



**PATIENT**

Tikka De La  
Chevrotiere

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

12 Yrs. 11 months

**WEIGHT**

5.65 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Barnes

**HOSPITAL NAME**

Westvie VH

**REFERRING VET**

Dr. Barnes

**INVOICE**

14372

**DATE**

12/19/22

**PRESENTING CLINICAL SIGNS**

History: Was having eating issues . had bad teeth that were addressed, xrays at the time of dental  
Abnormal PE/Chem/CBC/UA Results: CBC: WNL except increaesd HEMA = 0.537 (0.303-0.523)  
increased Hemo = 165 (98-162) CHEM: WNL T4/SDMA = normal Xrays 1. Mild left stiffl effusion and  
arthritis suspected be secondary to an intra-articular injury such as a partial/complete cruciate rupture  
and/or meniscal damage. 2. Mild right tarsal arthritis. 3. Unremarkable pelvis. 4. Unremarkable left  
tarsus and right stiffl. 5. Midabdominal mass likely compatible with splenic mass. Splenic neoplasia  
would be a primary differential of the possibility that this is a benign granuloma or hematoma cannot be  
ruled out. 6. Nephrolithiasis on the left. 7. Constipation. 8. Previous sternal trauma in an otherwise  
unremarkable geriatric overweight thorax.

**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 mildly to moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal in size (4.09 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal in size (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is upper limits of normal in size (0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size at the cranial to mid aspect (0.77 cm in width) and swollen with a mass effect at the caudal aspect (1.44 cm in width). The parenchyma at the caudal pole is hypoechoic. The remaining parenchyma is of normal echogenicity and echotexture. Splenic vasculature is normal with no obvious evidence of thrombosis.

*Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately



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distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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***Gastrointestinal***

**SPECIES**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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 with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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***Pancreas***

Domestic shorthair

The left limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

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***Free Abdomen***

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

**Primary Findings:**

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

- Splenic swelling/mass effect at the caudal pole. Differentials include emerging neoplasia (i.e., round cell tumor) vs a focal benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar).

**Secondary Findings:**

- Bilateral, chronic age-related renal changes with left dystrophic mineralization.
- 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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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Consider a fine needle aspirate of the splenic swelling, if clotting status is appropriate. A 25-gauge needle should be used. Further recommendations should be based on cytology results.

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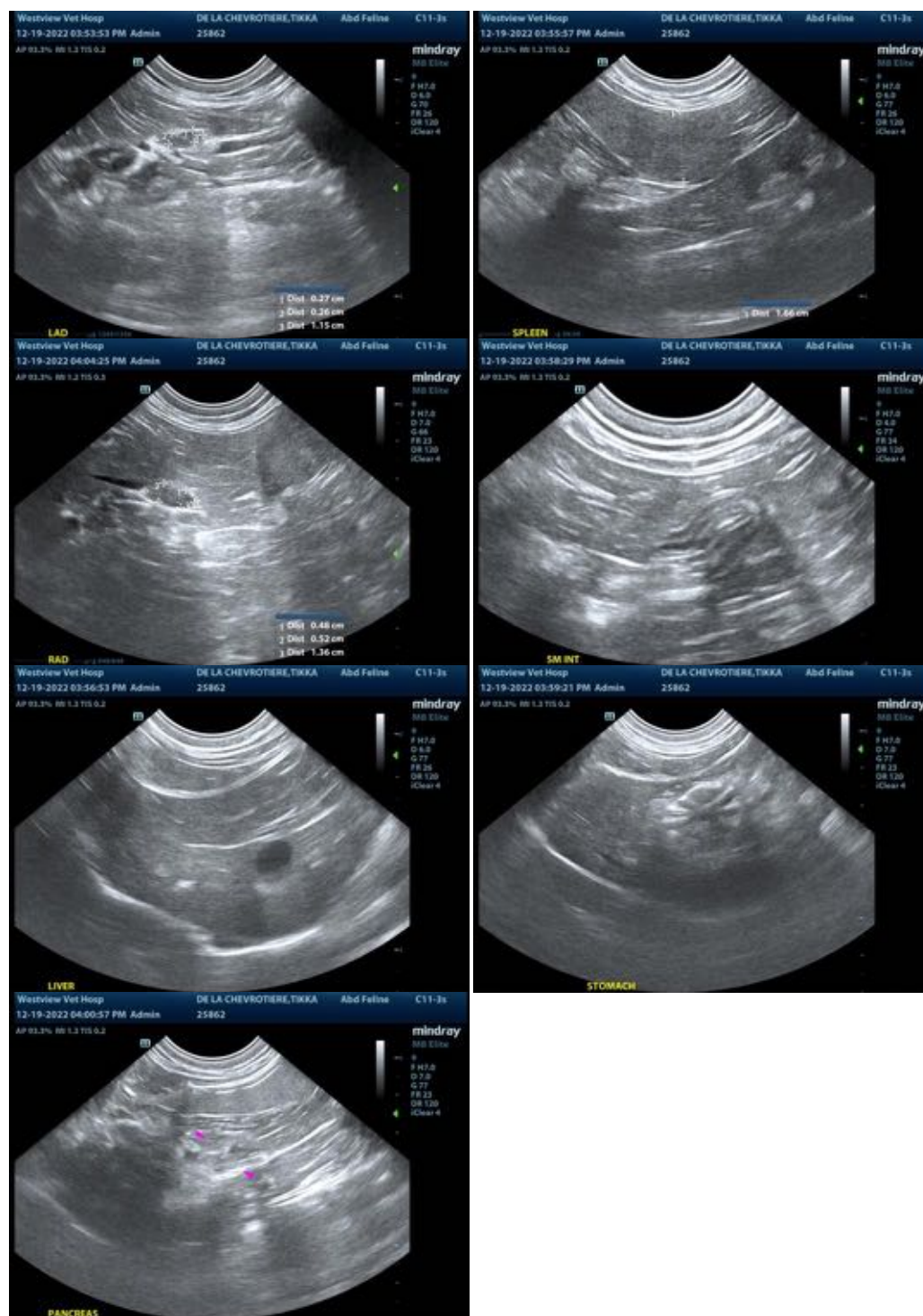
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Chevrotiere

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)

[info@SonoPath.com](mailto:info@SonoPath.com)

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