



PATIENT PRESENTING CLINICAL SIGNS

Marley Campagna History: Not eating, mass palpated on exam

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline *Urinary System*

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A large amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

BREED

DSH

The left kidney is normal in size (3.22 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.

SEX

Female Spayed

AGE

7

The right kidney is normal in size (3.55 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is a questionable cortical infarct at the craniomedial aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

WEIGHT

6.08

Adrenal Glands

The left adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

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

Spleen

The spleen is normal in size (0.74 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.

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Liver

The liver is prominent-in-size with smooth 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.

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The gallbladder 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.

REFERRING VET

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Gastrointestinal

The gastric lumen is mildly distended with ingesta. A large portion of the gastric wall, particularly along the lesser curvature, is severely thickened (up to 2.2 cm) and hypoechoic, with complete loss of the normal layering pattern. The mesentery effacing the serosal surface of the stomach is hyperechoic. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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Pancreas

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A portion of the base/right limb is visualized, and is subjectively normal-in-size, with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated.



PATIENT

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Marley Campagna

SPECIES

Free Abdomen

Trace free fluid is observed.

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Primary Findings

DSH

- Gastric wall mass effect. Neoplasia (i.e., lymphoma, adenocarcinoma) is strongly suspected with a lower possibility of severe gastritis. Adjacent peritonitis is present.

SEX

Female Spayed

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

AGE

Secondary Findings

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- 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.

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- Mild bilateral nonspecific age-related renal changes with a suspected right cortical infarct

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- The urinary bladder debris could be consistent with cells, crystals, exfoliated material, and/or lipid droplets.

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the gastric wall (assuming normal clotting status). A 25-gauge needle should be used. Depending on the cytology results, consultation with a board-certified oncologist may be indicated.

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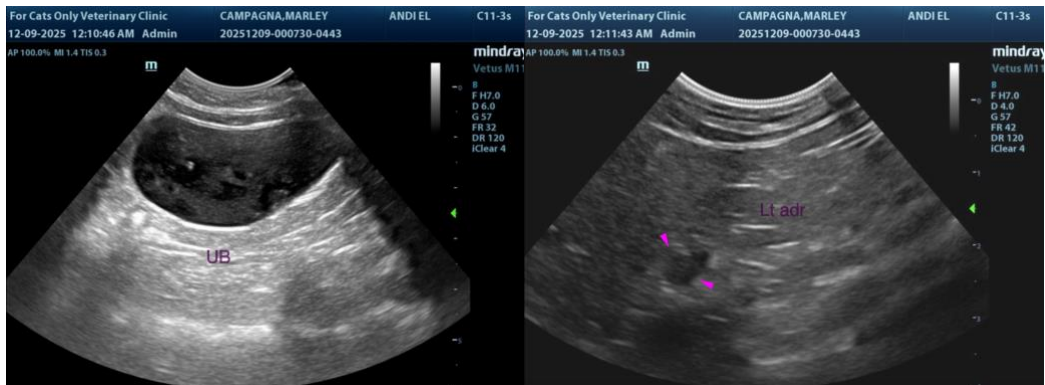
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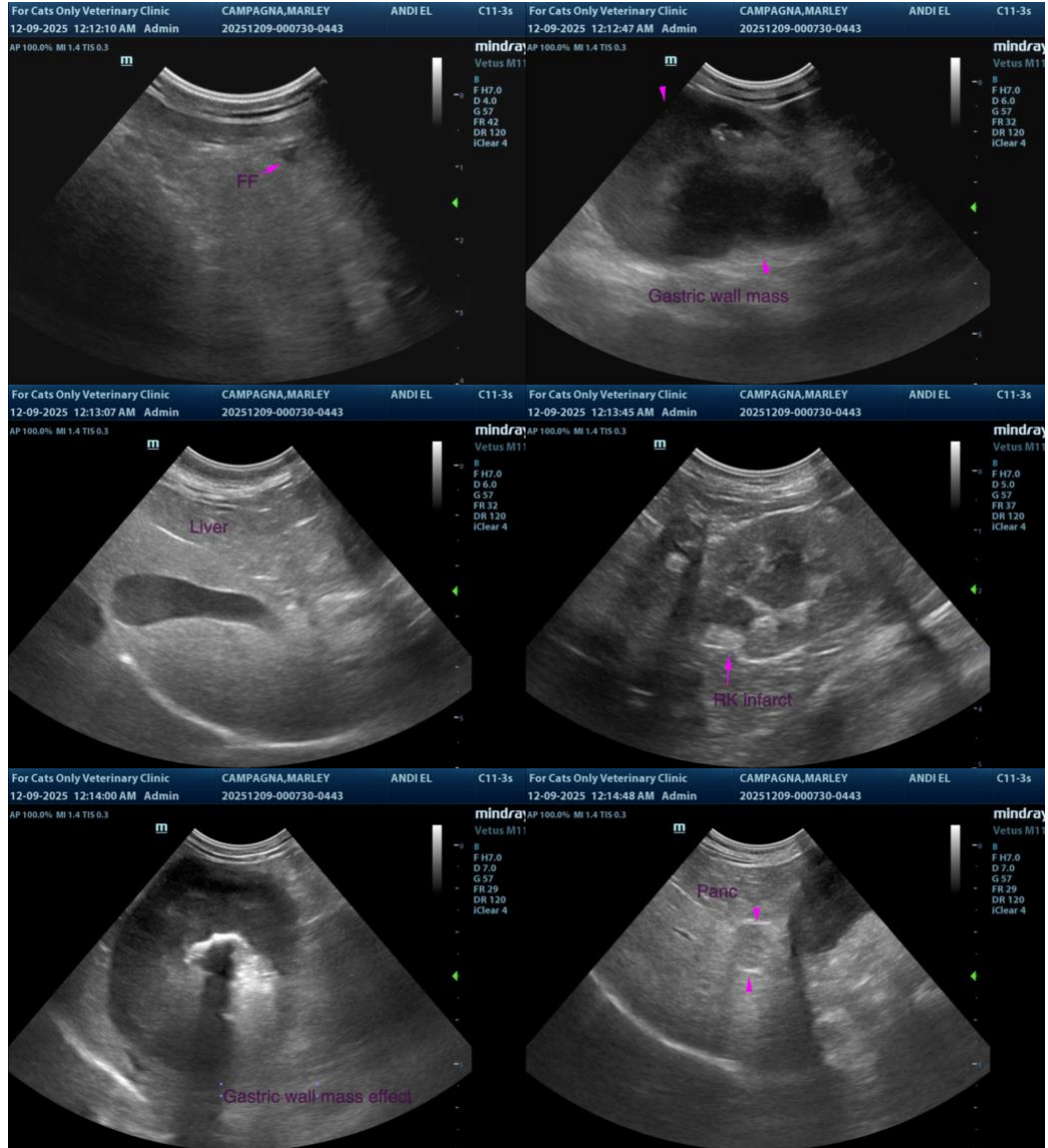
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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