



## PATIENT PRESENTING CLINICAL SIGNS

**Missy Stair** History: Seen at emergency clinic for 15-minute-long episode of listlessness. Has 2/6 murmur. She is currently on Prednisolone 10mg/day

## SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: WBC 23K, Neuts 18K, ALT 179  
Rads at ER vet: Retroperitoneal mass

## BREED

DSH

### Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity-dependent, mineralized sand, along with a scant amount of suspended echogenic debris is observed within the lumen. The region of the trigone and visible portion of the proximal urethra are normal.

## SEX

Spayed Female

## AGE

11 year 7 mos

The left kidney is normal in size (3.74 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## WEIGHT

11

The right kidney is normal in size (3.95 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 hydroureter.

## INTERPRETED BY

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

### Adrenal Glands

In the region of the left adrenal gland, a 2.6 x 1.7 cm mass is visualized. The mass is hypoechoic relative to surrounding omental fat and slightly heterogenous in appearance. There is no obvious evidence of vascular invasion.

## IMAGING PERFORMED BY

Jessica Green

The right adrenal gland is small in size (0.29 cm width) with a flattened contour. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

### Spleen

The spleen is normal in size (0.81 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.

## HOSPITAL NAME

Stanglein VC

### Liver

The liver is prominent-in-size, with smooth 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.

## REFERRING VET

Dr. Laura Green

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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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 is normal to mildly thickened (up to 0.31 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

## DATE

12-23-25



## PATIENT

Missy Stair

### **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**

The abdominal lymph nodes are normal/not visible.

## BREED

DSH

### **Free Abdomen**

There is no obvious evidence of free fluid.

## ULTRASONOGRAPHIC FINDINGS

### SEX

Spayed Female

### **Primary Findings**

- Mass in the left mid-abdomen, suspected to be of left adrenal origin, although other origin (i.e., pancreas, mesentery) cannot be excluded. Neoplasia (i.e., adenocarcinoma, pheochromocytoma, aldosterone-secreting tumor, round cell tumor) is considered likely, with a low possibility of a focal benign process (i.e., inflammatory). The right adrenal gland is small in size, which may be secondary to atrophy (i.e., resulting from a functional left adrenal mass).

### AGE

11 year 7 mos

### WEIGHT

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### **Secondary Findings**

- Bilateral nonspecific age-related renal changes
- Equivocally hepatomegaly. This may be a normal variant for this patient or may be secondary to emerging hepatic lipidosis, and inflammatory hepatopathy, infiltrative neoplasia, and/or other hepatopathy. Correlation with the patient's liver values is recommended.
- Urinary bladder sand
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's clinical history is recommended.

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Diplomate ACVIM  
(Small Animal Internal  
Medicine)

## IMAGING PERFORMED BY

Jessica Green

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## HOSPITAL NAME

Stanglein VC

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss mass removal. An abdominal CT scan would be useful in presurgical planning. Other considerations include the following:

## REFERRING VET

Dr. Laura Green

1. Baseline blood pressure measurement
2. Evaluation of the patient's electrolytes (to screen for an aldosterone-secreting tumor)
3. Further testing for a functional tumor

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**PATIENT**

Missy Stair

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11 year 7 mos

**WEIGHT**

11

**INTERPRETED BY**

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**IMAGING  
PERFORMED BY**

Jessica Green

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

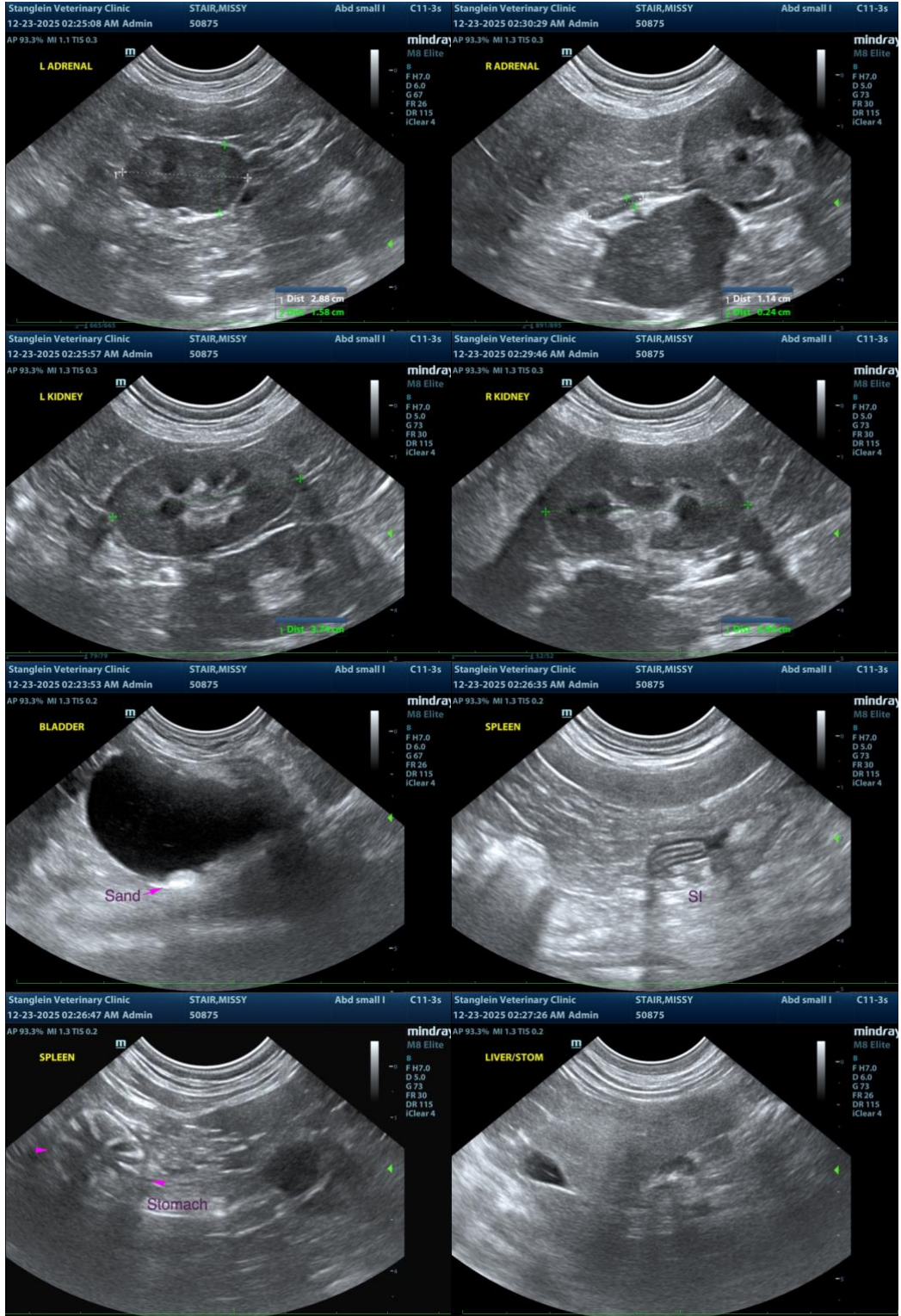
Dr. Laura Green

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**DATE**

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The information and recommendations provided are based on the images presented by the referring



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Missy Stair

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## BREED

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## IMAGING PERFORMED BY

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## HOSPITAL NAME

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## REFERRING VET

Dr. Laura Green

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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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