

**PATIENT PRESENTING CLINICAL SIGNS**

Ginger Puscas Clinical Exam Findings: Normal pe besides lt enucleation that has healed well

**SPECIES** Abnormal lab-work values: labs run 8 nov - bun 35.2 mg/dl (15-32); creat 1.6 and no SDMA - globulin 5.0 g/dl (2.8-4.8) - b.g. 248 mg/dl (70-130) - neut 12.84 (1.84-11.01) - lymph 0.83 (0.95-6.83)

Feline

Current Medications: 100 mg gaba (50 mg 4.75 hrs prior to scan and 50 mg 4 hours prior to scan), 1/8 tspn Miralax sid to bid, Cosequin for cats daily

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Female Spayed

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 visible portion of the proximal urethra are normal.

**AGE**

15

The left kidney is normal in size (4.25 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. Mild pyelectasia is present (0.23 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

10.4 lbs

The right kidney is normal in size (3.46 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.

**INTERPRETED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**Adrenal Glands**

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Sara Hansen

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

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Joynt Veterinary

**Spleen**

The spleen is normal in size (0.84 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. At least one, small, hyperechoic nodule is visualized (measuring 0.28 cm in its longest dimension). Splenic vasculature is normal.

**REFERRING VET**

Dr Joynt

**Liver**

The liver is subjectively enlarged with slightly swollen 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.

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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.

**DATE**

12-18-25

**Gastrointestinal**

The gastric lumen is minimally distended with ingesta and a small amount of shadowing material. 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. 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. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.



**PATIENT**

Ginger Puscas

**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

**SPECIES**

Feline

**Lymph Nodes**

A few prominent mesenteric lymph nodes are observed adjacent to the ileocecolic junction (one measuring 0.66 x 0.29 cm). Surrounding mesentery is hyperechoic.

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**Free Abdomen**

The mesentery surrounding the ileocecolic junction is hyperechoic. There is no obvious evidence of free fluid.

**SEX**

Female Spayed

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**AGE**

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- Mild focal peritonitis adjacent to the ileocecolic junction, suggestive of focal peritonitis (likely sterile)

**WEIGHT**

10.4 lbs

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The diffuse hepatic parenchymal changes could be consistent with diabetic hepatopathy, hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma), other hepatopathy, normal variation, other.

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**Secondary Findings**

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- Bilateral nonspecific age-related renal changes with mild left pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), or some combination thereof.
- The hyperechoic splenic nodule likely represents a benign myelolipoma, with a low possibility of more insidious splenic pathology.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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\*There is no obvious evidence of metastatic disease in the abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

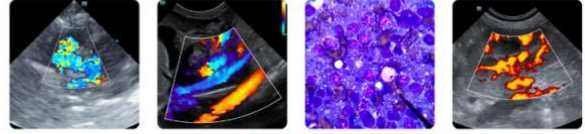
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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- A urinalysis is recommended to assess for glucosuria, ketonuria, etc. Also consider a serum fructosamine level to further evaluate for diabetes mellitus.
- Consider consideration with a board-certified oncologist for further recommendations.



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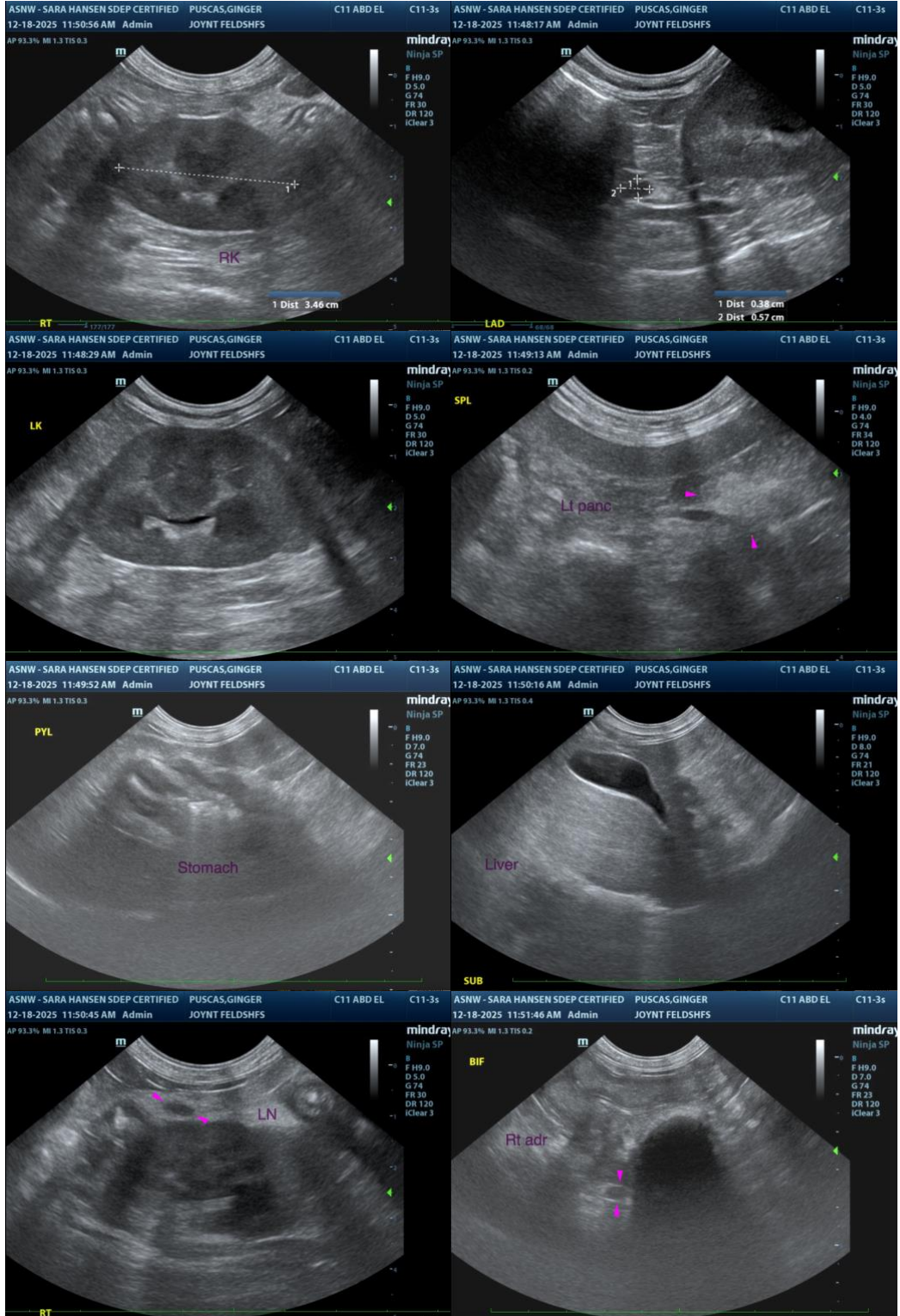
Dr Joynt

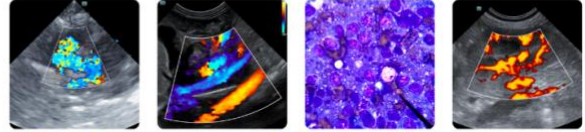
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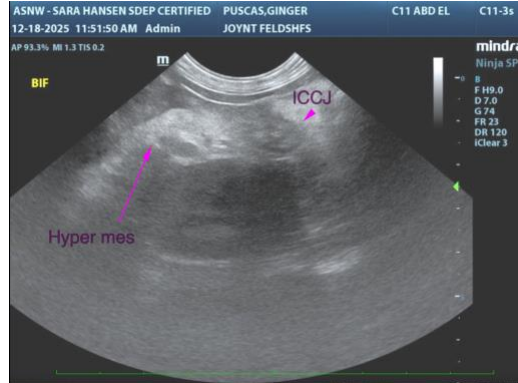
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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