



PATIENT

Mishu Moya

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

8.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vasquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

12354

DATE

10/13/21

PRESENTING CLINICAL SIGNS

History: Patient presents for decreased appetite and abdominal mass upon palpation. Current meds, mirtazapine.

Abnormal PE/Chem/CBC/UA Results: T. bili 1.0, ALP 230, PSL 30, WBC 24. U/A: bilirubinuria, USG 1.080.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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.

The left kidney is normal size (4.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A 1.15 x 1.25 cm mixed echogenic nodule is observed at the cranial pole. Additionally, a 0.63 cm cortical cyst is present. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.62 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.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled 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 thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly to moderately distended with fluid and is hypomotile. A 0.71 cm hyperechoic shadowing structure is observed within the gastric lumen. The pyloric outflow tract appears patent at the time of the study. Several bowel loops are severely distended with echogenic fluid. It is unclear if these bowel loops represent small intestine or colon although colon is favored. A 2.97 x 2.53 cm irregular hypoechoic cavitated vascular mass is arising from bowel, possibly ileum. Surrounding mesentery is hyperechoic. The wall of the descending colon is normal in thickness is normal with a normal layering pattern. The descending colonic lumen is gas distended.

Pancreas

The right limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are



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observed. The pancreatic duct is borderline dilated (0.23 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

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A small amount of anechoic free fluid is visualized. Several prominent lymph nodes are observed in the mid-abdominal cavity. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

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- Bowel mass, possibly of ileal origin. Neoplasia (i.e., adenocarcinoma, lymphoma, other) is considered likely with a lower possibility of a severe inflammatory process. Regional peritonitis is present. The adjacent lymphadenopathy may represent reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia.
- Gastric ileus with suspected gastric foreign body.
- The left renal nodule may represent a metastatic lesion, abscess, complex cyst or granuloma. Bilateral age-related changes.
- The pancreatic changes suggestive of mild acute or chronic active pancreatitis.

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Secondary Findings:

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- Hepatic changes are non-specific and could be consistent with hepatic lipodosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Medicine)

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Due to the cavitated nature of the bowel mass, a fine needle aspirate may be risky (i.e., result in iatrogenic hemoabdomen). Therefore, if an aggressive approach is desired, consider an abdominal exploratory with biopsy +/- removal of the bowel mass as well as removal of the gastric foreign body +/- liver biopsy. The left renal nodule should also be biopsied at the time of surgery. If surgery is to be pursued, referral to a board-certified veterinary surgeon should be considered due to the potential for perioperative complications.
- A temporary feeding tube is recommended to help prevent/treat hepatic lipodosis.

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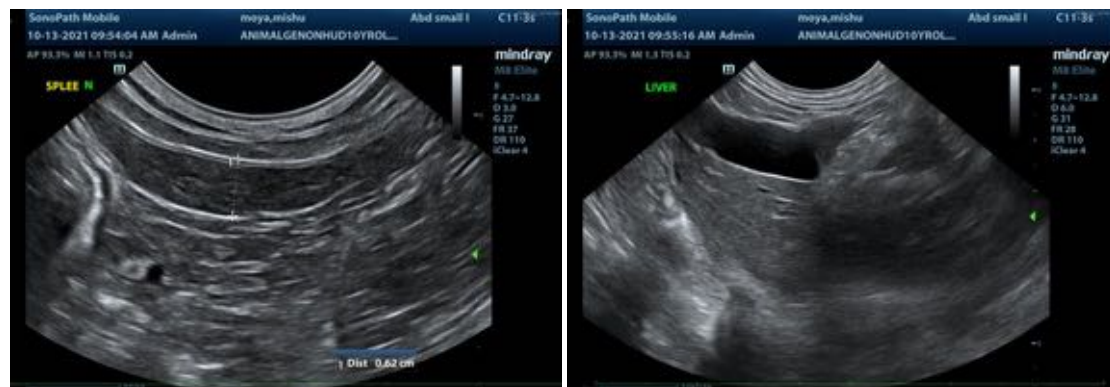
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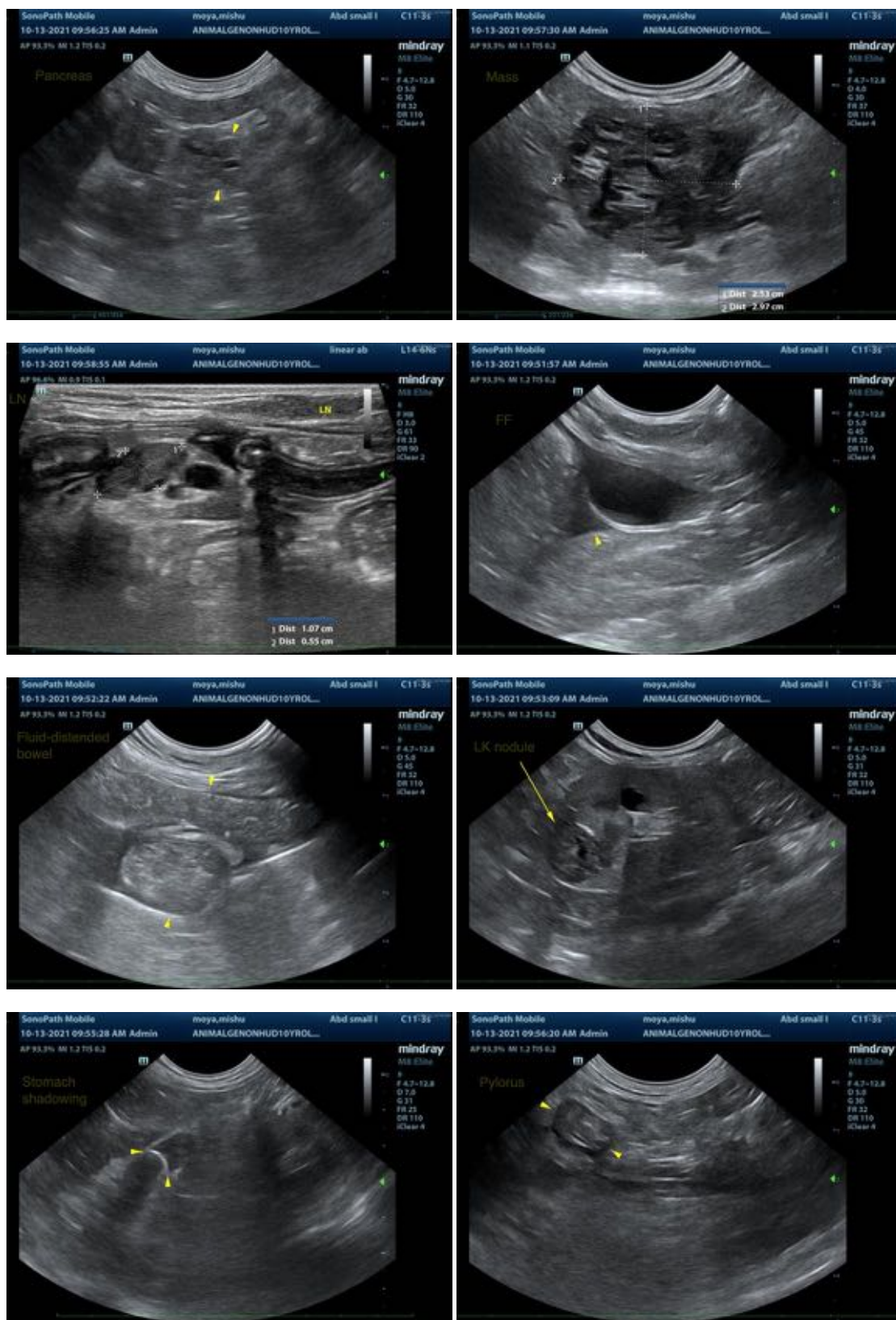
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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