

PATIENT PRESENTING CLINICAL SIGNS

Bob Hoppe History: Presented 12/11 for lethargy & vomiting Resolved & then since this past Thursday P has been inappetent, vomiting, not drinking

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC chem unremarkable. Previous bloodwork WNL. Previous radiographs revealed abdominal effusion

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

SEX

Neutered Male

The left kidney is normal in size (3.61 cm in length) with a normal shape, architecture and 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.

AGE

7

The right kidney is normal in size (3.91 cm in length) with a normal shape, architecture and 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.

WEIGHT

8.63

Adrenal Glands

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

INTERPRETED BY

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Spleen

The spleen is normal in size (0.63 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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Solitaire Goldfield

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.

HOSPITAL NAME

Craig Road AH

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

Gastrointestinal

REFERRING VET

Solitaire Goldfield DVM

The gastric lumen is mildly fluid-distended and hypomotile. The gastric wall is moderately thickened (up to 0.55 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness. There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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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.

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Lymph Nodes

A 1.29 x 0.39 cm gastric lymph node is visualized. A few prominent mesenteric lymph nodes are also seen



PATIENT (one measuring 1.93 x 0.73 cm). Surrounding mesentery is hyperechoic.

Bob Hoppe **Free Abdomen**
There is no obvious evidence of free fluid.

SPECIES **Other**

Feline A 3.6 x 2.2 cm irregular, heterogenous mass is observed in the cranial- to mid-abdomen. (See also **“Other”** category).

BREED **ULTRASONOGRAPHIC FINDINGS**

DSH **Primary Findings**

SEX • Cranial- to midabdominal mass (the origin of which is unclear). It may be arising from lymph node, mesentery, pancreas, other. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is suspected, with a lower possibility of a benign process (i.e., inflammatory).
Neutered Male

AGE • The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, lymphoid hyperplasia, or lymphadenitis.
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WEIGHT **Secondary Findings**

8.63 • The small intestinal wall changes could be consistent with inflammatory bowel disease, emerging lymphoma, or may be a normal variant for this older feline patient. Correlation with the patient’s long-term clinical history is recommended.

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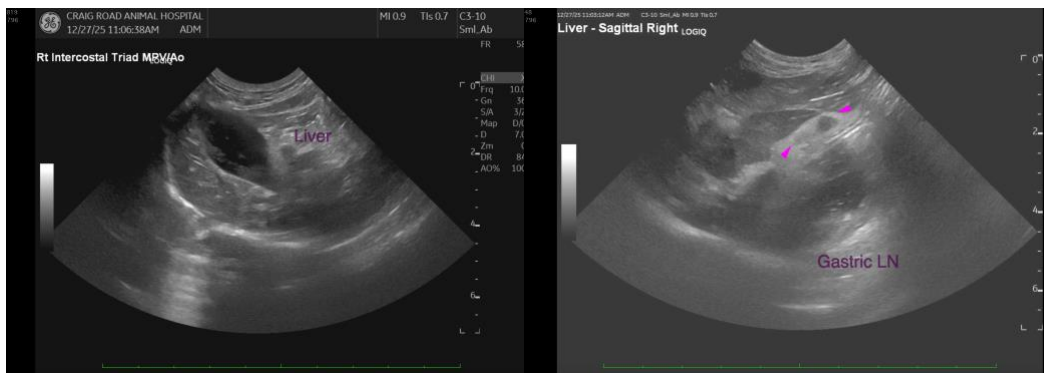
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- Consider fine-needle aspiration of the abdominal mass and prominent abdominal lymph nodes (if accessible and if clotting status is appropriate). Twenty-five gauge-needles should be used. Depending on the cytology results, consultation with a board-certified oncologist and/or surgeon may be indicated.





PATIENT

Bob Hoppe

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

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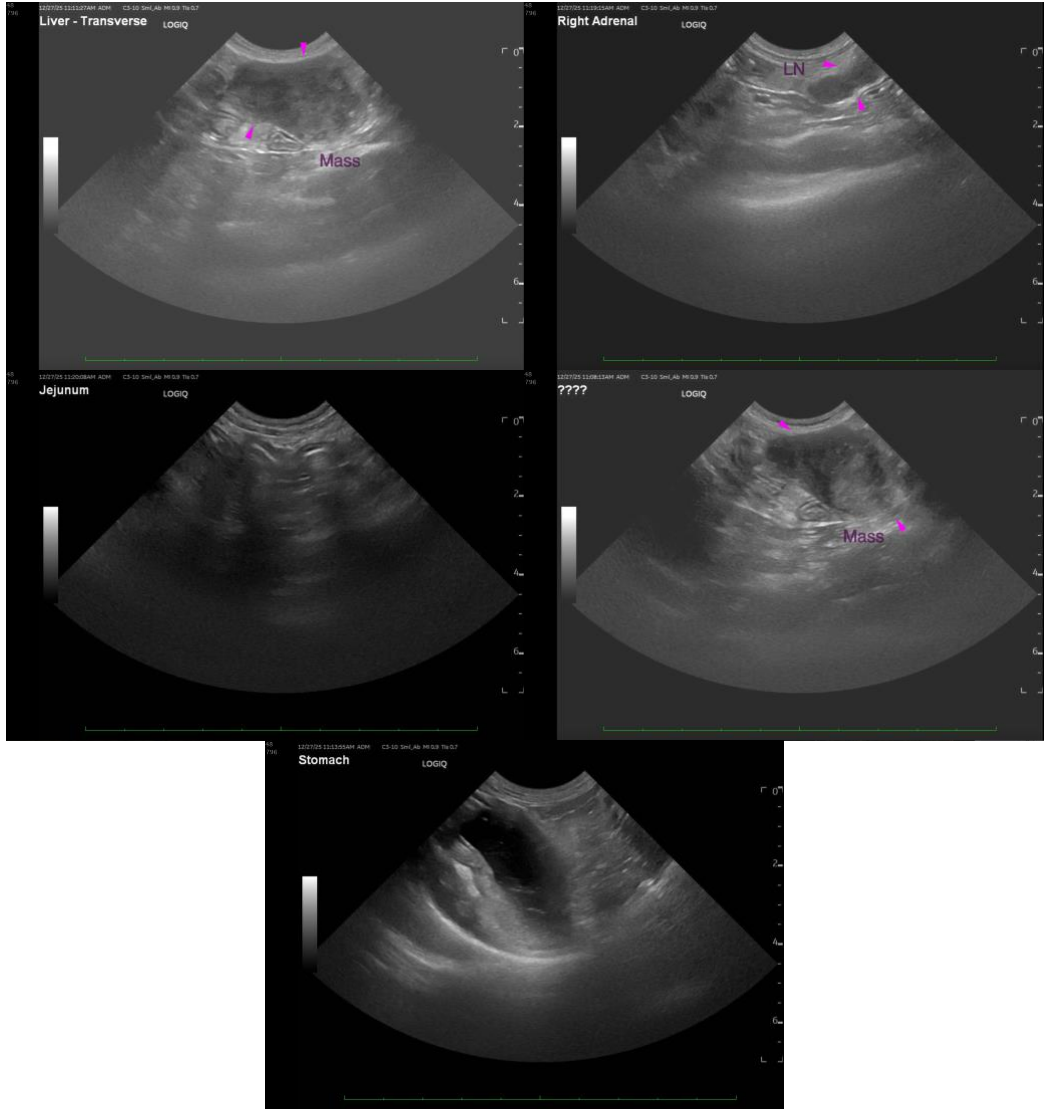
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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