



PATIENT

Oso Brown

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Male, neutered

AGE

15 Yrs. 2 months

WEIGHT

8.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

12276

DATE

10/4/21

PRESENTING CLINICAL SIGNS

History: History of hyperthyroidism, adverse reaction to Methimazole (IMHA) and Hill's y/d (vomiting). Tentatively scheduled for IL-131, however thoracic radiographs showed moderate cardiomegaly and a small mass lesion in the right caudal or accessory lung lobe.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEMISTRY: K=3.6 (3.7-5.2) mmol/L, ALP=97 (12-59) U/L T4=7.9 (0.8-4.7)

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 moderately distended. A small to moderate amount of echogenic debris is observed within the lumen. 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 subjectively normal size with a normal shape and architecture and smooth peripheral margins. 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.

The right kidney is normal size (4.46 cm in length); normal shape and architecture with smooth peripheral margins. 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.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.56 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (0.74 cm width) with a slightly irregular shape. The parenchyma is of normal echogenicity with normal glandular detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.01 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 normal curvilinear 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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



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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 colonic wall is normal. No obstructive disease is noted.

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Pancreas

The left and right limbs 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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Free Abdomen

Trace free fluid is observed. A few prominent jejunal lymph nodes are visualized, the largest measuring 2.07 cm in length.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion. Cardiac chamber sizes are subjectively normal.

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A 1.80 cm echogenic nodule is observed in the caudal thorax adjacent to the diaphragm.

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Additionally, a 0.69 cm pulmonary nodule is seen.

ULTRASONOGRAPHIC FINDINGS

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Diplomate ACVIM
(*Small Animal Internal
Medicine*)

Primary Findings:

- The pulmonary nodules are concerning for a neoplastic process, however multifocal inflammatory disease or granulomas cannot be completely excluded.

Secondary Findings:

- Urinary bladder debris.
- Bilateral age-related renal pathology.
- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- The hepatic parenchymal changes may be a normal variant for this patient or may be secondary to inflammatory disease, hepatic lipidosis, infiltrative neoplasia (less likely), FIP, other hepatopathy.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The cause for the trace ascites is unclear. It may be secondary to increased vascular permeability or increased hydrostatic pressure (i.e., due to pressure on the caudal vena cava by

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PATIENT the thoracic nodule).

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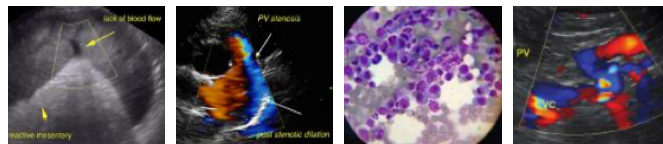
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

For further evaluation of the pulmonary nodules, consider a thoracic CT scan +/- ultrasound guided aspiration of the peripheral thoracic nodule (if clotting status is appropriate). A 25-gauge needle should be used.





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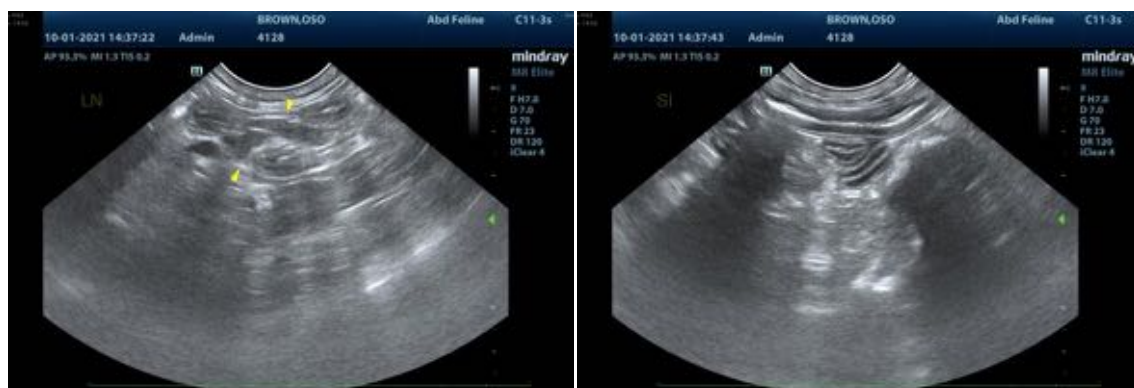
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

Andrea.nicastro@sonopath.com