



PATIENT

Marie Keith Bengal

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

2

WEIGHT

7.4 lbs

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

Pet Vet VH

REFERRING VET

Dr Brian King

INVOICE

22229

DATE

11-7-25

PRESENTING CLINICAL SIGNS

Indoor/outdoor cat. Went missing for two days. Came back with difficulty breathing, inappetence, as well as lethargy. Hematocrit 29%. Liver and kidney values normal.

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 small 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 normal in size (3.42 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.51 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. 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 (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.71 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.

Liver

The liver is subjectively enlarged with slightly swollen 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.

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. The duodenal papilla is normal-in-size (0.28 cm in width).

Gastrointestinal

The gastric lumen is mildly distended with fluid and ingesta. 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 in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb is prominent-in-size with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The



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pancreatic duct is not overtly dilated.

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Lymph Nodes

Two prominent to enlarged hypoechoic to heterogenous lymph nodes are observed just medial to the left kidney (one measuring 1.91 x 1.04 cm / the other measuring 0.88 x 0.86 cm)

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Free Abdomen

A small amount of anechoic free fluid is observed.

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Thorax

In the cranial mediastinum, a >6.0 cm irregular, heterogenous, mass is observed in both the left and right hemithoraces. The tissue surrounding the mass is hyperechoic. A moderate amount of slightly echogenic pleural effusion is present. In the visualized portion of the heart, there is no obvious evidence of pericardial effusion. A cluster of enlarged, rounded, hypoechoic mediastinal lymph nodes are also seen (the largest measuring 1.44 cm in its longest dimension).

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CERVICAL FINDINGS

- Large cranial mediastinal mass with regional lymphadenopathy. Neoplasia (i.e., lymphoma, thymoma) is suspected with a low possibility of an inflammatory process. Pleural effusion is present.

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ULTRASONOGRAPHIC FINDINGS

- The prominent abdominal lymph nodes could be consistent with lymphoma or reactive change.
- 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.
- Mild ascites

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*Ultrasound-guided fine-needle aspiration of the cranial mediastinal mass was performed at the end of this study without incident.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Depending on cytology results from the cranial mediastinal mass, consultation with a board-certified oncologist may be warranted. In the meantime, symptomatic care is recommended.

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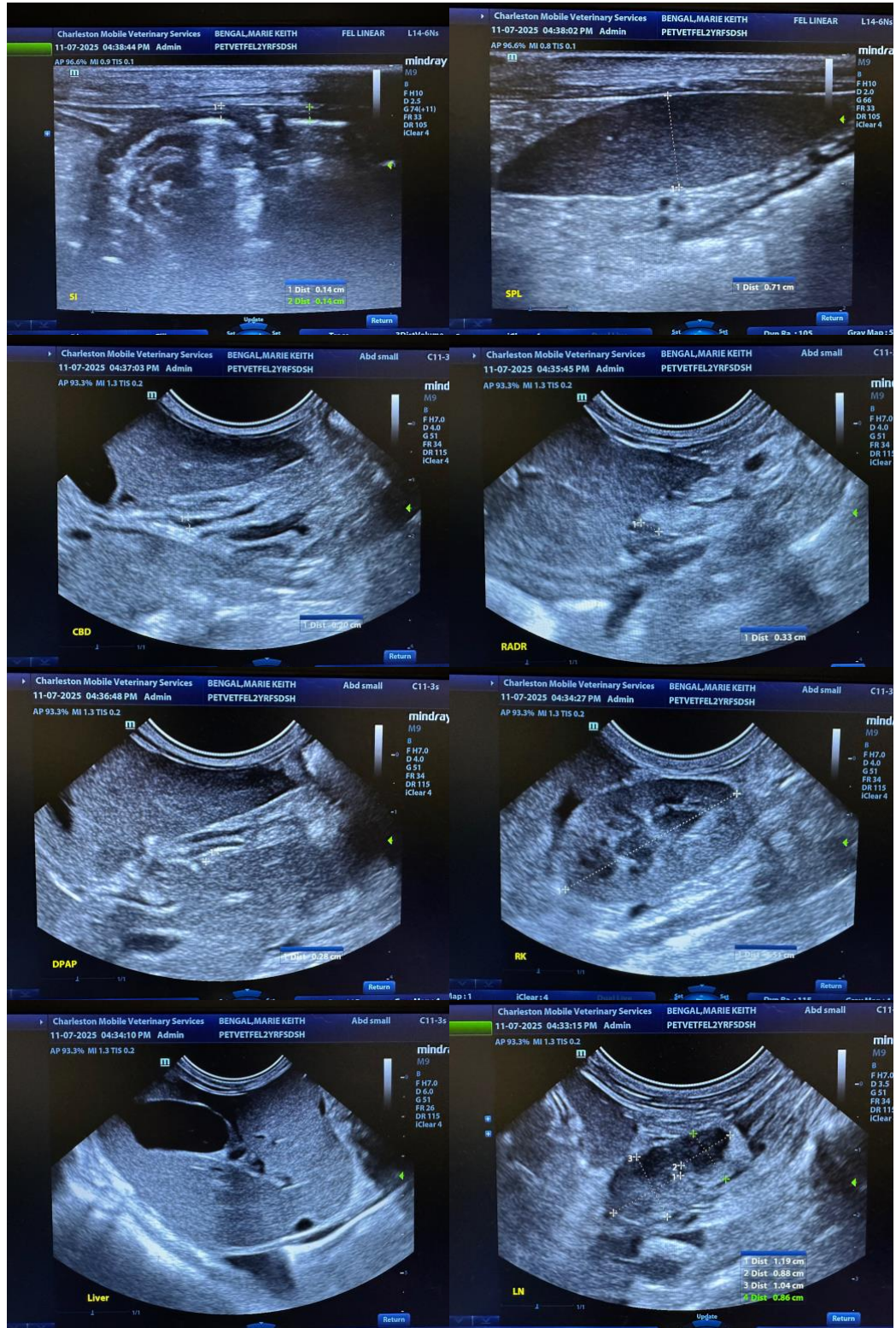
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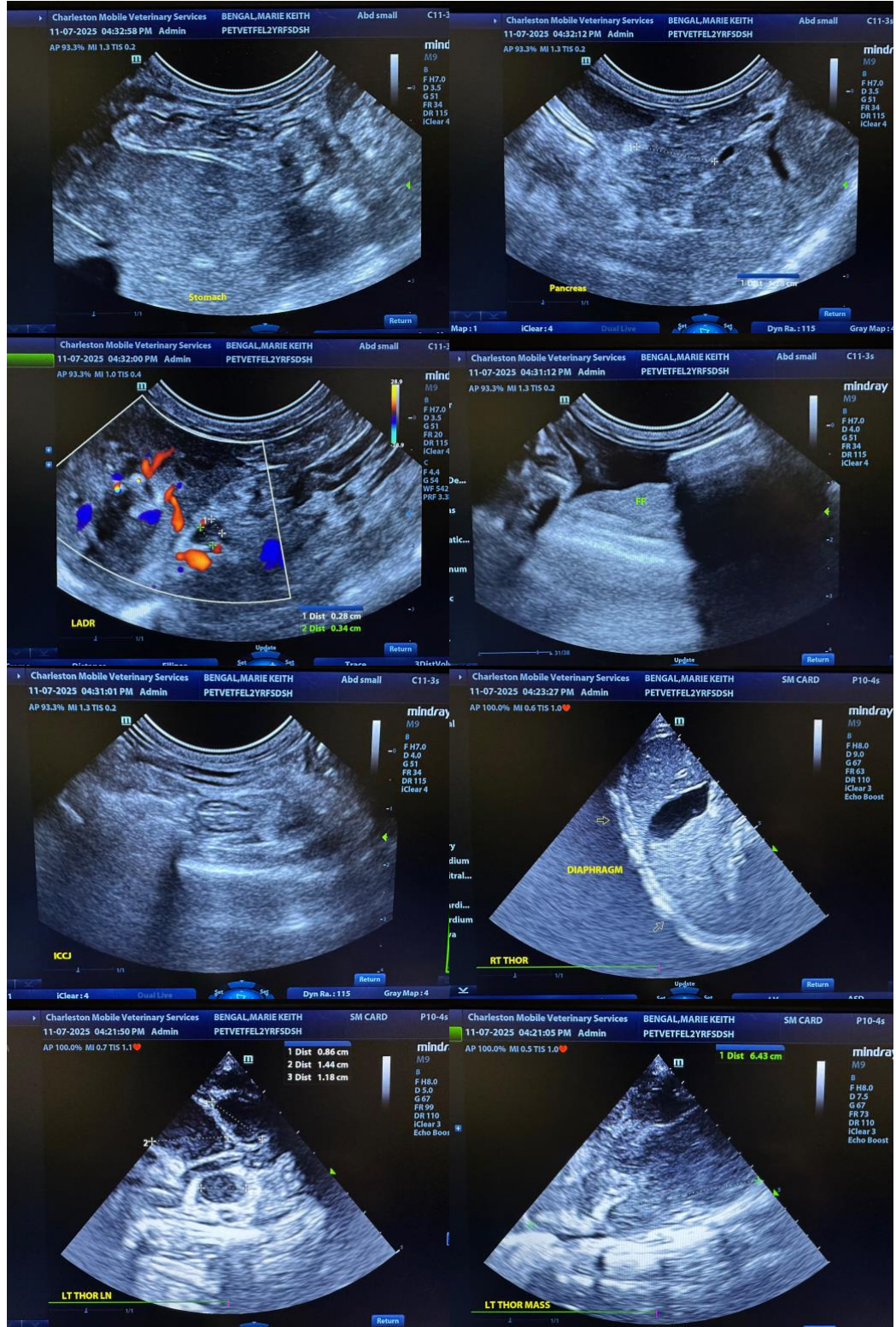
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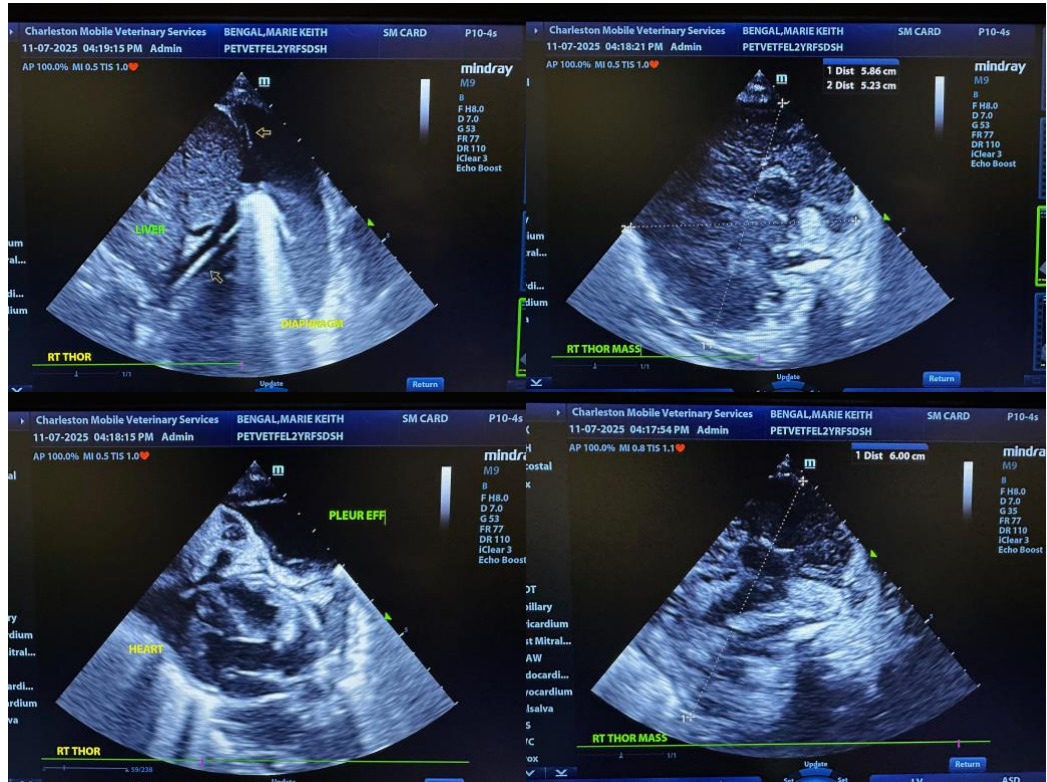
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastrò, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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