

PATIENT PRESENTING CLINICAL SIGNS

Murphy McKnight

History: Chronic history of intermittent V but last 3 week been noting liquid/ bile with dark and fresh blood. Intermittent D. P is still eating but losing weight. Lately been feeling more lethargic. Treated w gastroprotectants which o reports may have made V worse. And antiemetics. b12.
Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia and elevated amylase

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DMH

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly to 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.

SEX

Neutered Male

The left kidney is enlarged (5.10 cm in length) with an irregular shape. The cortex is mildly heterogenous in appearance. At one of the poles, the cortex appears slightly cavitated, with a questionable nodule (1.96 cm in diameter). There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. A small amount of subcapsular fluid is present. The mesentery surrounding the kidney is hyperechoic.

AGE

9.5

WEIGHT

7 kg

The right kidney is borderline enlarged (4.42 cm in length) with a relatively normal shape. 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. Trace subcapsular fluid is observed. The mesentery surrounding the kidney is hyperechoic.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Dr Caroline Tan

Spleen

The spleen is normal in size (0.72 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

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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.

REFERRING VET

Dr Sam

The gallbladder 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.

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Gastrointestinal

The gastric lumen is mildly distended with fluid and gas. The majority of the gastric wall is severely thickened (up to 1.8 cm), irregular, and hypoechoic, with loss of the normal layering pattern. The mesentery surrounding the stomach is hyperechoic. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.34 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio in some segments. The ileoceocolic junction and

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PATIENT colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Murphy McKnight **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.

SPECIES

Feline **Lymph Nodes**

One-to-two prominent gastric lymph node are visualized (one measuring 0.80 x 0.42 cm). Several prominent mesenteric lymph nodes are also visualized (one measuring 0.98 x 0.61 cm). The mesentery surrounding the nodes is hyperechoic.

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Free Abdomen

A small amount of free fluid is observed.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

- The gastric wall changes are concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) with a lower possibility of severe gastritis.

9.5

- The small intestinal wall changes could be consistent with emerging lymphoma or inflammatory bowel disease.

WEIGHT

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- The prominent mesenteric lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis, or emerging neoplasia.

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- The bilateral renal changes could be consistent with emerging neoplasia (i.e., lymphoma), interstitial nephritis, other. There is a questionable nodule at one of the poles of the left kidney. A left cortical infarct is also suspected. Adjacent retroperitonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr Caroline Tan

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the thickened portion of gastric wall, +/- renal aspirate (assuming normal clotting status and blood pressure). Twenty-five gauge-needles should be used. Depending on the cytology results, consultation with a board-certified oncologist may be indicated.

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- Given the renal changes, also consider a urinalysis with culture and sensitivity.

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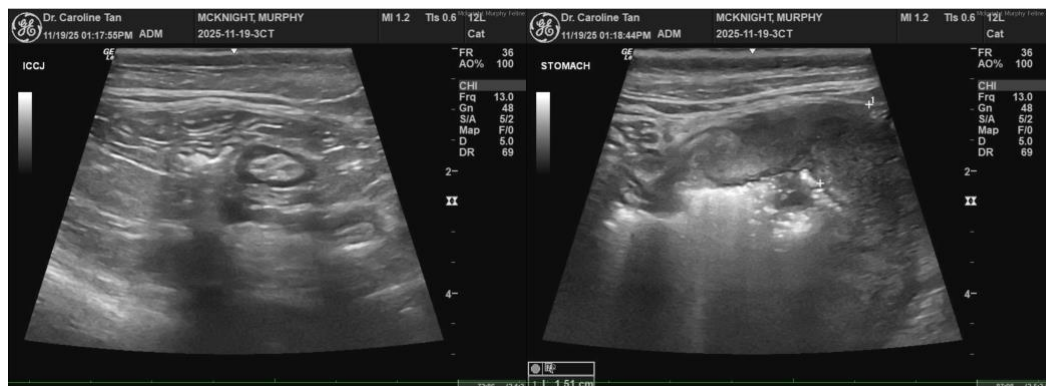
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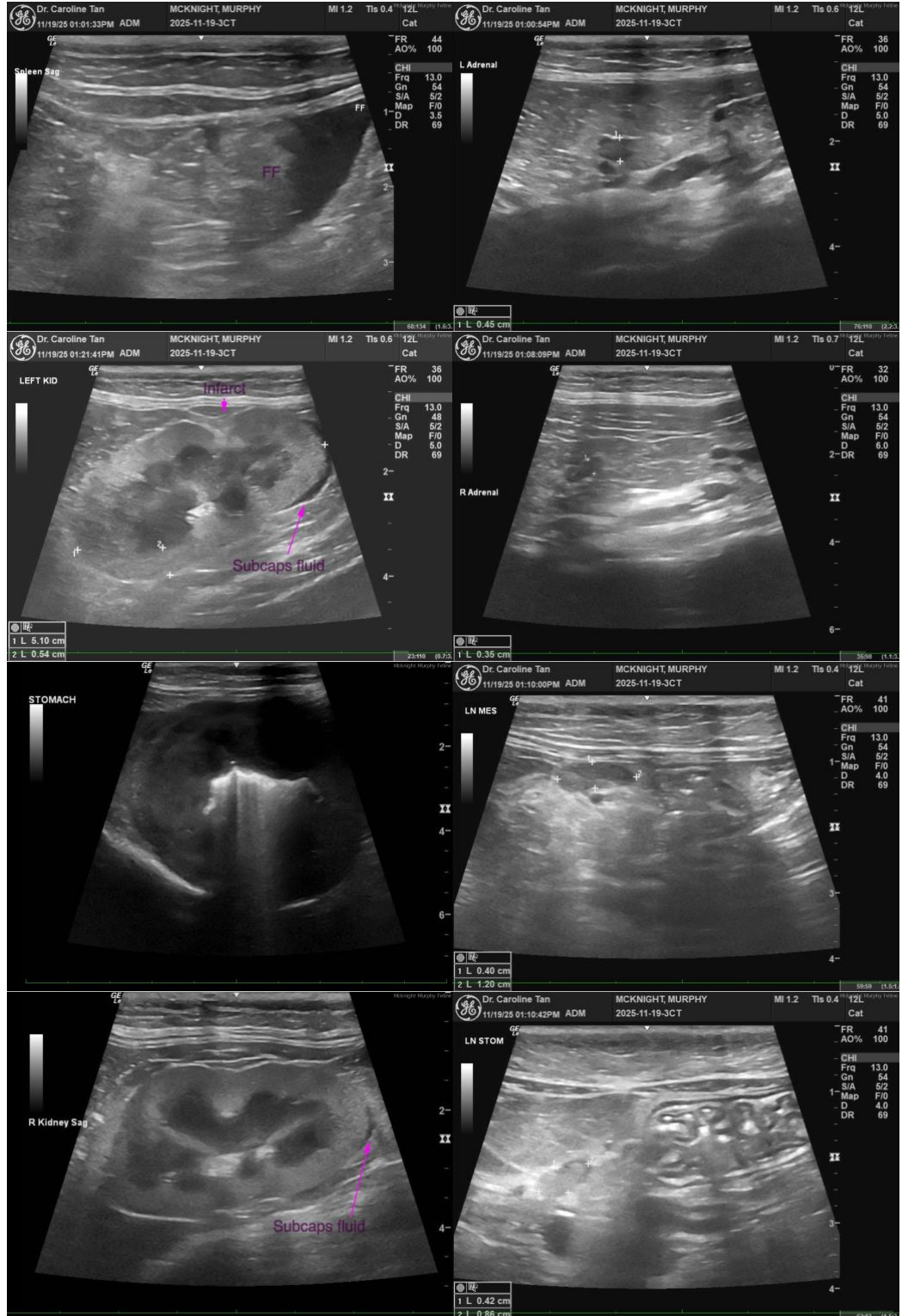
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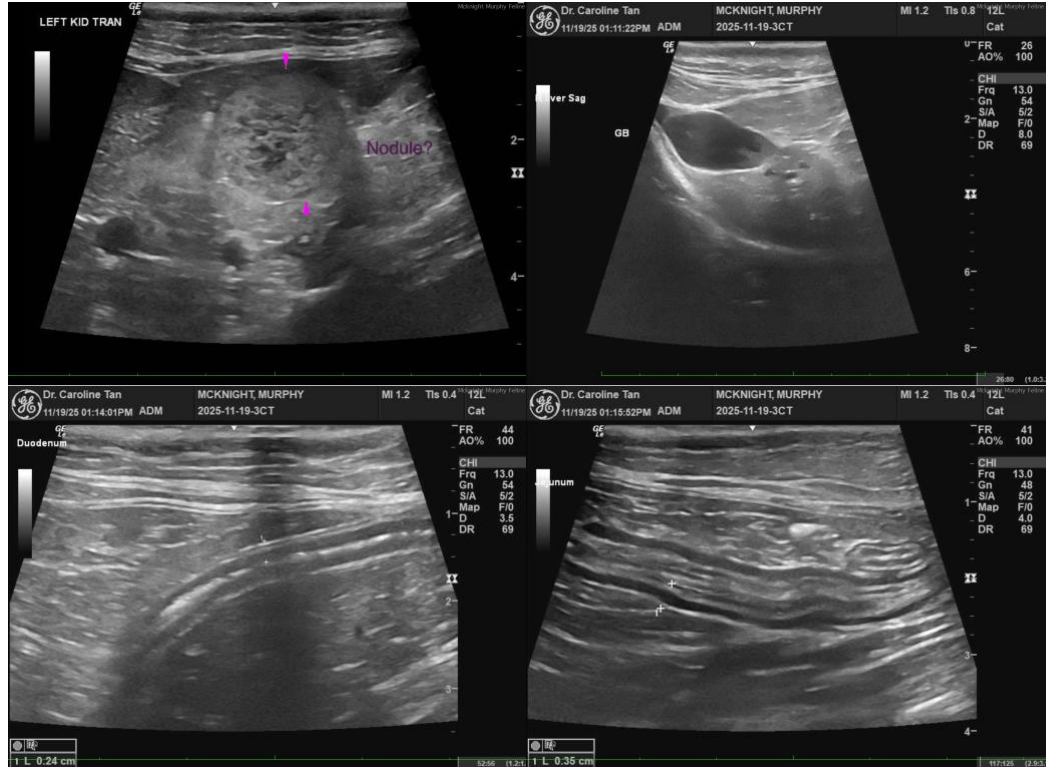
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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