



**PATIENT**

Flurry Toms

**PRESENTING CLINICAL SIGNS**

Substantial weight loss recently; inappetance

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Neutered Male

The left kidney is normal in size (3.69 cm in length) with a normal shape. A 1.8 x 1.7 cm hypoechoic nodule/mass is observed within the parenchyma. In the remainder of the kidney, there is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.19 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

9

The right kidney is normal in size (4.42 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

Not Provided

**Adrenal Glands**

The left adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

The right adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**Spleen**

The spleen is normal in size (0.90 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**

Central VH  
Summerville

**Liver**

The liver is normal to prominent-in-size with normal peripheral contours. The parenchyma is hyperechoic 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.

**REFERRING VET**

Dr Reynolds

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 visible/tortuous but not overtly dilated.

**INVOICE**

22210

**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 is normal to mithi (up to 0.30 cm). 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. (See also "Other" category).

**DATE**

11-3-25

**Pancreas**



**PATIENT**

Flurry Toms

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9

**WEIGHT**

Not Provided

**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**

Central VH  
Summerville

**REFERRING VET**

Dr Reynolds

**INVOICE**

22210

**DATE**

11-3-25

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.

**Lymph Nodes**

A 1.7 x 1.3 cm hypoechoic mesenteric lymph node is visualized in the left mid-abdomen (See also "Other" category).

**Free Abdomen**

Trace free fluid is observed.

**Other**

In the midabdominal cavity, adjacent to the ileocecolic junction, a 6.7 x 3.6 cm irregular, hypoechoic to heterogenous mass, with an irregular, hyperechoic area at the cranial aspect is visualized. Surrounding mesentery is hyperechoic.

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Mass effect in the midabdominal region (adjacent to the ileocecolic junction), the origin of which is unclear. It is suspected to be a cluster of enlarged mesenteric lymph nodes. However, other origin (i.e., ileum/ileocecolic junction, mesentery) cannot be completely excluded. Neoplasia (i.e., lymphoma, carcinoma) is suspected, with a low possibility of a non-neoplastic process. Adjacent peritonitis is present.
- Enlarged mesenteric lymph node in the left mid-abdomen. Infiltrative neoplasia (i.e., lymphoma) is suspected with a lower possibility of lymphoid hyperplasia or lymphadenitis.
- Left renal mass. Again, neoplasia (i.e., round cell tumor) is suspected with a lower possibility of a focal inflammatory process, other. Bilateral age-related renal changes are present.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging small cell lymphoma.

**Secondary Findings**

- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.

\*Ultrasound-guided fine needle aspiration of the mid-abdominal mass was performed at the end of the study without incident.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Depending on the cytology results from the mid-abdominal mass, consultation with a board-certified oncologist may be indicated.
- Other diagnostics considerations include the following:



**PATIENT**

Flurry Toms

1. Three-view thoracic radiographs to assess for occult pathology in the chest
2. Feline leukemia, FIV +/- FIP testing (if not already performed)
3. GI panel including serum cobalamin and folate, TLI and PLI

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9

**WEIGHT**

Not Provided

**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**

Central VH  
 Summerville

**REFERRING VET**

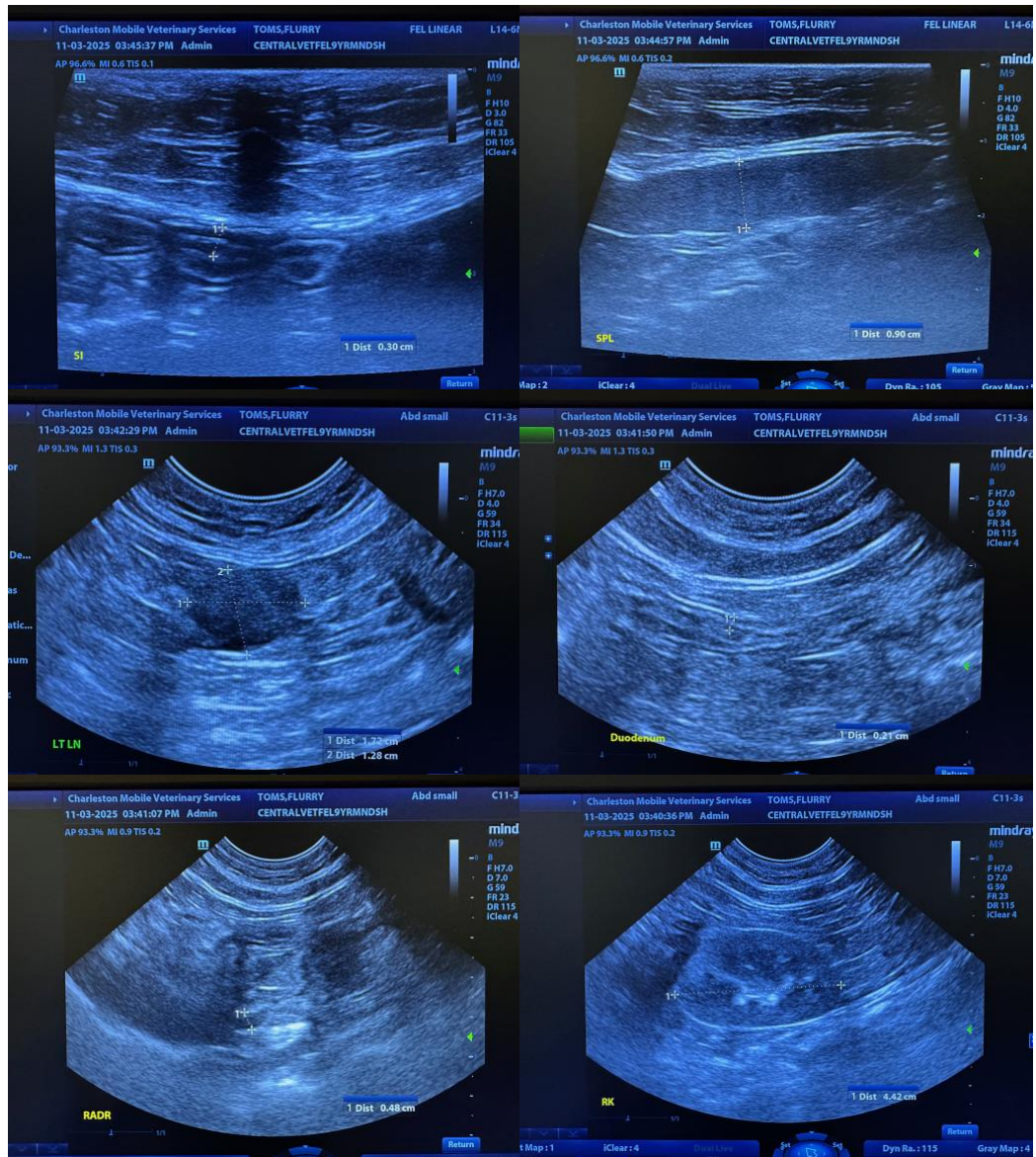
Dr Reynolds

**INVOICE**

22210

**DATE**

11-3-25





**PATIENT**

Flurry Toms

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9

**WEIGHT**

Not Provided

**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**

Central VH  
 Summerville

**REFERRING VET**

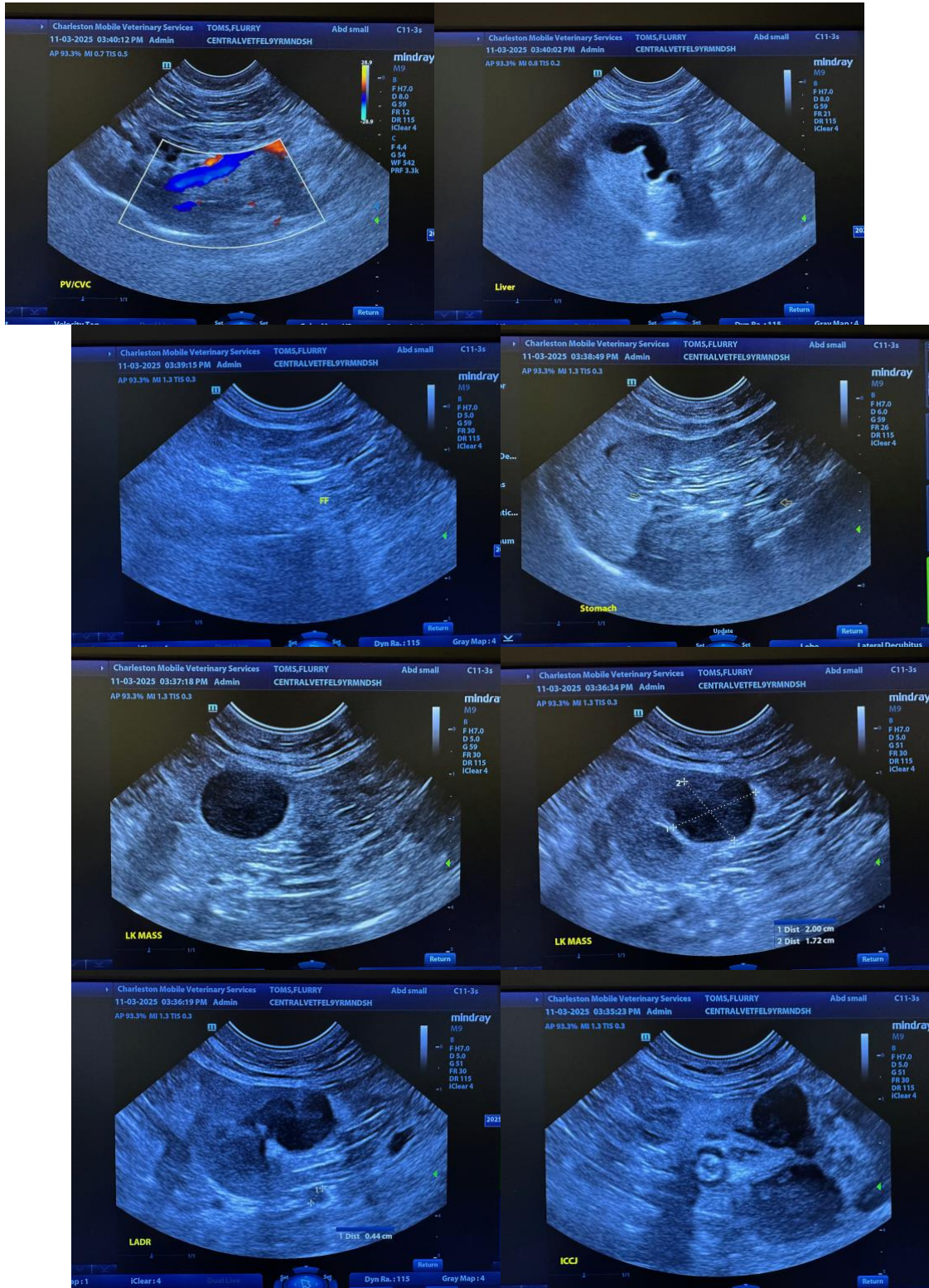
Dr Reynolds

**INVOICE**

22210

**DATE**

11-3-25





**PATIENT**

Flurry Toms

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9

**WEIGHT**

Not Provided

**INTERPRETED BY**

Andrea Nicaastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicaastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Central VH  
Summerville

**REFERRING VET**

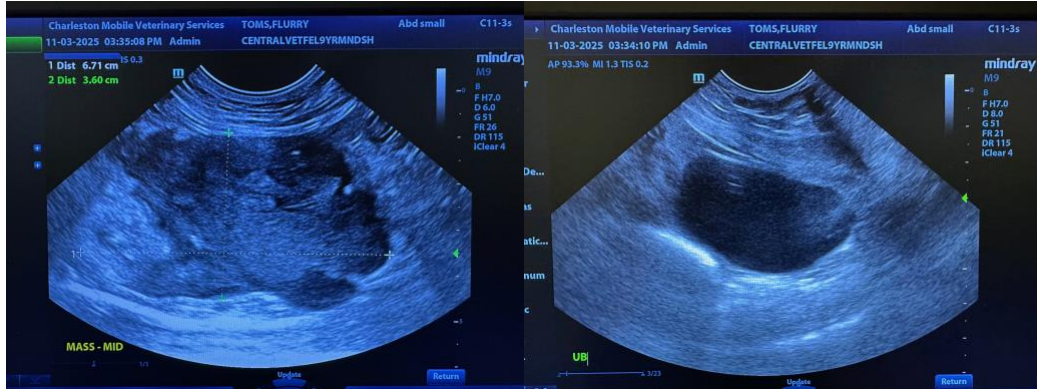
Dr Reynolds

**INVOICE**

22210

**DATE**

11-3-25



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.

**Andrea Nicaastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)