



PATIENT

Baloo Baumgarth

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

12.5 Yrs.

WEIGHT

7.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jo Goodman

HOSPITAL NAME

Evandale-Blue Ash Pet
Hospital

REFERRING VET

Dr. Jo Goodman

INVOICE

12459

DATE

PRESENTING CLINICAL SIGNS

History: Gradual weight loss since February. Lost 2 lbs in a year
Abnormal PE/Chem/CBC/UA Results: slightly distended abdomen BW pending free fluid in abdomen - abdominocentesis performed - very cellular with sticky feel - cytology pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. Luminal contents are mostly anechoic. No cystic calculi are observed.

The left kidney is normal size (4.45 cm in length) with a slightly irregular shape. The cortex is thin and hyperechoic and there is mild loss of corticomedullary distinction. Mineralized foci are visualized. There is mild to moderate pyelectasia (0.35 cm in the longitudinal plane). A thin rim of subcapsular fluid is suspected. Surrounding mesentery appears hyperechoic and adhered to the renal capsule.

The right kidney is normal in size (4.03 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is not definitively visualized due to the diffuse abdominal pathology.

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

Spleen

The spleen is subjectively normal in size with scalloping of the peripheral contour. 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small 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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall



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thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

The left limb 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

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A large amount of extremely cellular free fluid is observed within the abdomen. The mesentery is diffusely hyperechoic to heterogeneous, nodular in appearance and clumped in certain areas. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The diffuse mesenteric changes and ascites are concerning for carcinomatosis or feline infectious peritonitis. Other neoplasia (i.e., lymphoma) is also possible. Congestive heart failure is also a consideration but is considered less likely.
- The left renal changes are most consistent with inflammatory or infiltrative disease with dystrophic mineralization and pyelectasia.

Secondary Findings:

- Bowel changes consistent with inflammatory bowel disease or emerging lymphoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- If the patient's abdominal fluid cytology is inconclusive, surgical biopsies of the mesentery +/- left kidney may be necessary to get a definitive diagnosis. Regardless, the prognosis of this patient is considered guarded.

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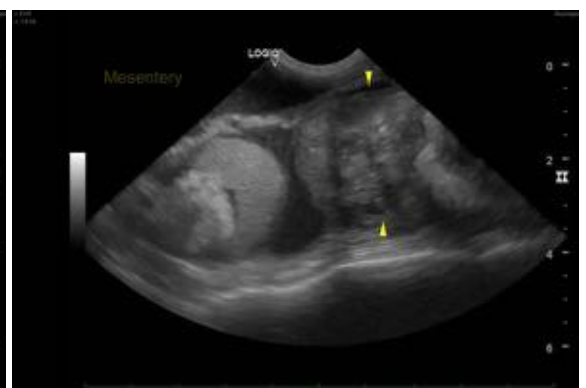
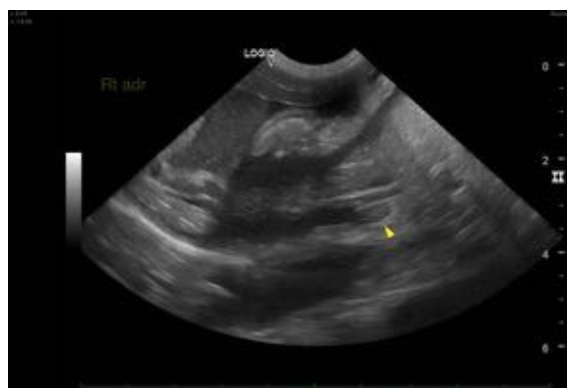
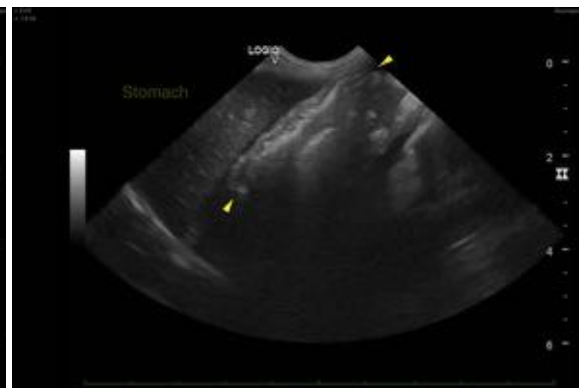
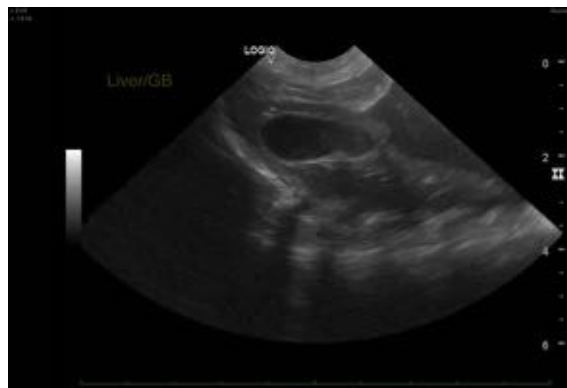
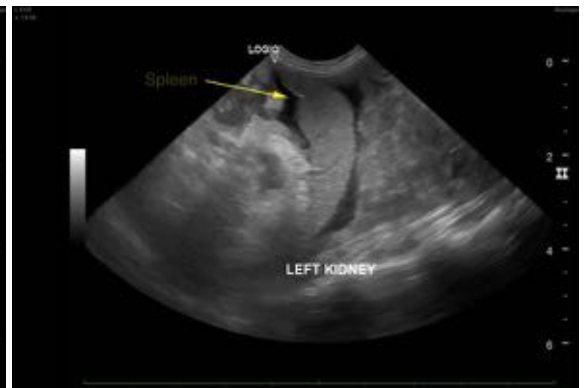
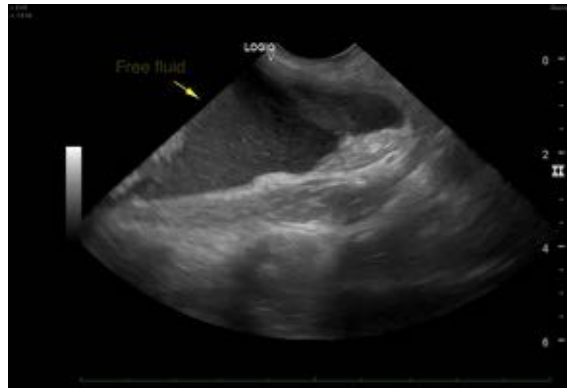
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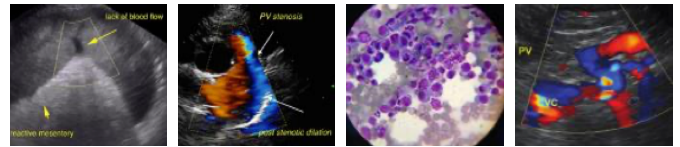
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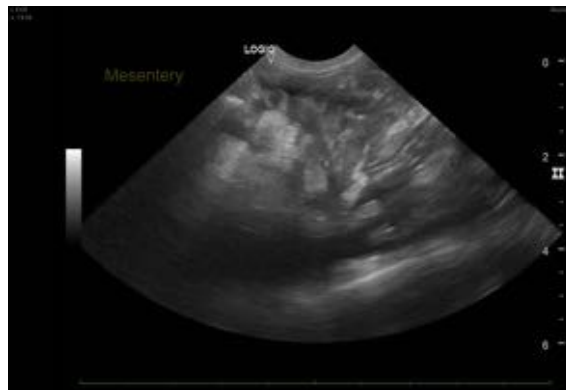
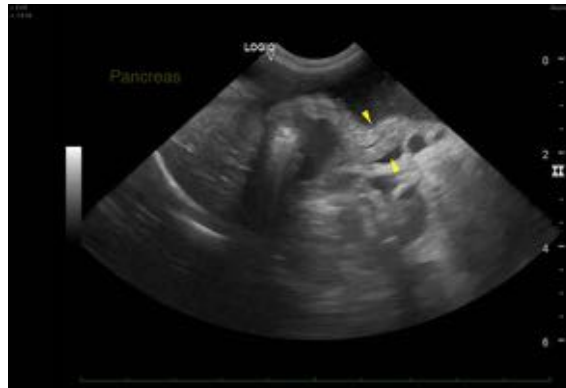
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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