



**PATIENT**

Precious Francis

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

19 Years

**WEIGHT**

6.1 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dave Stasiuk, RDMS,  
RDCS

**HOSPITAL NAME**

Resolution VU, LTD

**REFERRING VET**

Signal Hill AC- Dr. Liz  
Cumyn

**INVOICE**

12987

**DATE**

12/9/21

**PRESENTING CLINICAL SIGNS**

History: Lethargy. Anorexia. Vomiting. Low potassium.  
Abnormal PE/Chem/CBC/UA Results:

\*50 still images and 3 video clips are available for interpretation.

**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. A small amount of aggregated echogenic debris is suspended 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 2.00 cm, are normal.

The left kidney is normal size (4.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is not definitively visualized.

The right adrenal gland is enlarged (0.75 cm width). with a slightly rounded contour and homogeneous parenchyma. Surrounding vasculature appears normal.

**Spleen**

The spleen is normal in size (0.92 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 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric 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



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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***

The pancreas is diffusely visible/prominent with slightly irregular peripheral contours in the right limb. The parenchyma is largely isoechoic relative to surrounding omental fat and mildly heterogeneous in appearance. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter). A 0.58 cm x 0.67 cm anechoic cyst is observed in the right limb.

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***Free Abdomen***

There is no evidence of free fluid. Several enlarged, irregular to rounded, hypoechoic to anechoic colic lymph nodes are observed (adjacent to the ileocecolic junction), the largest measuring 2.47 cm in length. Surrounding mesentery is hyperechoic.

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

- The abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma). However, reactive lymphadenitis or lymphoid hyperplasia cannot be completely excluded. Regional peritonitis is present.

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**Secondary Findings**

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. The pancreatic cyst in the right limb is likely a benign incidental finding.
- Bilateral non-specific age-related renal changes
- Urinary bladder debris
- The right adrenomegaly may be secondary to stress, hyperplasia or less likely, emerging neoplasia

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- A fine needle aspirate of the enlarged abdominal lymph nodes is recommended if clotting status is appropriate. Ideally, it would be best to aspirate the more solid appearing lymph node tissue. If cytology results are inconclusive, an abdominal exploratory with gastrointestinal and abdominal lymph node biopsies may be necessary to get a definitive diagnosis.
- Feline leukemia and FIV testing should also be considered, if not already performed.
- Serum cobalamin, folate, PLI and TLI



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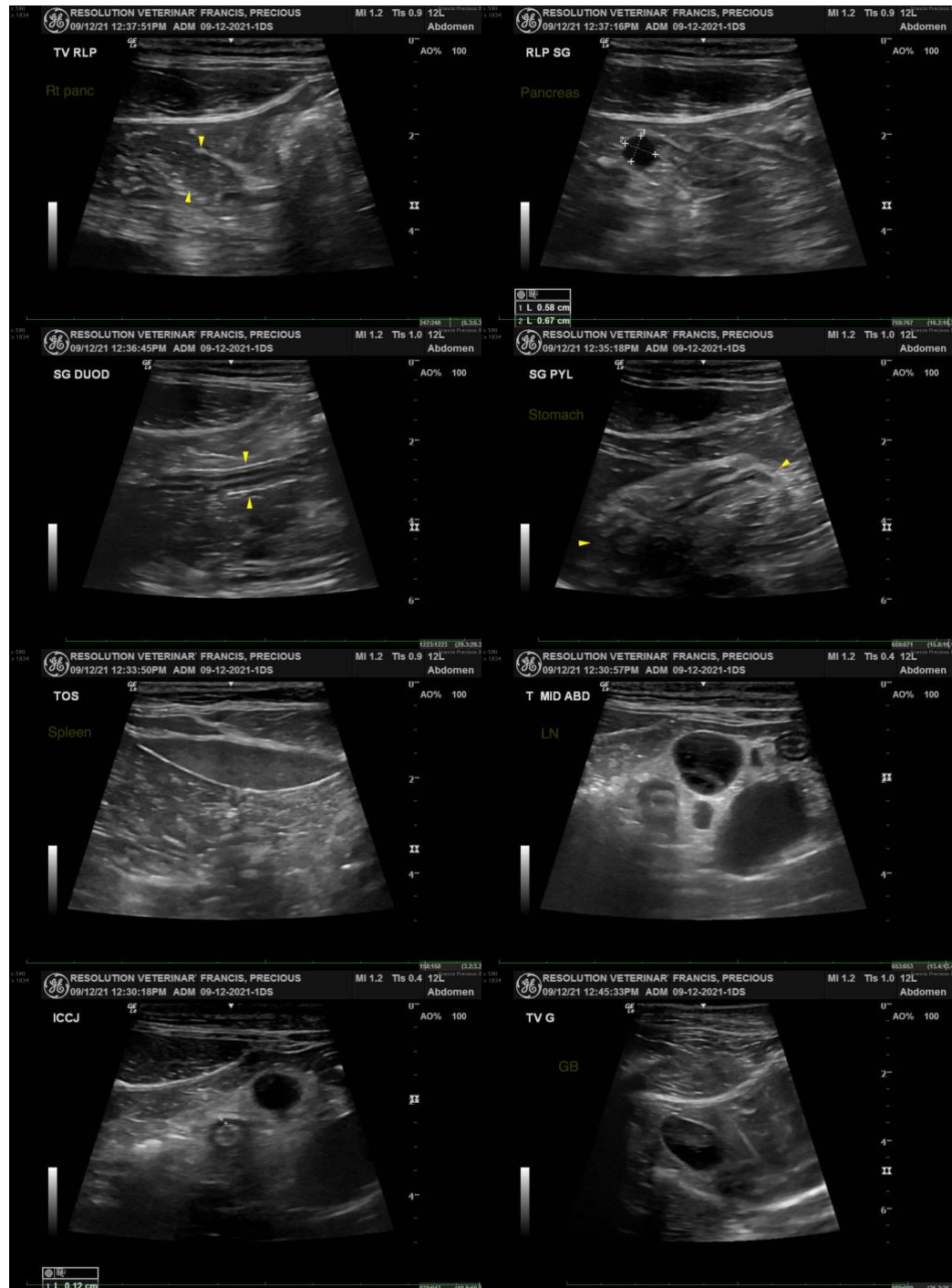
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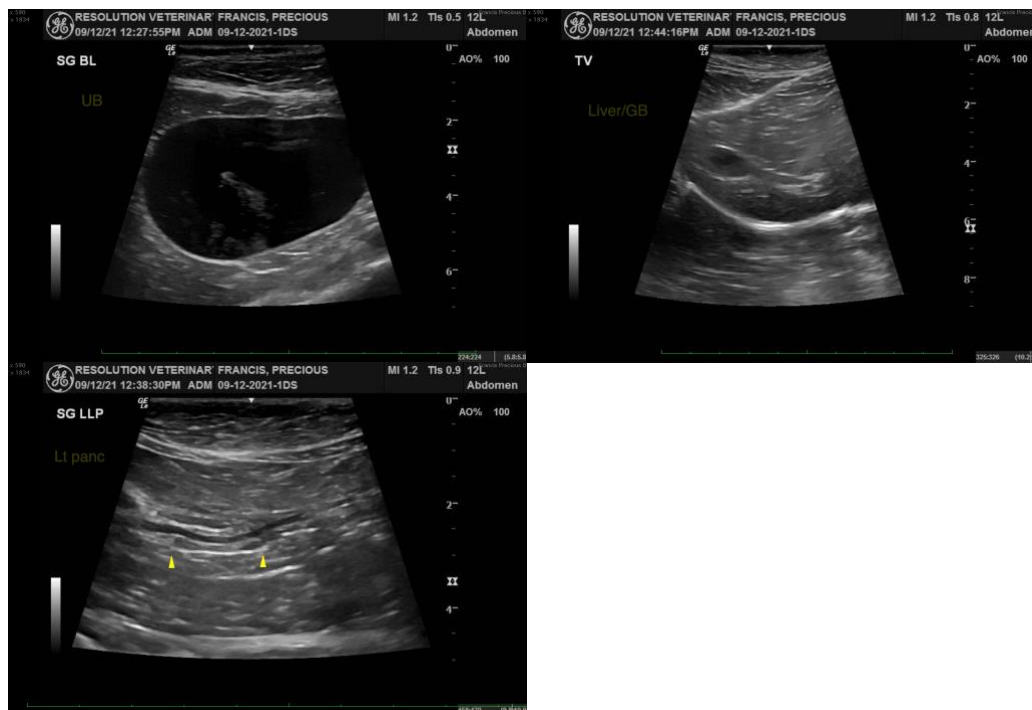
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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