



PATIENT

Otis Bryant

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

14.14 Pounds

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Saum Hadi

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Saum Hadi

INVOICE

13775

DATE

10/15/21

PRESENTING CLINICAL SIGNS

History: P presented for a distended abdomen. Prior ultrasound was performed in May 2020 and revealed multifocal cystic lesions. FNA of one of the cystic lesions was unremarkable, showing no evidence of neoplasia. "Hemodilute sample with chronic active hemorrhage. No evidence of infection or neoplasia is seen." Latest bloodwork (12/2020) WNL. 12 mL of red, thick, non-clotting fluid removed from the abdomen today and sent out for pathologic interpretation. Abnormal PE/Chem/CBC/UA Results: Lab work pending. CBC/Chem.

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 is moderately distended. A small to moderate amount of aggregated echogenic debris is observed within the lumen.

The left kidney is normal size (4.46 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.50 cm in length); with a slightly irregular shape. The cortex is variable thickened and there is moderate loss of corticomedullary distinction. A 0.69 cm nephrolith is visualized. There is no obvious evidence of pyelectasia or hydroureter.

Adrenal Glands

The adrenal glands are not definitively visualized.

Spleen

What is thought to be spleen is subjectively prominent in size (1.26 cm in width) with swollen peripheral contours and homogeneous parenchyma.

Liver

The liver and gallbladder are not definitively visualized. See other category.

Gastrointestinal

The stomach is not definitively visualized. The small intestinal loops are not dilated. The small intestinal wall is normal to mildly thickened (up to 0.33 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosa ratio in some segments. Discreet masses are not identified. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is obscured by the large abdominal mass effect.

Free Abdomen

A large amount of very cellular fluid is present within the abdomen.

Lymph Node



PATIENT See other category

Otis Bryant **Other**

A >8.0 cm irregular cavitated mass is observed in the cranial to mid abdomen. Several of the cavitations contain echogenic material. The origin of the mass cannot be determined.

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ULTRASONOGRAPHIC FINDINGS

BREED

Primary Findings

DSH

- Cavitated abdominal mass, the origin of which is unclear. It may be arising from liver, spleen, lymph node, mesentery, pancreas, other.

SEX

- Severe ascites, suspected to be a hemorrhagic effusion based on the history

Neutered Male

Secondary Findings

AGE

- Bilateral age-related renal changes with right nephrolithiasis

14 Years

- Urinary bladder debris

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma

WEIGHT

14.14 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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- If the abdominal fluid cytology results are inconclusive, and an aggressive approach is desired, referral to a board-certified veterinary surgeon is recommended to discuss mass removal or debulking. An abdominal CT scan would be useful in presurgical planning.

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- Clotting times (i.e., PT, PTT) are recommended to assess for a potential coagulopathy.

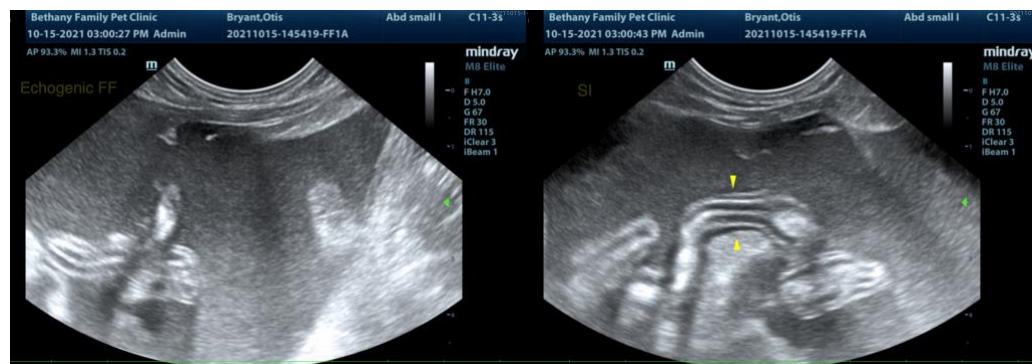
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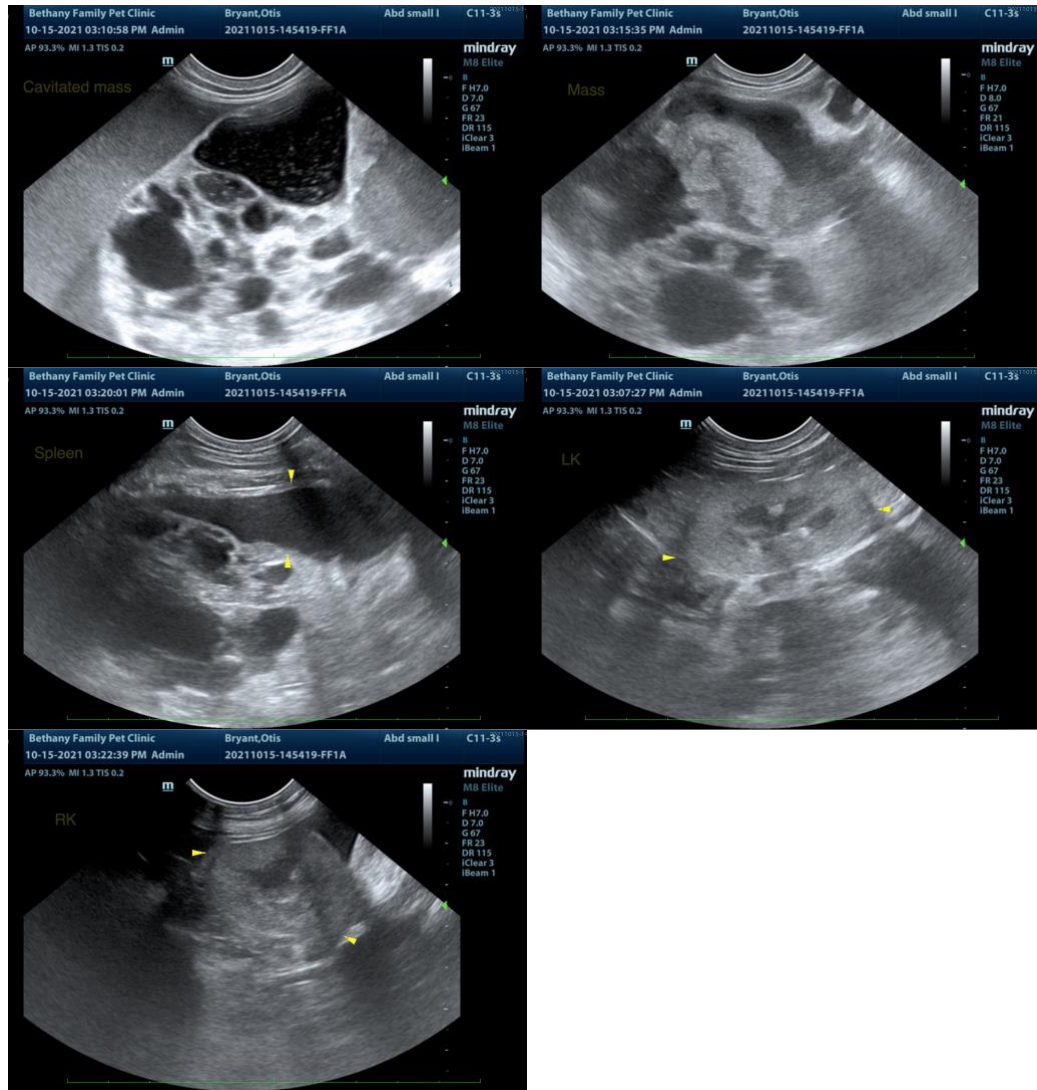
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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