

**PATIENT PRESENTING CLINICAL SIGNS**

Jose Bonner  
History: Not eating, geriatric Hx of ibd/cannot rule out lymphoma starting in 2021. Responded well to pred. Has not been on HP diet. Had another episode a year later. O had been feeding Friskies. Eating and drinking minimally. Losing a bit of weight. Similar to last year. Was slow and then sudden drop. Started back on pred- just over last couple weeks, not consistently.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results:

**BREED**

DSH

Oral: severe dental disease Heart: nad - no murmur or arrhythmia appreciated Lungs: nad - no adventitious lung sounds appreciated Abdomen/GI: tense on abdominal palpation, fluid wave, Rectal: not done , Neuro: wnl Musculoskeletal: significant sarcopenia Integument: wnl - shedding- prolonged skin tent PLN: wnl, EENT: sunken eyes CBC wnl besides, rdw increased 27 (15-27) leukophilia 20 (2.3-10.30) monocytosis 0.98 (0.05-0.67) eosinopenia 0.02 (0.17-1.57) suspect nucleated RBC CHEM wnl besides elevated sdma 28 (0-14) elevated urea 19.7 (5.7-12.9) \*\*emaciated as cause for normal creat? hyponatremia 148 (150-165) hyperkalemia 6.8 (3.5-5.8) tt4 low <6 (10-60) fpl abnormal UA UA cysto before fluids, pale yellow, clear usg 1.024, ph 6.5, pro 30mg/dl neg glu,ket,ubg,bil, bld 25 ery/ul wbc <1/hpf, rbc 4/hpf no bact, epi, casts, crystals

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

17 years, 2 mos

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A moderate amount of aggregated, echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

**WEIGHT**

4.3 kg

The left kidney is normal in size (4.25 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. At least one nonobstructive nephrolith is visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM (*Small Animal Internal Medicine*)

**IMAGING PERFORMED BY**

Dr Brian Barnes

The right kidney is subjectively normal in size with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A 0.43 cm cortical cyst is observed at the cranial pole. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Westview VH

**Adrenal Glands**

The left adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is normal size (0.38 width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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**Spleen**

The spleen is prominent in size (1.07 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.

**DATE**

2.16.23

**Liver**

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance. There is a questionable mass effect deep on the right side, adjacent to the diaphragm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder is distended. The wall is normal in thickness. A moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. Echogenic debris is observed within the cystic and common bile duct lumen. The cystic and common bile ducts are visible/tortuous. The common bile duct is not overtly dilated (0.30 cm in diameter). There is no obvious evidence of an intraluminal obstruction.

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**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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**Pancreas**

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter).

**AGE**

17 years, 2 mos

**Free Abdomen**

The mesentery throughout the abdomen is hyperechoic to heterogenous and nodular in appearance. A large amount of echogenic free fluid is present. The abdominal lymph nodes are normal/not visible.

**WEIGHT**

4.3 kg

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The mesenteric appearance, along with the echogenic ascites is concerning for a carcinomatosis. Feline infectious peritonitis is also a differential. Congestive heart failure is also a consideration but does not typically result in the nodular changes in the mesentery seen in this patient.
- The hepatic parenchymal changes are concerning for infiltrative neoplasia. However, other hepatopathies (i.e., inflammatory disease and hepatic lipidosis) cannot be excluded.

**Secondary Findings**

- Bilateral chronic renal changes with dystrophic mineralization and trace pyelectasia
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The cystic and common bile duct dilation may be a benign age-related process or may be secondary to cholangiohepatitis or a previous obstruction.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

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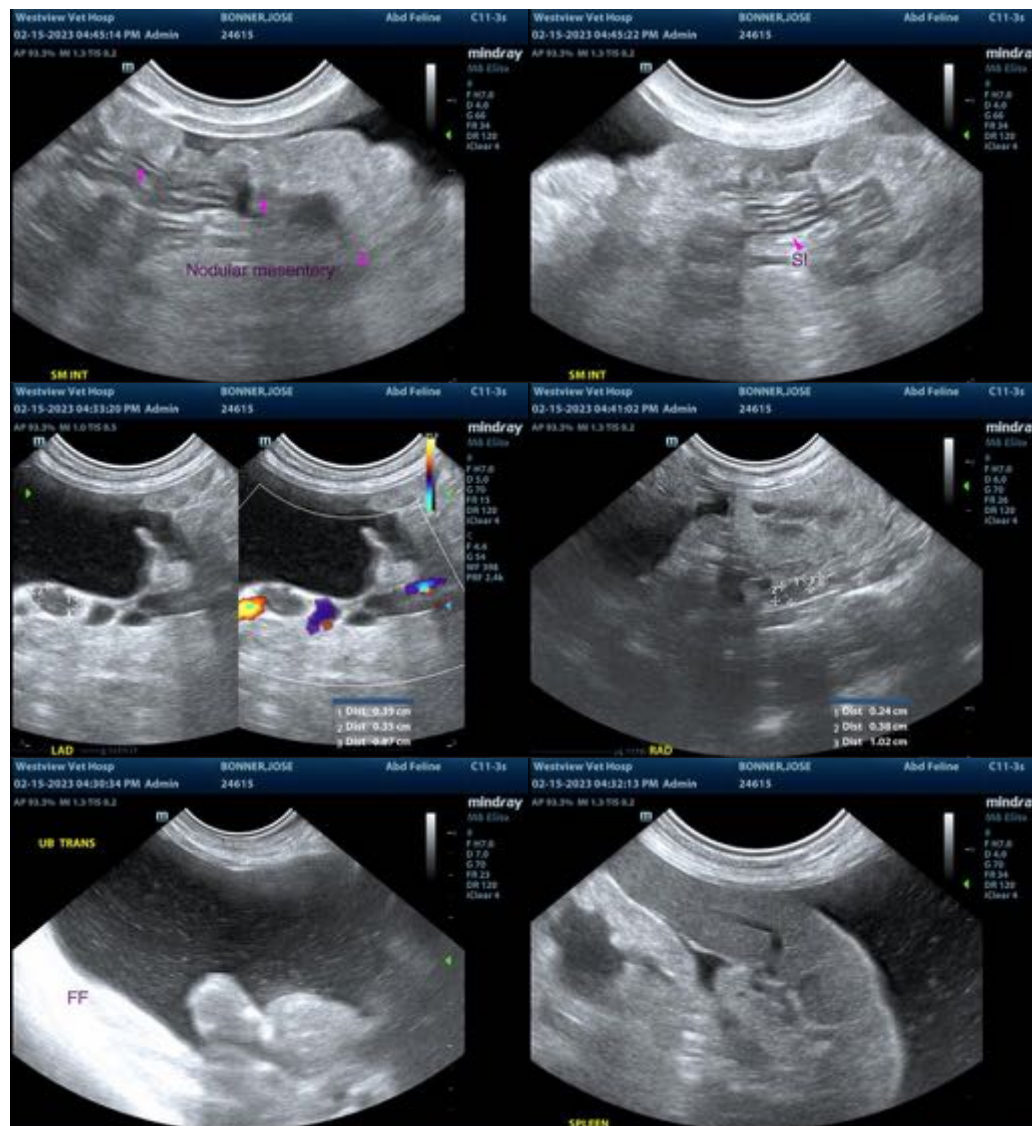
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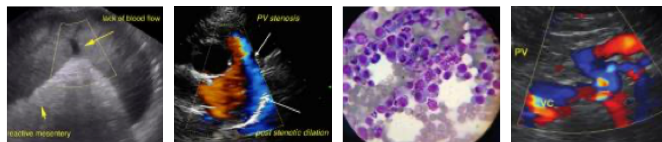
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Consider fine-needle aspirates of the free abdominal fluid and liver for cytologic evaluation. If the cytology results are inconclusive, surgical biopsies of the mesentery and liver may be necessary to get a definitive diagnosis.





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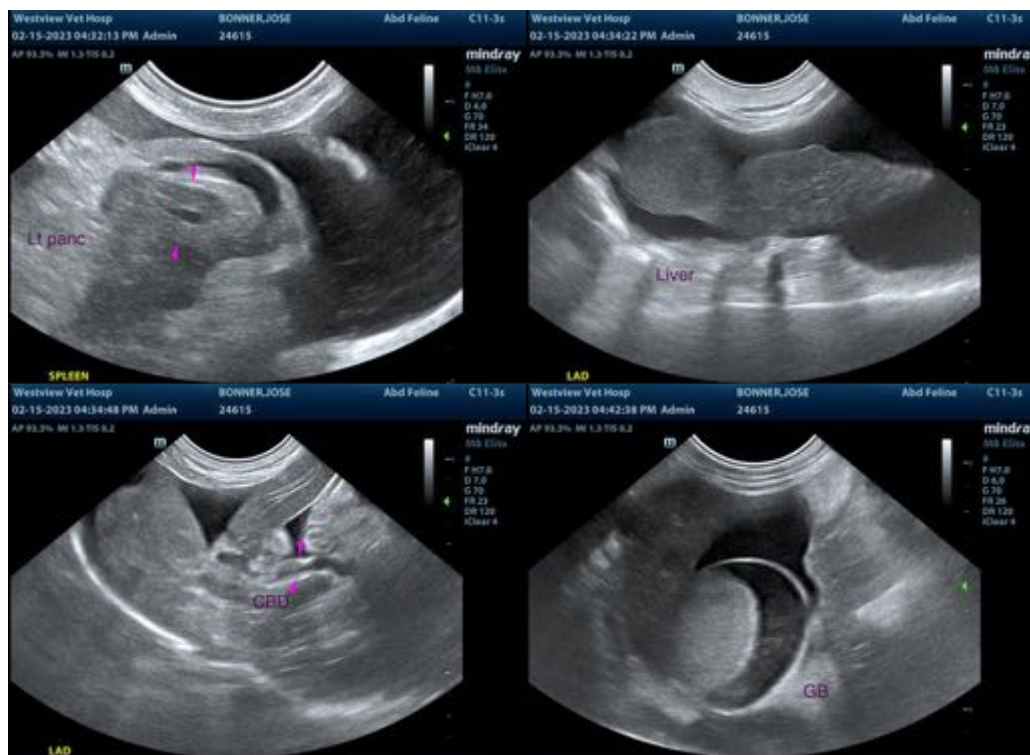
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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