

DATE PRESENTING CLINICAL SIGNS

12-26-25

Patient History: Presented for lethargy and vomiting. Fast scan revealed bicavitary effusion but suspicion for abdominal mass.

PATIENT

Mystique Foley

Current Medications: None.
Labwork Results: Labwork not attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

SPECIES

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Female Spayed

The left kidney is normal in size (3.73 cm in length) with an irregular shape. The cortex is variably thickened. There is moderate-to-severe loss of corticomedullary distinction. Cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

AGE

11.8lbs

The right kidney is normal in size (4.45 cm in length) with a slightly irregular 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. Renal vasculature is normal.

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Adrenal Glands

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

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

The right adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Homeward
Bound Vet

Spleen

The spleen is normal in size (0.78 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.

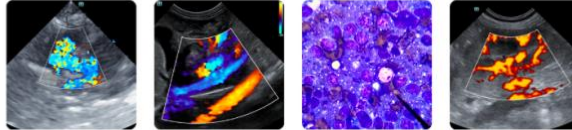
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The gallbladder lumen is mildly-to-moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.



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Pancreas
(See "Other" category).

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Lymph Nodes
The abdominal lymph nodes are normal/not visible.

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Free Abdomen
The omentum in the cranial- to mid-abdomen is irregular and hyperechoic-to-heterogenous in appearance. A 2.3 cm area within the mesentery is also observed in the right cranial quadrant. A moderate amount of echogenic free fluid is present.

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DSH

Other
There is a focal area of body wall that appears thickened (up to 0.46 cm) and irregular.

SEX

Female Spayed

A brief visualization of the heart reveals some pleural effusion. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

AGE

11.8lbs

Primary Findings

- The omental changes in the cranial- to mid-abdomen, including the focal aggregation of omentum in the right cranial quadrant, could be consistent with infiltrative neoplasia (i.e., carcinomatosis) or reactive change.

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- The focal irregular section of body wall is also concerning for a infiltrative neoplasia (i.e., carcinomatosis), although an inflammatory process cannot be excluded.

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- Ascites
- 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.

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- The gallbladder changes could be consistent with cholestasis, fasting, or less likely, an emerging mucocele.
- Pleural effusion

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Secondary Findings

- Bilateral nonspecific age-related renal changes with suspected left cortical infarcts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to further evaluate cardiopulmonary status. Also consider therapeutic thoracocentesis if/when needed.
- Consider cytologic evaluation of the abdominal fluid +/- omentum. Depending on the results, consultation with a board-certified oncologist may be indicated.

Imaging performed by



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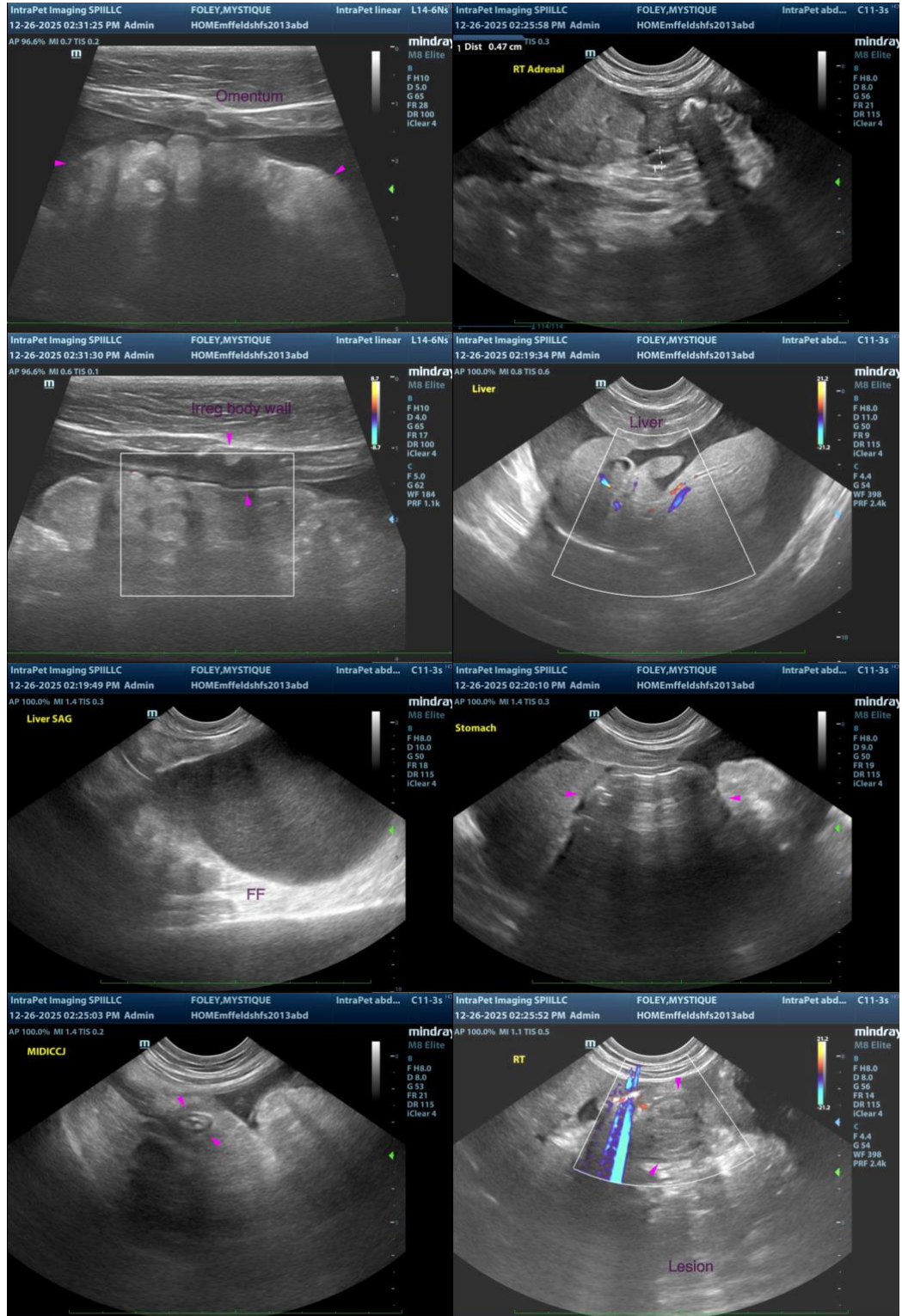
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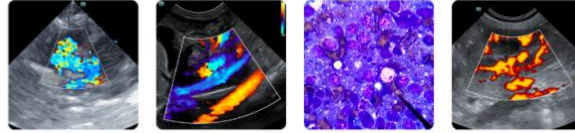
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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