com

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Feline

**BREED**

Domestic Shorthair

**SEX**

Female Spayed

**AGE**

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**WEIGHT**

Not Given

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