



PATIENT PRESENTING CLINICAL SIGNS

Xena Akgiray History: Seen Thursday for constipation. Is syringe feeding, giving Miralax and laxative from regular DVM. Hasn't seen her have a bowel movement since we gave an enema, but did see P in other cats in the house box, so not sure if she had a bowel movement there. S/C/V-no. Pelvic inlet mass.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Rectal - Pelvic inlet narrowing d/t ventral mass. Marked amount of impacted firm fecal material present in pelvic canal at tip of finger. Unable to remove fecal material manually. ePOC: sodium 143 (L), chloride 1058 (L), BUN 11 (L), HCT 40. cPL: 26 (H)

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female Spayed

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 is normal.

AGE

15

The left kidney is normal in size (4.09 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

WEIGHT

5.7

The right kidney is normal in size (3.94 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

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Adrenal Glands

The left adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

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Dakota Harmon

Spleen

The spleen is normal in size (0.57 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 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.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses

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PATIENT

are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted. (See also "Other" category).

Xena Akgiray

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Pancreas

The pancreas is diffusely visible, with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat, and slightly heterogenous in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

Feline

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

In the region of the pelvic inlet, a 3.8 x 1.9 cm mass is visualized. The mass is hypoechoic relative to surrounding omental fat and slightly heterogenous in appearance. Surrounding mesentery is slightly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings

- Mass at the pelvic inlet, the origin of which is unclear. It may be arising from mesentery, the wall of the descending colon, lymph node, other. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is suspected, with a lower possibility of a focal inflammatory process or other pathology.
- The pancreatic changes are suggestive of mild chronic pancreatitis, with slight parenchymal remodeling.

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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.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient.
- Minor bilateral, nonspecific age-related renal changes

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*Given the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Regarding the pelvic mass, consider the following:
 1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases
 2. Abdominal/pelvic CT to evaluate extent of the mass
 3. Consultation with a board-certified surgeon
 4. If further diagnostics are not pursued, palliative care is recommended.



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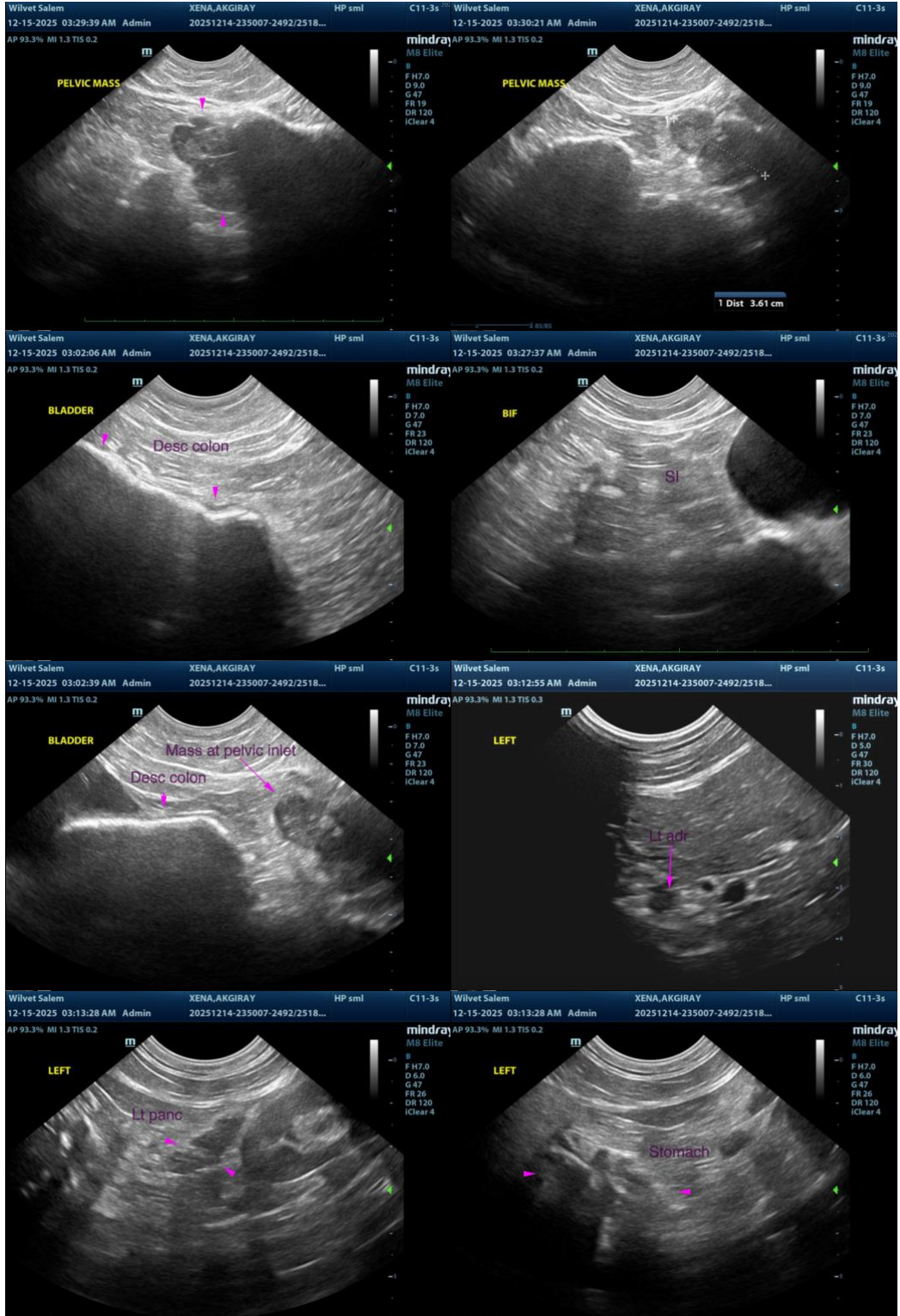
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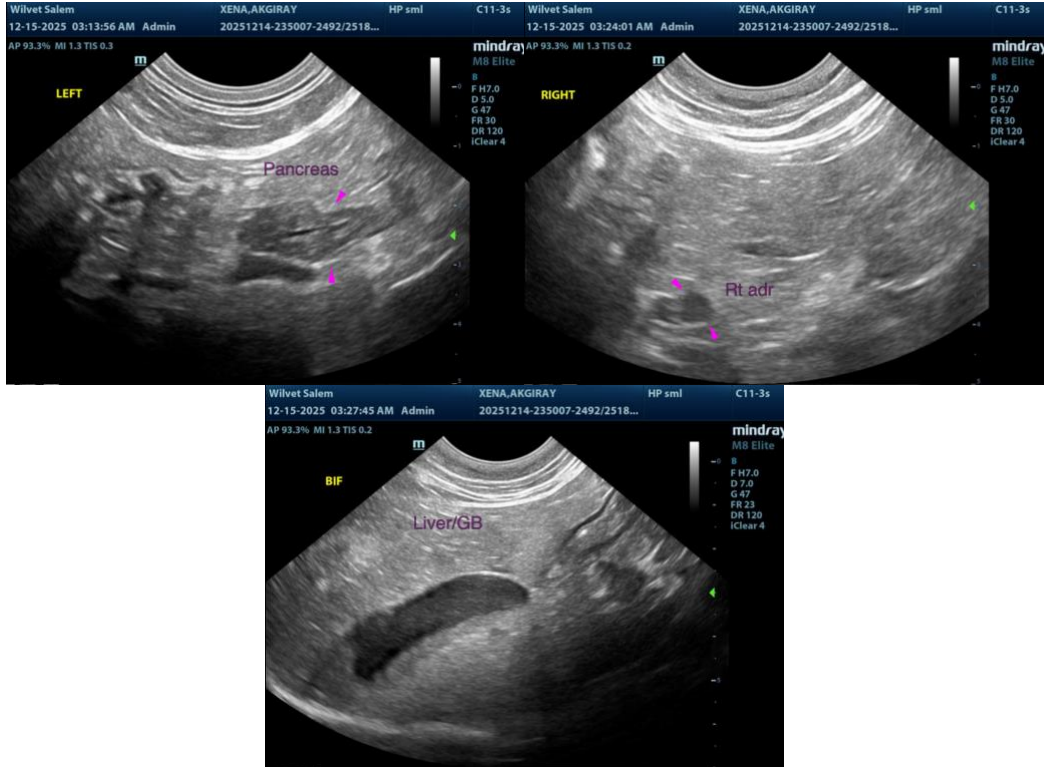
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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