

PATIENT

Little Bear Greenberg

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

10 Years 4 Months

WEIGHT

Not Given

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Goldman

INVOICE

12819

DATE

12/3/21

PRESENTING CLINICAL SIGNS

History: Abdominal mass, weight loss.

Abnormal PE/Chem/CBC/UA Results: PLT 404, PCV 18, PT 15, PTT 58, rbc 3.53, HCT 13.6, HGB 4.1, MCH 11.6, Retic 69.5, WBC 69.5, Neuts 28.88 bands suspected. Lymp 9.35, Mono 1.22, Glucose 65, Creat 0.6, ALb 1.9

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 lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The left kidney is normal size (4.30 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.55 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is contracted (0.51 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

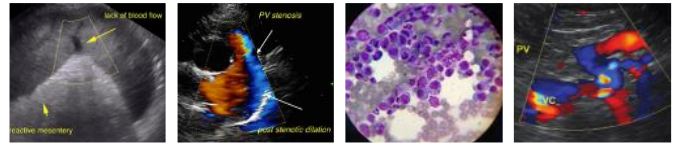
Liver

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 portal vein the caudal vena cava ratio is approximately 1:1.

The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is severely distended with echogenic fluid and is hypomotile. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is thickened (up to 0.82 cm), hypoechoic and irregular. A >9.0 cm segment of bowel is severely thickened (up to 2.26 cm), irregular and hypoechoic with a loss of the normal layering pattern. The bowel lumen in this region is moderately distended with chyme. The mesentery effacing



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the serosal surface in this region is hyperechoic. The remaining bowel segments are difficult to evaluate due to the large mass but appear normal in thickness with a normal layering pattern. An ultrasound guided fine needle aspirate of the bowel mass was performed during the study.

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Pancreas

The region of the pancreas is partially obscured by the severe gastric distention. In the visualized portions, no obvious pathology is seen.

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Free Abdomen

Trace free fluid is observed. A few prominent lymph nodes are suspected. However, this is due to the extensive abdominal pathology. This difficult to determine.

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Other

A brief echocardiogram reveals questionable trace pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

AGE

10 Years 4 Months

Primary Findings

- Bowel mass and mass effect in the region of the pyloric antrum. Neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Peritonitis is present, likely secondary to bowel pathology. The severe gastric ileus is thought to be functional. However, a partial outflow obstruction due to the thickened pyloric antrum cannot be completely excluded.

WEIGHT

Not Given

Secondary Findings

- The splenic contraction is likely secondary to dehydration.
- Minor age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

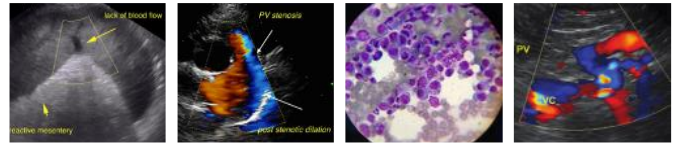
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If cytology results from the bowel mass are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- A GI panel, including serum cobalamin, folate, TLI and PLI is also recommended as well as supportive care and a blood transfusion, if needed.

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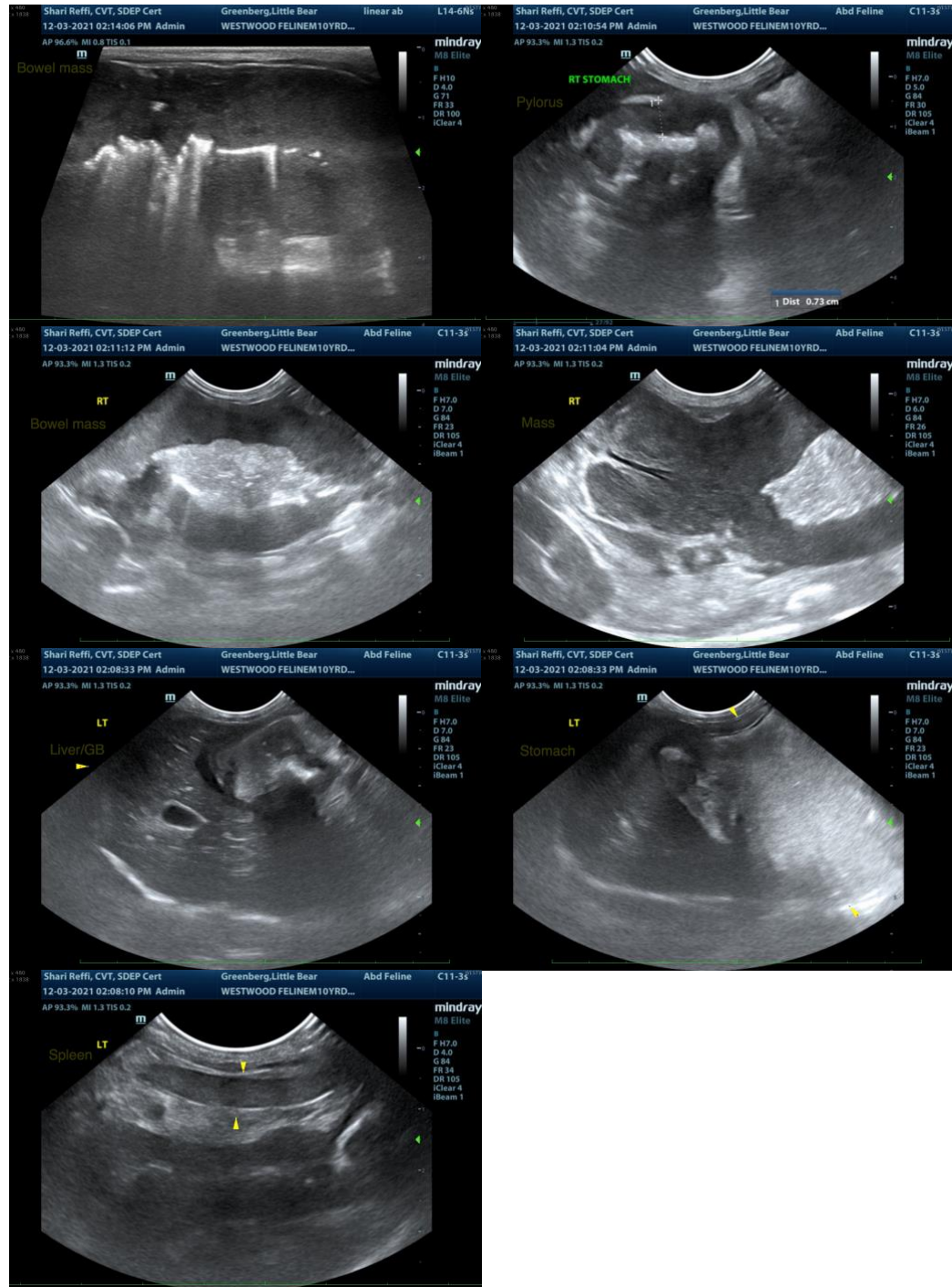
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

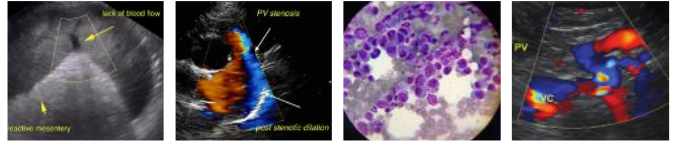
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com

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