



PATIENT

Grecia Rashid

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

2 years

WEIGHT

9.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Marilyn Davila

INVOICE

103455

DATE

2/14/22

PRESENTING CLINICAL SIGNS

History: Grecia presented as a referral for an abdominal ultrasound to evaluate vomiting. On Sept 14, 2021, developed the first onset of vomiting. The vomiting is unresponsive to antacids, cerenia, and GI diet. Decrease appetite, but still eating.

Abnormal PE/Chem/CBC/UA Results: BW from Sept 2021 CBC and CHEM: unremarkable and all WNL NO new BW was provided.

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 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 size (3.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland upper limits of normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.54 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (0.77 cm in width at the level of the hilus) with scalloping of the medial contour. The parenchyma is mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is enlarged with irregular peripheral contours. A > 3.50 cm irregular heterogenous mass is observed in the deep left to mid-liver. The mass appears to be engulfing +/- invading the gall bladder wall, and also causes expansion of the peripheral margins. The remaining parenchyma is relatively homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is mildly to moderately distended. A bilobed conformation is suspected. The wall is severely thickened (up to 0.60 cm), irregular and hyperechoic to heterogenous in appearance. There is questionable invasion of the surrounding hepatic mass into the gall bladder wall. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately fluid-distended and hypomotile. Portions of the gastric wall are severely thickened (up to 1.29 cm), with a heterogenous mass effect. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall is mildly thickened (up to 0.27 cm), with a normal layering pattern and appropriate mural detail. There is disruption in the



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normal 1:3 muscularis to mucosal ratio in most segments. The muscularis layer at the ileocecolic junction is prominent. The colonic wall is diffusely thickened (up to 0.57 cm), with a loss of the normal layering pattern in some segments.

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Pancreas

A portion of the pancreas is obscured by the cranial abdomen pathology. In the visualized portions, no obvious abnormalities are seen.

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Free Abdomen

Trace free fluid is observed. Several enlarged hypoechoic to heterogenous irregular lymph nodes are observed throughout the abdominal cavity. Surrounding mesentery is hyperechoic.

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Other

A >4cm irregular heterogenous mass is observed in the cranial abdomen and appears to be invading into (or arising from), the gastric wall.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Large hepatic mass with possible gall bladder wall invasion. Neoplasia (i.e., round cell tumor, carcinoma) is suspected with a lower possibility of a severe inflammatory process (i.e., pyrogranulomatous).
- Cranial abdominal mass effect with suspected invasion of the gastric wall, again, neoplasia is suspected. The gastric distention and hypomotility may be secondary to ileus and/or partial outflow obstruction.
- The abdominal lymphadenopathy is most consistent with infiltrative neoplasia. However, a severe lymphadenopathy (i.e., pyrogranulomatous), cannot be excluded. Regional peritonitis is present.
- The colonic wall changes can be consistent with infiltrative neoplasia or severe inflammation.

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Secondary Findings

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If cytology results are inconclusive, an abdominal exploratory with biopsies of the hepatic and cranial abdominal masses, as well as the abdominal lymph nodes can be considered. However, given the diffuse pathology, the prognosis is considered guarded.

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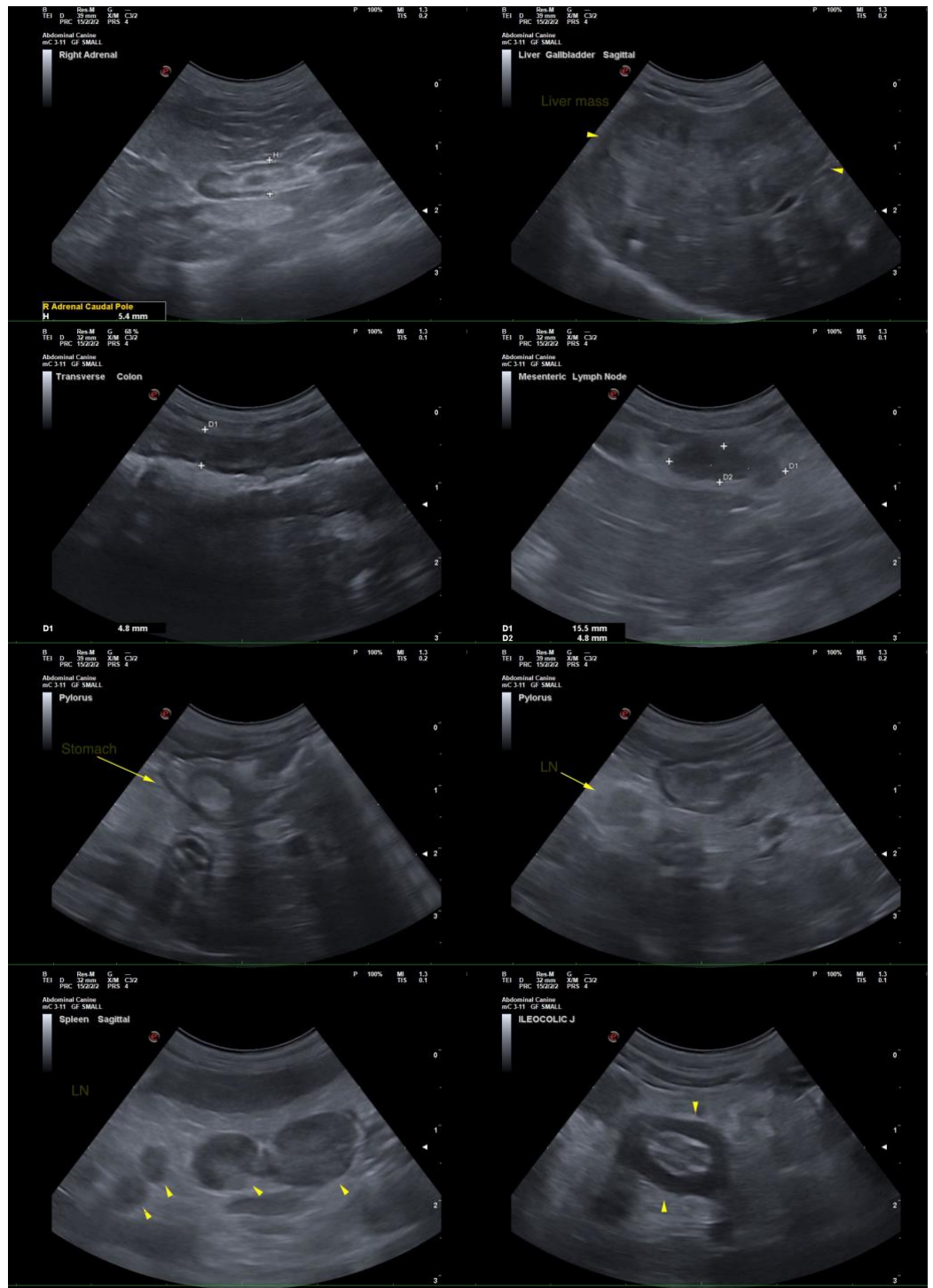
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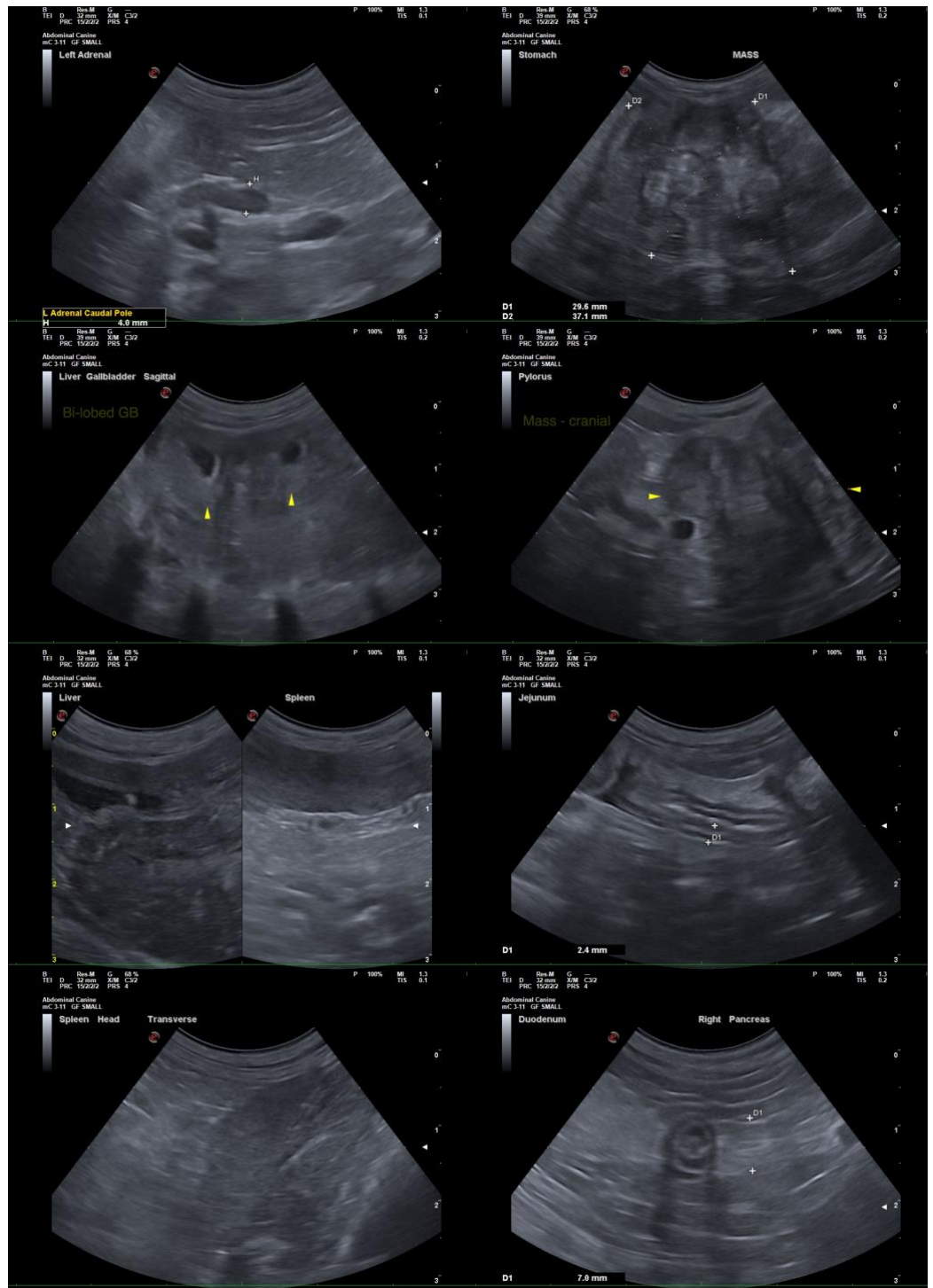
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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