



PATIENT

Orsen Gentry

PRESENTING CLINICAL SIGNS

Owner reports gradual weight loss over last 6 months. In the last 2 months it has accelerated and he is not eating much. He has not had a BM for at least a week. Seems lethargic. No vomiting.

SPECIES

Feline

Weight loss r/o decreasing eating vs neoplasia vs parasites
anorexia r/o intra GI vs extra GI
not defecating r/o intra GI vs extra GI

BREED

Domesitc shorthair

SWO: relayed PE findings and above differentials. Concern that he is very sick and very thin/pale, very concerned that this is cancer. Recommendation is bloodwork, and AUS with hospitalization.

SEX

Male, neutered

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

8 Yrs.

The left kidney is normal size (3.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

2.7.

The right kidney is normal size (3.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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
(*Small Animal Internal
Medicine*)

Adrenal Glands

The left adrenal gland is enlarged (0.61 cm width) with a slightly rounded shape. Glandular echogenicity and detail are normal. No focal lesions are observed.

IMAGING PERFORMED BY

The right adrenal gland is enlarged (0.56 cm width) with a slightly rounded shape. Glandular echogenicity and detail are normal. No focal lesions are observed.

Dr. Brittany Gardener

Spleen

HOSPITAL NAME

Wilvet Salem

The spleen is normal in size (0.67 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.

REFERRING VET

Dr. Brittany Gardener

Liver

The liver is subjectively prominent 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are visible but not overtly dilated.

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PATIENT

Gastrointestinal

Orsen Gentry

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The wall of the pyloric antrum is mildly thickened (up to 0.42 cm) with a prominent muscularis layer. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. No obstructive disease is noted.

SPECIES

Feline

Pancreas

The pancreas is diffusely visible/prominent with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed.

BREED

Domesitc shorthair

Free Abdomen

A moderate to large amount of anechoic free fluid is present. The mesentery throughout the abdomen is hyperechoic. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.46 cm in length. The nodes are normal in shape and echogenicity.

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8 Yrs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic parenchymal changes are non-specific and could be secondary to hepatic lipidosis, inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (i.e., lymphoma), other hepatopathy.
- The thickening of the pyloric antrum may represent inflammatory disease, emerging neoplasia, hypertrophy, normal variation.
- The diffuse ascites may be due to increased vascular permeability (i.e., vasculitis), increased hydrostatic pressure, low oncotic pressure, other.

Secondary Findings:

- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- The pancreatic changes may be secondary to mild pancreatitis or may be a normal variant for this patient.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Feline leukemia and FIV testing are recommended, if not already performed.
- Three-view thoracic radiographs +/- an echocardiogram are recommended to assess cardiopulmonary status.



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- Fine needle aspirates of the liver and free abdominal fluid should be considered, if clotting status is appropriate. 25 gauge needles should be used. A malabsorption panel including serum cobalamin, folate, TLI and PLI as well as a fecal evaluation for ova and Giardia should also be considered.

SPECIES

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- A CBC with reticulocyte count and clinical pathology review should also be considered.
- Given the severe thrombocytosis, a bone marrow aspirate may also be warranted. If a bone marrow aspirate is pursued, a feline leukemia immunofluorescence assay should be performed on the marrow sample.

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- Further recommendations should be based on the results of the above diagnostics.

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REFERRING VET

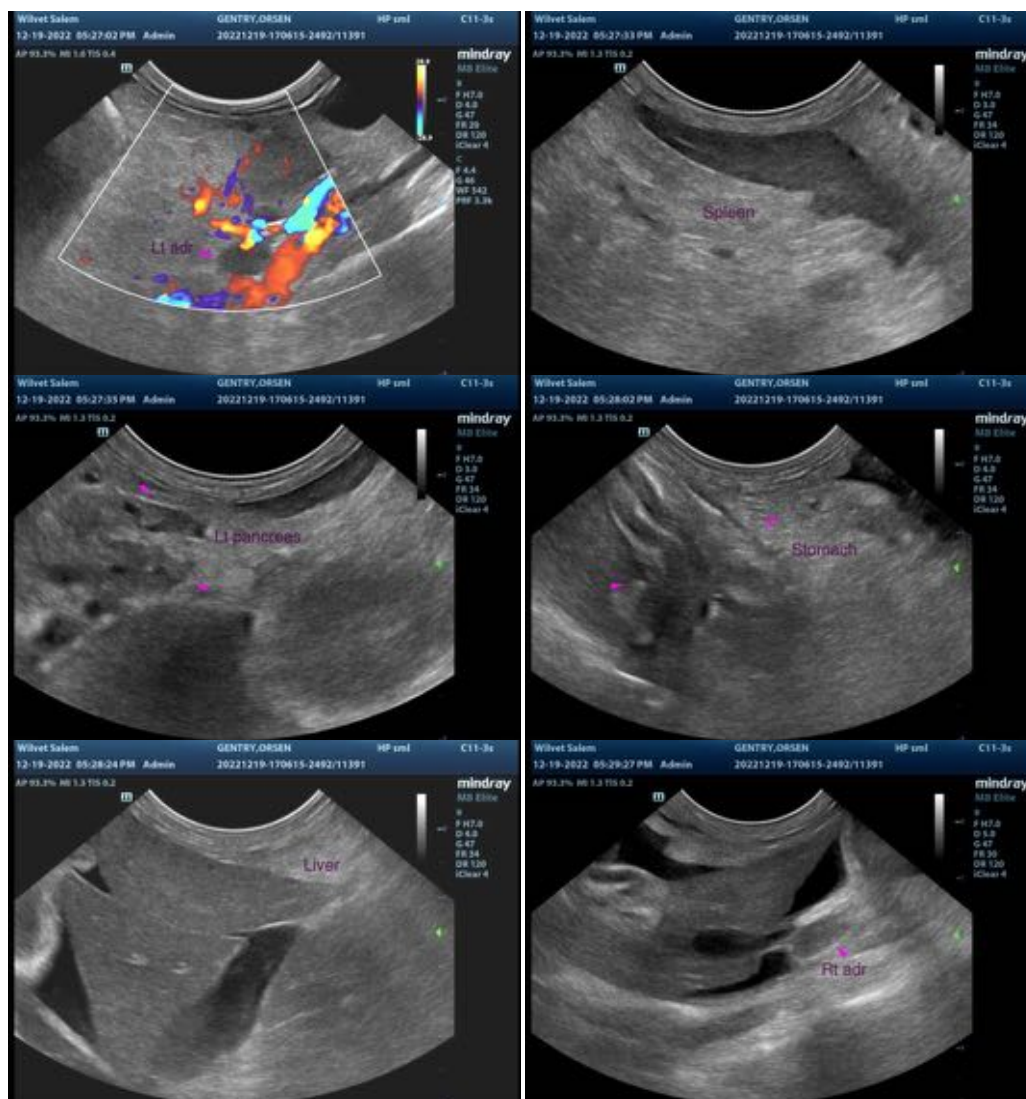
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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