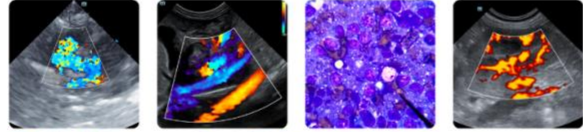
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™
www.charlestonmobile.net
info@charlestonmobile.net 800.403.5408

PATIENT

Lyla Beasley

SPECIES

Feline

BREED

Siamese

SEX

Female Spayed

AGE

9/1/2011

WEIGHT

3.26 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr Fetterolf

INVOICE

22219

DATE

11-6-25

PRESENTING CLINICAL SIGNS

Lyla presents for second Solensia injection and client noticed a bump on her side
Intermittent bilious vomiting several times per week

ASSESSMENT / PROBLEM LIST
- Subcutaneous mass (left lateral) - r/o lipoma, mast cell tumor, other soft tissue neoplasia
- Abdominal mass - r/o splenic mass, hepatic mass, enlarged lymph node
- Weight loss - r/o underlying neoplasia, metabolic disease, dental disease
- Coxofemoral arthritis (historical finding) - r/o progression, age-related changes
- Dental disease - r/o periodontal disease, tooth resorption
- H/O hyperthyroidism - underwent I-131 treatment

Abnormal lab-work values: Date: 10/14/2025

Chem Panel: Her ALT, which was slightly elevated in October of last year, is still slightly elevated but has improved (now 130 IU/L). The rest of her chemistry panel looks great.
CBC: Last year she had an increase in some of her white blood cells (lymphocytes, monocytes, and eosinophils). They are all normal now. I suspect the previous lesion on her back was causing some immune stimulation.
T4: Her T4 remains elevated at 6.1. Clinically, she looks great, so we will not be making any changes at this time.
Urinalysis: Her urine looks about the same, with a similar concentration to last year (yellow, cloudy, 1.026, pH 7.5, 1+ protein)
Heartworm antibody: Remains negative.
Her RenalTech Index, which was previously inconclusive, is now positive. This indicates that a patient may develop chronic kidney disease within the next 24 months with >95% accuracy. I have had some cats remain positive for years with their values staying the same. They recommend repeating values every 3-6 months.

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. 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.

The left kidney is normal in size (3.56 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.79 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen
The spleen is normal in size (0.76 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, a light micronodular pattern is observed throughout the organ. 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 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. The duodenal papilla is normal-in-size (0.24 cm in width).

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 segmentally dilated with chyme (mild). The small intestinal wall is normal to mildly thickened (up to 0.28 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas
The left limb right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic 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.

Lymph Nodes
In the mid- to caudal aspect, a 1.3 x 1.0 cm heterogenous lymph node is visualized. The node is adjacent to the midabdominal mass (See “Other” category).

Free Abdomen
The mesentery throughout the midabdominal region is hyperechoic. Trace free fluid is observed.

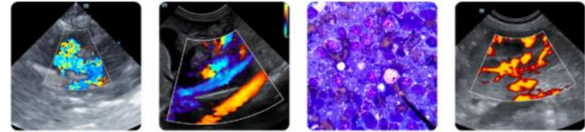
Other
In the midabdominal, a 6.2 x 3.1 cm heterogenous cavitated, vascular mass is visualized. Surrounding mesentery is hyperechoic.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mid-abdominal mass, the origin of which is unclear. It is suspected to represent a severely enlarged lymph node or cluster of lymph nodes. However, other origins (i.e., mesentery) cannot be excluded. Neoplasia (i.e., round cell tumor, other) is suspected, with a low possibility of a focal inflammatory process. Adjacent peritonitis is present.



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- The prominent mid- to caudal abdominal lymph node could be consistent with infiltrative neoplasia or reactive change.

- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., round cell tumor), lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other.

Secondary Findings

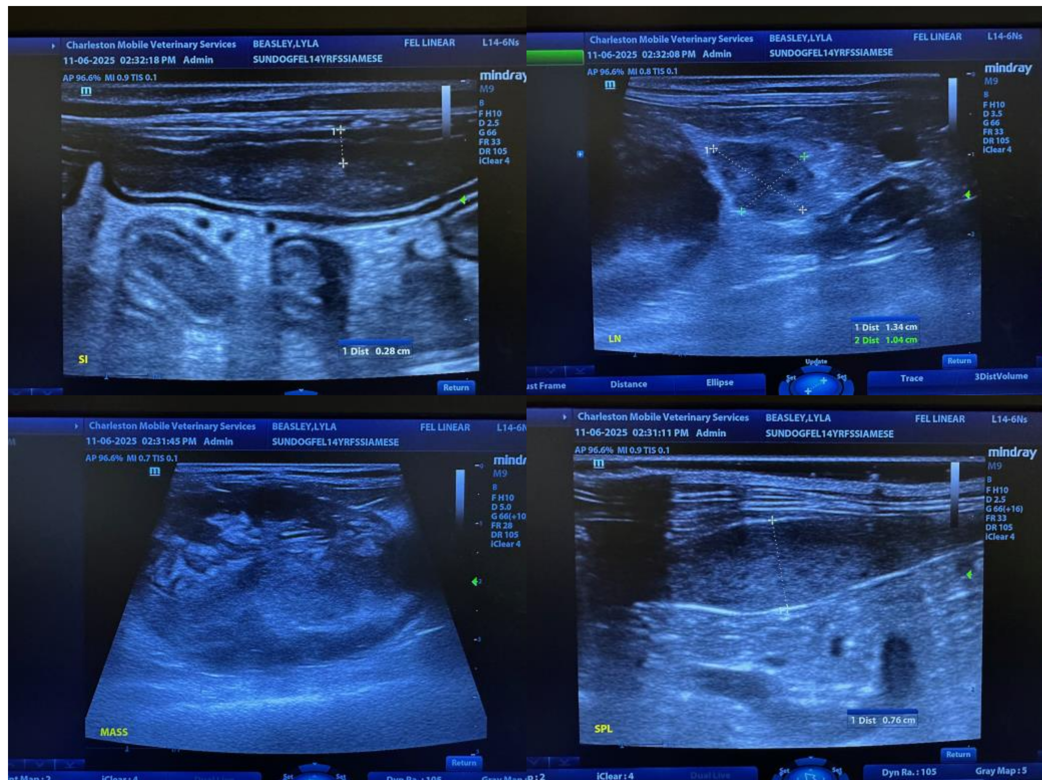
- Bilateral nonspecific age-related renal changes

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

* An ultrasound-guided fine-needle aspiration of the mid-abdominal mass was performed at the end of this study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess for pulmonary metastatic disease.
- Also consider feline leukemia and FIV testing.
- Depending on the results of the above diagnostics as well as the cytology from the abdominal mass, consultation with a board-certified oncologist may be indicated.



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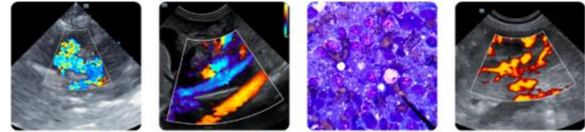

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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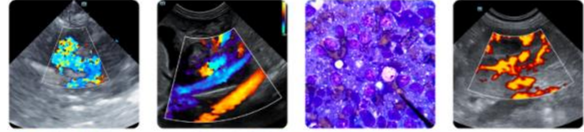

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