



PATIENT

Tanner Greer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8

WEIGHT

19 lbs

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Trinity Island VC

REFERRING VET

Dr Kristi Oldham

INVOICE

22245

DATE

11-10-25

PRESENTING CLINICAL SIGNS

Patient had a nodule in the left cranial abdomen on previous us two months ago. We are rechecking the nodule today. Patient is asymptomatic. Patient was under general anesthesia for the ultrasound. Is getting a dental today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is mildly enlarged (4.94 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Mild pyelectasia is present (0.26 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is mildly enlarged (4.79 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Mild pyelectasia is present (0.24 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.15 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is mildly to moderately distended. The wall is thin and smooth. A scant amount of 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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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Pancreas

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.

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Lymph Nodes

A 0.89 x 0.25 cm mesenteric lymph node is observed adjacent to the ileoceocolic junction.

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

In the left cranial quadrant, adjacent to the spleen, a 1.79 x 1.28 cm slightly heterogenous nodule is visualized.

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In the caudal abdomen, just cranial to the urinary bladder, a 1.38 cm irregular, hyperechoic nodule of fat opacity is visualized.

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The nodule in the left cranial quadrant is similar in size/appearance compared to the previous sonogram. The origin of the nodule is unclear. It may be arising from mesentery, pancreas, lymph node, other. Differentials include neoplasia, inflammatory focus, other.
- The hyperechoic nodule in the caudal abdomen likely represents an intraabdominal lipoma, or less likely, liposarcoma.

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Secondary Findings

- Minor bilateral age-related renal changes. The mild bilateral renomegaly is likely a normal variant for this larger-sized feline patient, with a lower possibility of interstitial nephritis or other pathology. The bilateral pyelectasia may be secondary to fluid therapy, parenchymal remodeling, nephritis, PU/PD (if applicable), or some combination thereof.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.

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Ultrasound-guided fine-needle aspiration of the nodule in the left cranial abdomen was performed at the end of this study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Further recommendations should be based on the cytology report.

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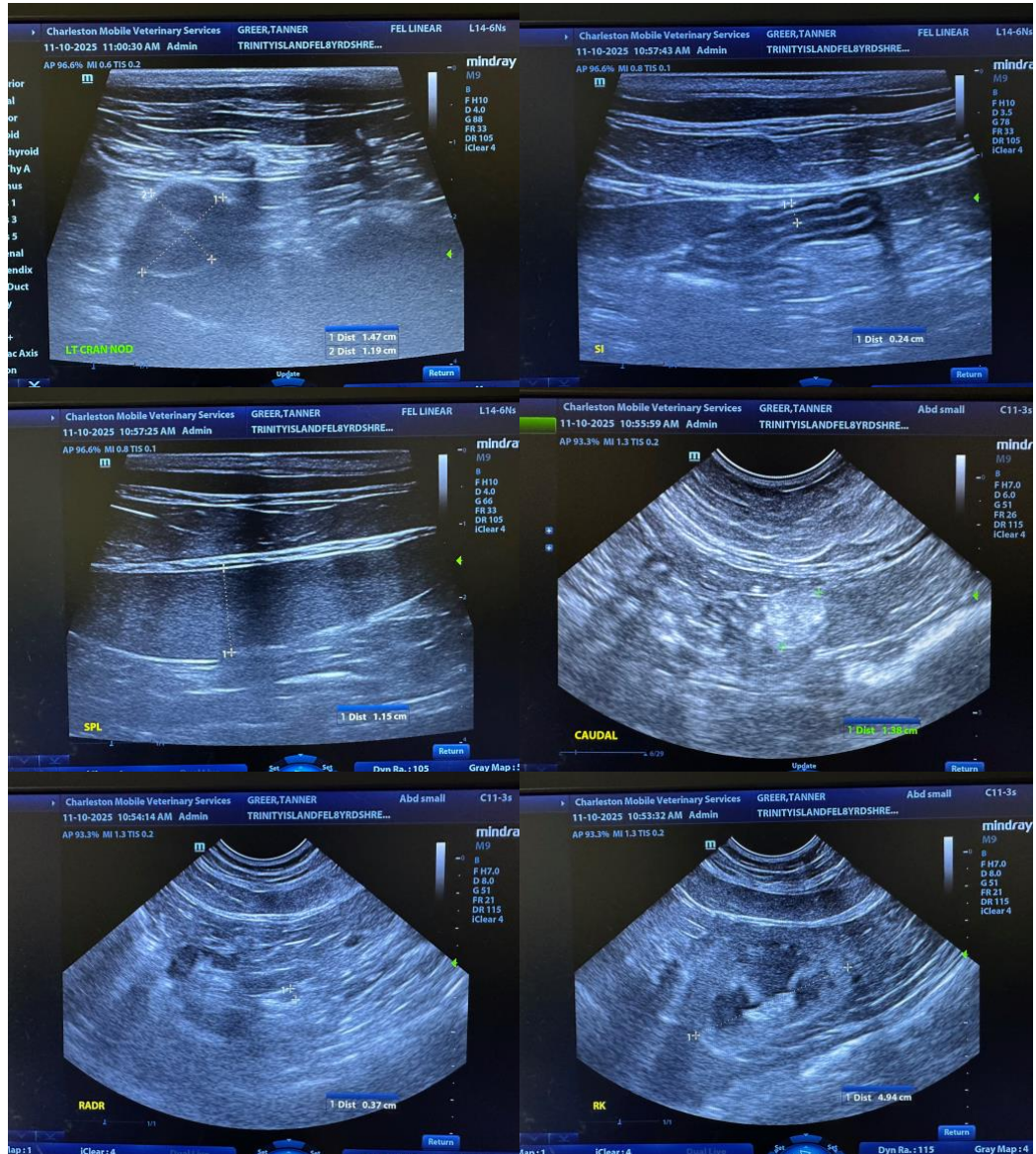
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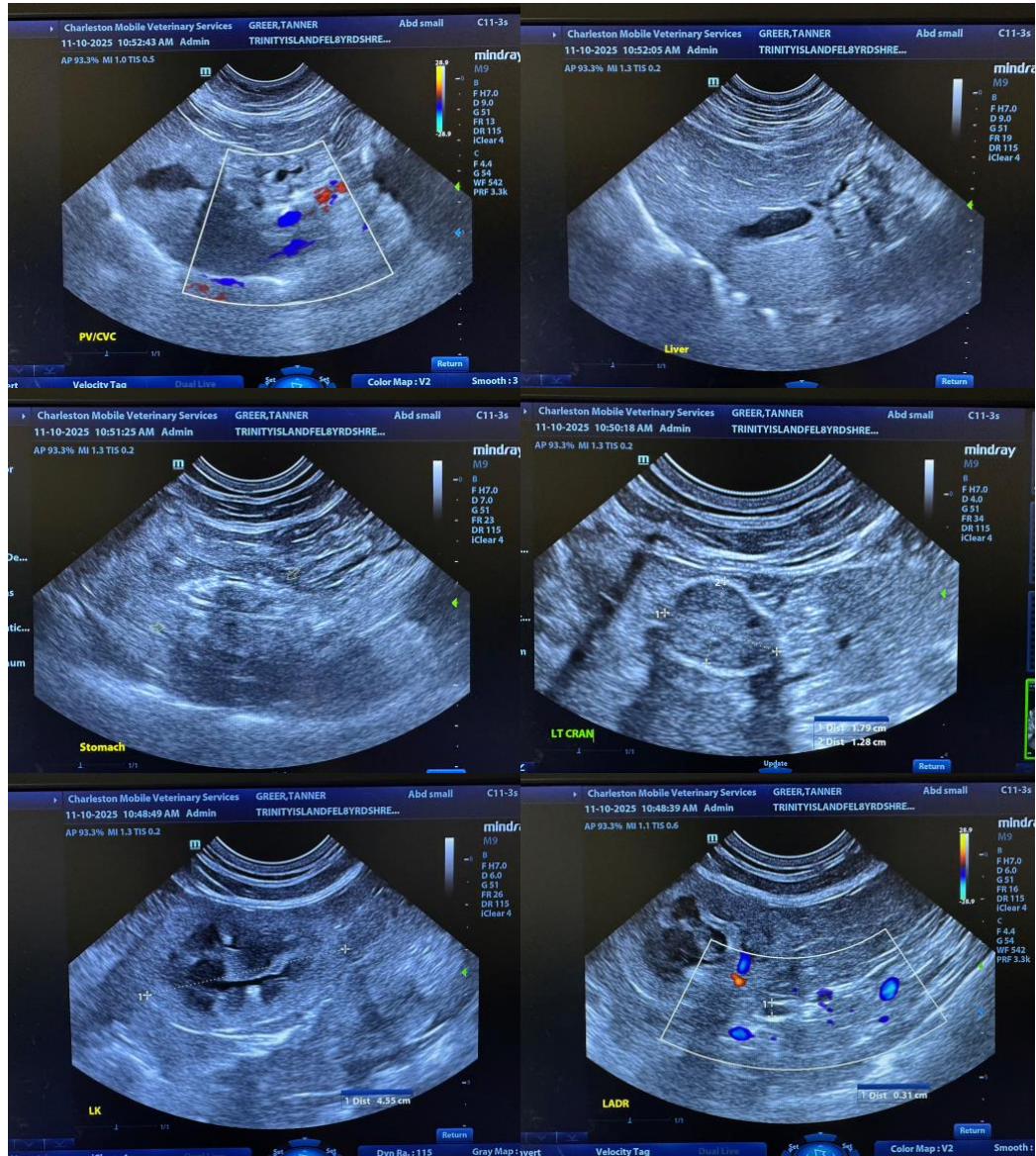
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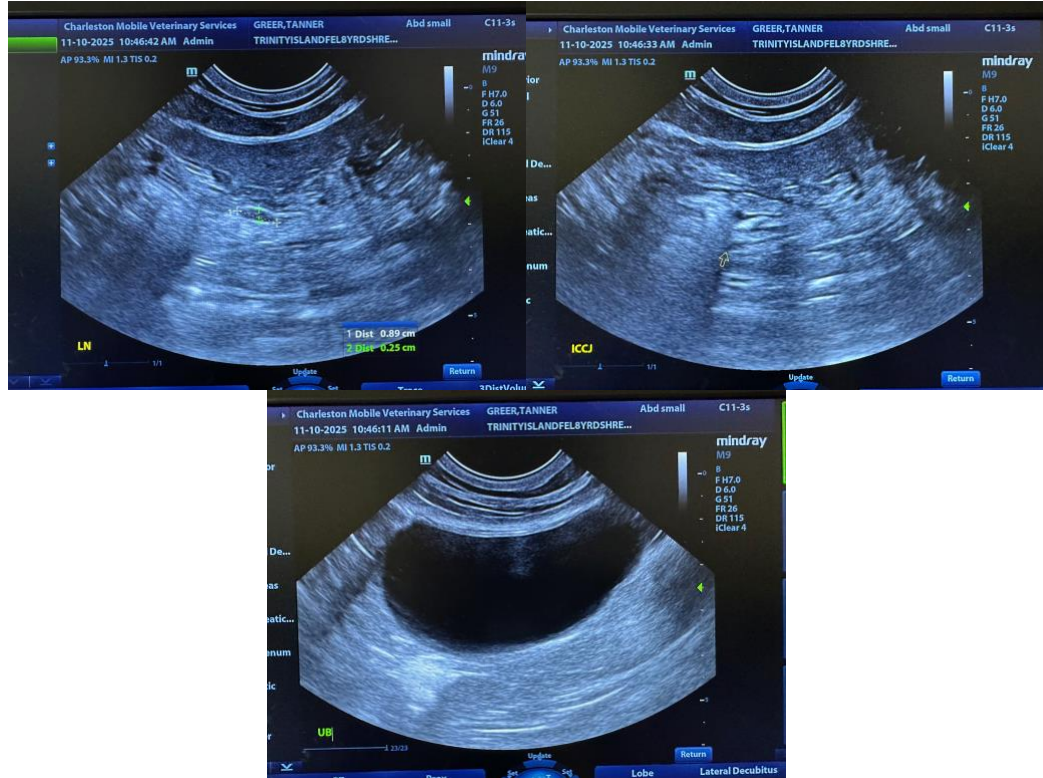
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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