



**PATIENT**

Coupon Jasek

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

12.5 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Katara

**INVOICE**

10375

**DATE**

2/15/22

**PRESENTING CLINICAL SIGNS**

History: Decreased appetite, distended abdomen, loss of serosal detail on radiographs. Current med: mirtazapine.

Abnormal PE/Chem/CBC/UA Results: WBC 29.4, neuts. 26,460, basos. 294.

**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 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 cm, are normal.

The left kidney is borderline small in size (3.03 cm in length) with an irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.56 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

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

**Spleen**

The spleen is normal in size (0.67 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.24 cm hyperechoic nodule is observed near the medial aspect. 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 is of normal contours and contains some 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 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.



## PATIENT

### Pancreas

Coupon Jasek

The pancreas is somewhat obscured by the mesenteric pathology and free fluid. In the visualized portion, no obvious abnormalities are seen.

## SPECIES

### Free Abdomen

Feline

A large amount of slightly echogenic free fluid is observed within the abdomen. The mesentery throughout the abdomen is hyperechoic and irregular with numerous ill-defined echogenic nodules. The abdominal lymph nodes are normal/not visible.

## BREED

### ULTRASONOGRAPHIC FINDINGS

DSH

#### Primary Findings

## SEX

Spayed Female

- The diffuse mesenteric changes and ascites are most concerning for carcinomatosis or feline infectious peritonitis. Other possibilities include congestive heart failure, other neoplasia, diffuse panniculitis, other.

## AGE

#### Secondary Findings

15 years

- Bilateral degenerative renal changes with dystrophic mineralization and right nonobstructive nephrolithiasis.
- The hyperechoic splenic nodule is likely benign (i.e., a myelolipoma), with a lower possibility of emerging neoplasia.

## WEIGHT

12.5 lbs

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Cytologic evaluation of the abdominal fluid and mesenteric nodules is recommended if clotting status is appropriate. If results are inconclusive, a surgical biopsy of the mesentery may be necessary to get a definitive diagnosis.
- Also consider further testing for FIP
- Thoracic radiographs +/- echocardiogram should also be considered.

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## REFERRING VET

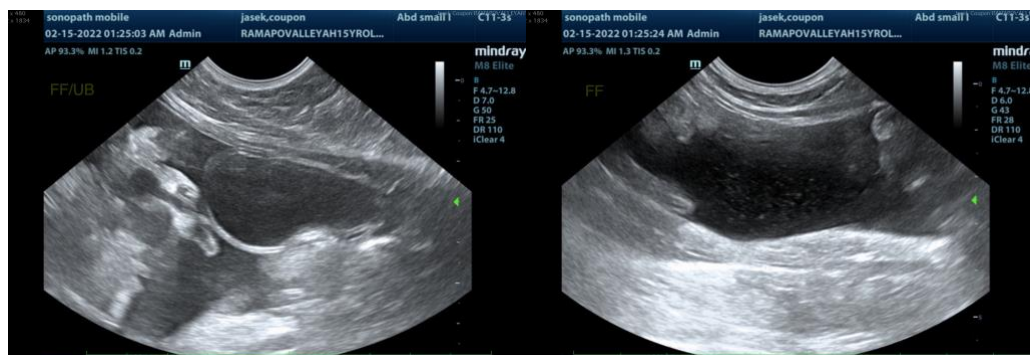
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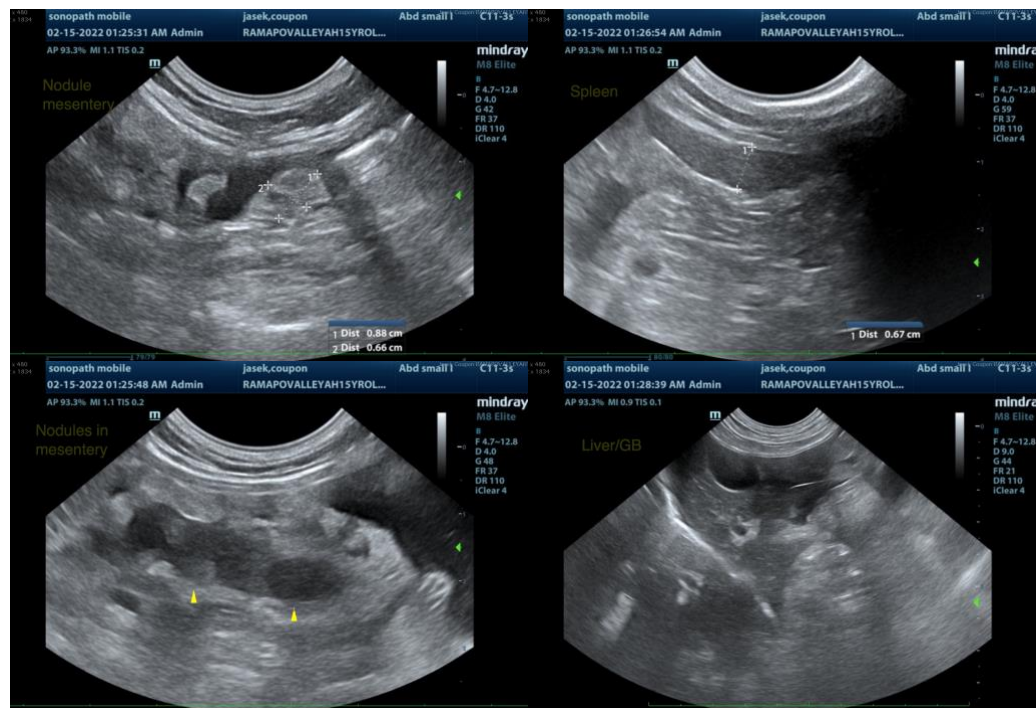
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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