

PATIENT PRESENTING CLINICAL SIGNS

Apollo Harnsberger

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9

WEIGHT

3.68 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Brittany Lang

INVOICE

22269

DATE

12-15-25

History: Few weeks of diminished appetite/constipation with small stools. Weight loss noted Treated in October for respiratory signs with steroids and antibiotics Cardiovascular: Gr III/VI left sided murmur, slight gallop rhythm, pulses strong/synchronous Abdominal: Soft and compliant with palpable rounded kidneys Integument: Normal skin/haircoat, no evidence of ectoparasites, scabbing and pustules on rostral mandible, slightly prolonged skin tent

Abnormal PE/Chem/CBC/UA Results: EPOC: pO2 51.9 (H) cSO2 85.8 (H) BE,ECF -6.7 (L) K 3.4 (L) BUN 13 (L) Glu 141 (H) SNAP proBNP: abnormal Rad Report Moderate to severely gas-distended descending colon with the persistence of a more ab-orad dilation, a soft tissue region and then distal corrugated appearance these changes may represent a focal, area of colonic wall narrowing (neoplasia vs polyp) versus a possible colonic torsion [although I would expect the cat to be sicker) versus less likely a soft tissue opaque foreign object. There is a moderately severe bronchointerstitial pattern throughout the lungs. The right caudal lung lobe has an alveolar pattern which may suggest some mild pneumonia in this lung as a complication of the feline lower airway disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is diffusely thickened (up to 0.44 cm) with a relatively smooth mucosal surface. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.00 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. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.55 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. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

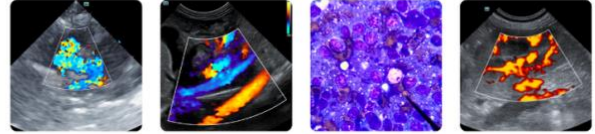
Spleen

The spleen is normal in size (0.89 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 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 gallbladder is of normal contours and contains some dependent echogenic debris. A bilobed conformation is suspected. The wall is normal in thickness. No choleliths are observed. The cystic and



PATIENT common bile ducts are normal.

Apollo Harnsberger

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9

WEIGHT

3.68 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Brittany Lang

INVOICE

22269

DATE

12-15-25

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly 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. (See "Other" category).

Lymph Nodes

(See "Other" category).

Free Abdomen

There is no obvious evidence of free fluid.

Other

In the visualized portion of the thorax, a few B-lines are suspected.

A 2.5 x 0.9 cm hypoechoic nodule/mass is observed in the cranial abdomen just caudal to the stomach. Surrounding mesentery is slightly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cranial abdominal mass, the origin of which is unclear. It may represent an enlarged lymph node, pancreatic mass, mass within the mesentery, other. Differentials include neoplasia (i.e., lymphoma, adenocarcinoma, sarcoma) vs a focal inflammatory process. Mild adjacent peritonitis is present.

Secondary Findings

- Bilateral nonspecific age-related renal changes with dystrophic mineralization
- The urinary bladder wall changes are suggestive of cystitis. However, correlation with the patient's clinical history is recommended.
- The suspected B-lines in the thorax are suggestive of pulmonary parenchymal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the lesion in the cranial abdomen, consider the following:
 1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases
 2. Fine-needle aspiration (if accessible and if clotting status is appropriate). Twenty-five gauge-needles should be used. If the cytology results are inconclusive or if the lesion is not accessible, consider an abdominal CT scan and/or abdominal exploratory (with excisional biopsy) of the mass.



PATIENT

Apollo Harnsberger

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9

WEIGHT

3.68 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

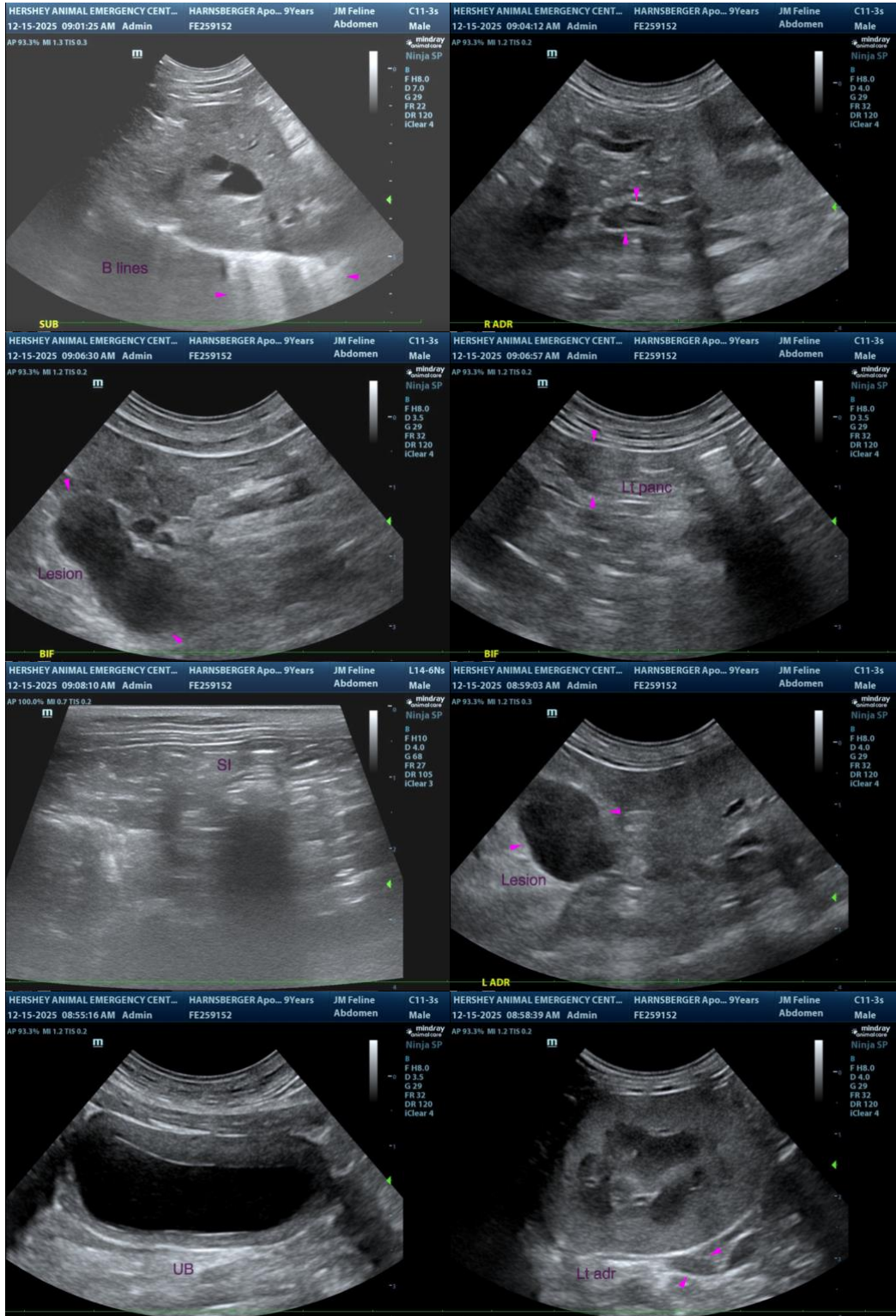
Dr. Brittany Lang

INVOICE

22269

DATE

12-15-25





PATIENT

Apollo Harnsberger

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9

WEIGHT

3.68 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

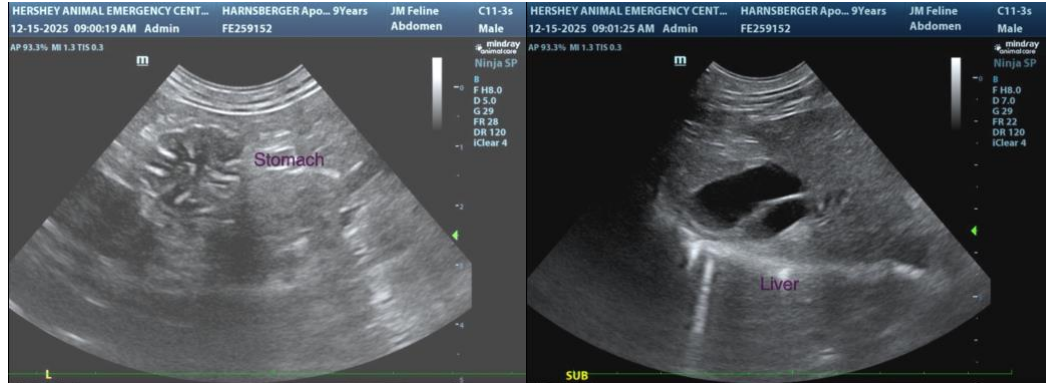
Dr. Brittany Lang

INVOICE

22269

DATE

12-15-25



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