



PATIENT PRESENTING CLINICAL SIGNS

Kittee Gray
History: Lethargic, anorexia, loosing weight
Abnormal PE/Chem/CBC/UA Results: X-ray- consolidation left cranial lung lobe, pleural effusion - liver margins appear rounded/enlarged CBC wnl besides plt 663 (151-600) pct 1% (.17-.86) CHEM normal besides elevated SDMA 20 (0-14)

SPECIES

Feline

BREED

DSH

SEX

Spayed

AGE

16 Years, 7 months

WEIGHT

3.4 Lbs

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Dr Brian Barnes

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr Brian Barnes

INVOICE

10082

DATE

12/29/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder mildly to moderately distended. A small 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 2 cm, are normal.

The left kidney is normal in size (3.56 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. At least one non-obstructive nephrolith is visualized. Hyperechoic shadowing diverticular foci are present. Trace pyelectasia is observed. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.72 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A 0.38 cm linear focus of mineralization is visualized. There is a questionable cortical infarct at the cranial aspect. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.40 cm at cranial pole) (0.34 cm at caudal pole) (1.00 cm in length); Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.33 cm at cranial pole) (0.32 cm at caudal pole) (1.11 cm in length); Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

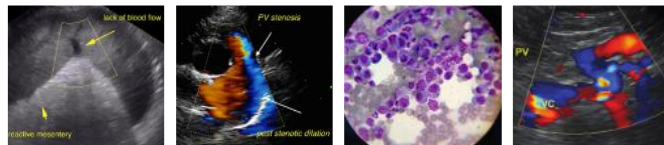
The spleen is normal in size (0.51 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen. A 1.32 x 0.95 cm slightly hypoechoic nodule is observed at the cranial aspect, near the diaphragm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is normal in thickness. A small to moderate amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated. There is no obvious evidence of an intraluminal obstruction.

Gastrointestinal



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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) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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.

Free Abdomen

A small amount of free fluid is visualized near the liver. The abdominal lymph nodes are normal/not visible.

Other

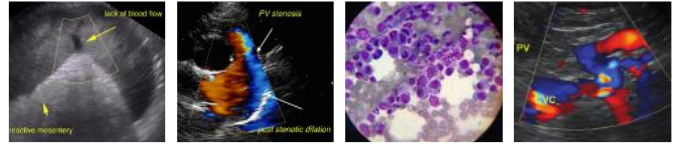
A large amount of echogenic pleural effusion is present within the thorax. Several irregular, slightly heterogenous pulmonary nodules/masses are observed in the left cranial thorax, the largest measuring 2.70 cm in length. Some of the nodules have mineralized foci.

ULTRASONOGRAPHIC FINDINGS

- Left cranial pulmonary nodules with pleural effusion. Neoplasia (i.e., adenocarcinoma) is suspected with a lower possibility of benign pathology (i.e., inflammatory process)
- The hepatic nodule is also concerning for a neoplastic process, however, and inflammatory focus or granuloma cannot be excluded.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Bilateral chronic age-related renal changes with non-obstructive nephrolithiasis and a questionable right cortical infarct.
- Ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the pleural fluid for fluid analysis and cytology is recommended. If accessible, a fine-needle aspirate of the liver nodule can be considered (if clotting status is appropriate). If cytology results are inconclusive, aspiration or surgical biopsy of the pulmonary nodules can be considered. However, due to the concern for thoracic neoplasia, the prognosis is considered guarded.



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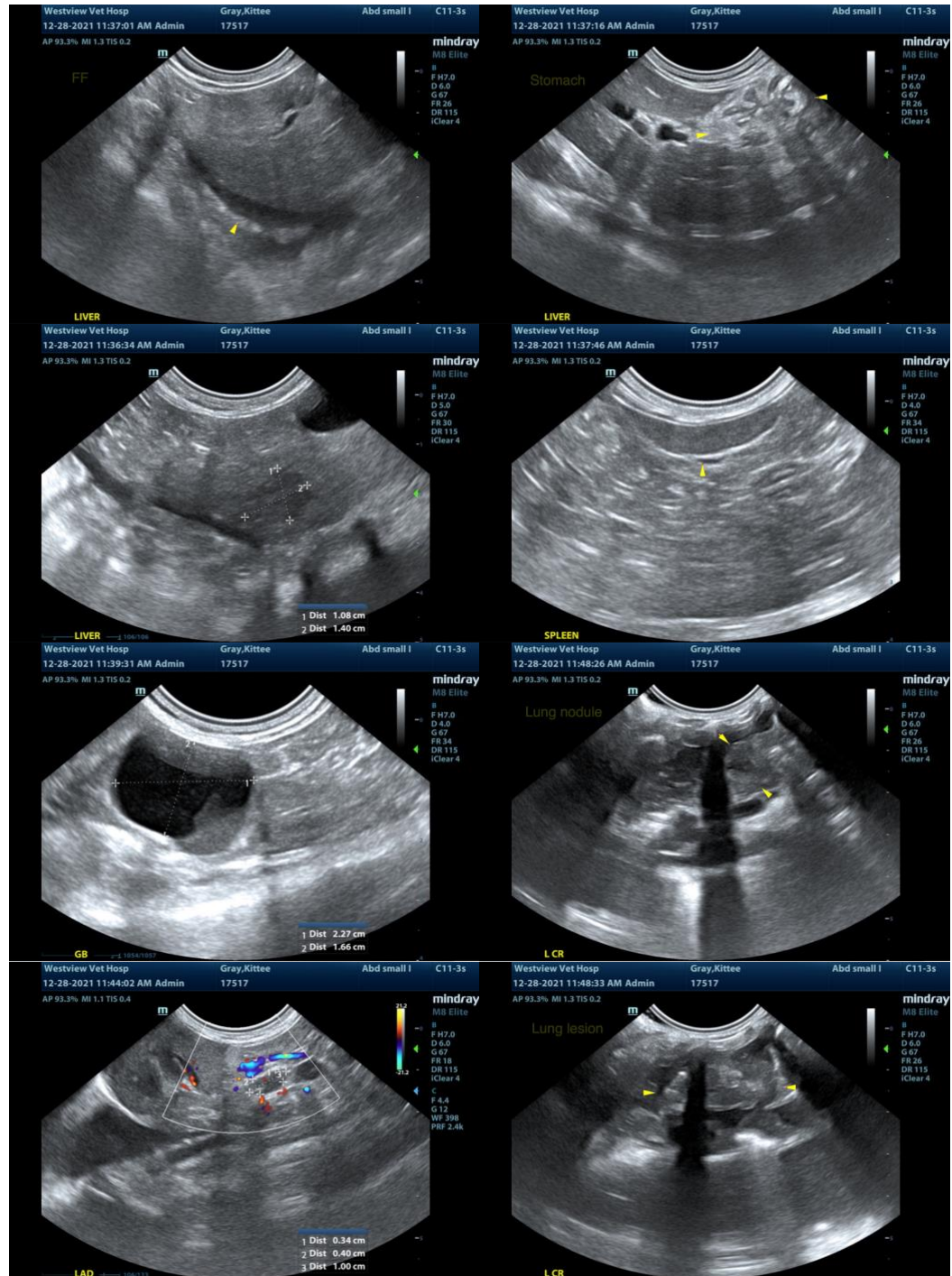
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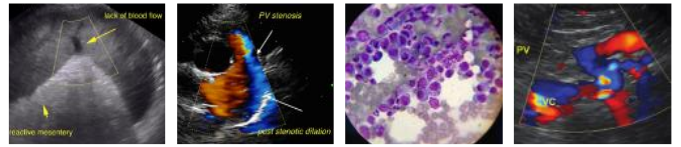
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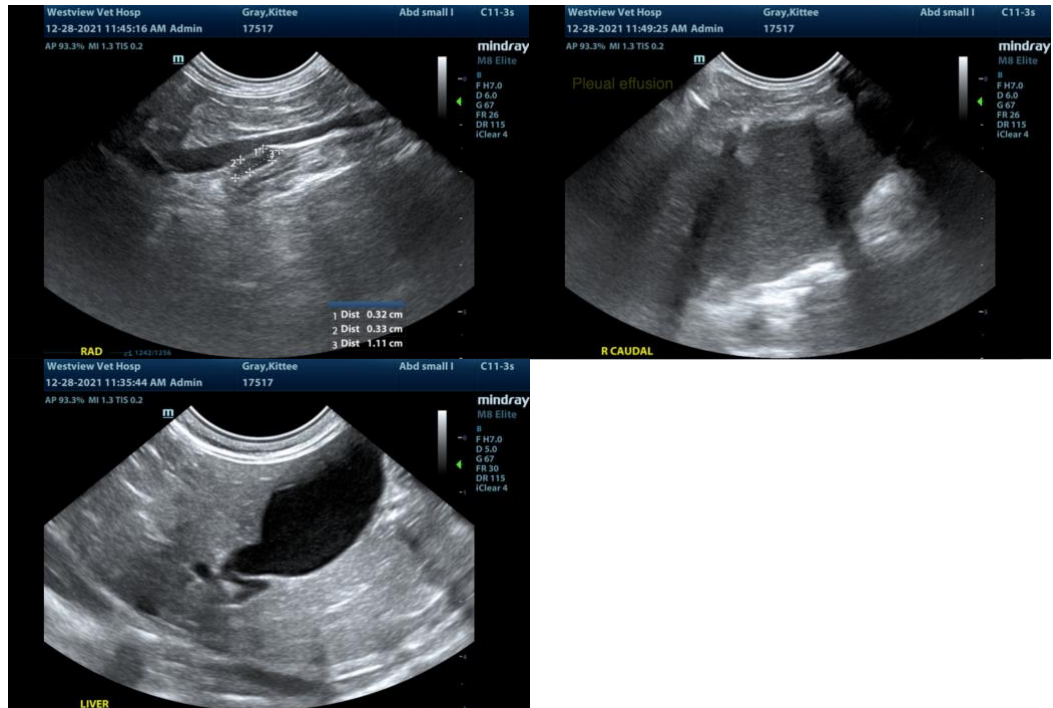
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com