



DATE PRESENTING CLINICAL SIGNS

2/16/26 **Patient History:** Diagnosed with lymphoma in September taking oral chemo as well as prednisolone. Diagnosed with free fluid at RDVM and told to come here if he started open mouth breathing.

PATIENT

Oliver Sturla
Current Medications: Butorphanol.
Labwork Results: BP 200, PCV 30%, T4 1.7
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.
Imaging Performed by: Rachel Brillhart, RDMS.

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

7/9/2013

WEIGHT

12.8 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Reynolds

INVOICE

13480

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.45 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.67 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is mildly enlarged (1.02 cm in width at the level of the hilus) with an undulating medial contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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 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 is normal in thickness. There is questionable loss of normal layering in a few regions. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. In the cranial abdomen, the mesentery appears somewhat nodular with ill-defined hypoechoic nodules. A small amount of free fluid is observed.

Other

Brief visualization of the thorax reveals bi-cavitary pleural effusion. There is no obvious evidence of pericardial effusion in the visible window.

There is a questionable 0.71 cm pulmonary nodule visible in the thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

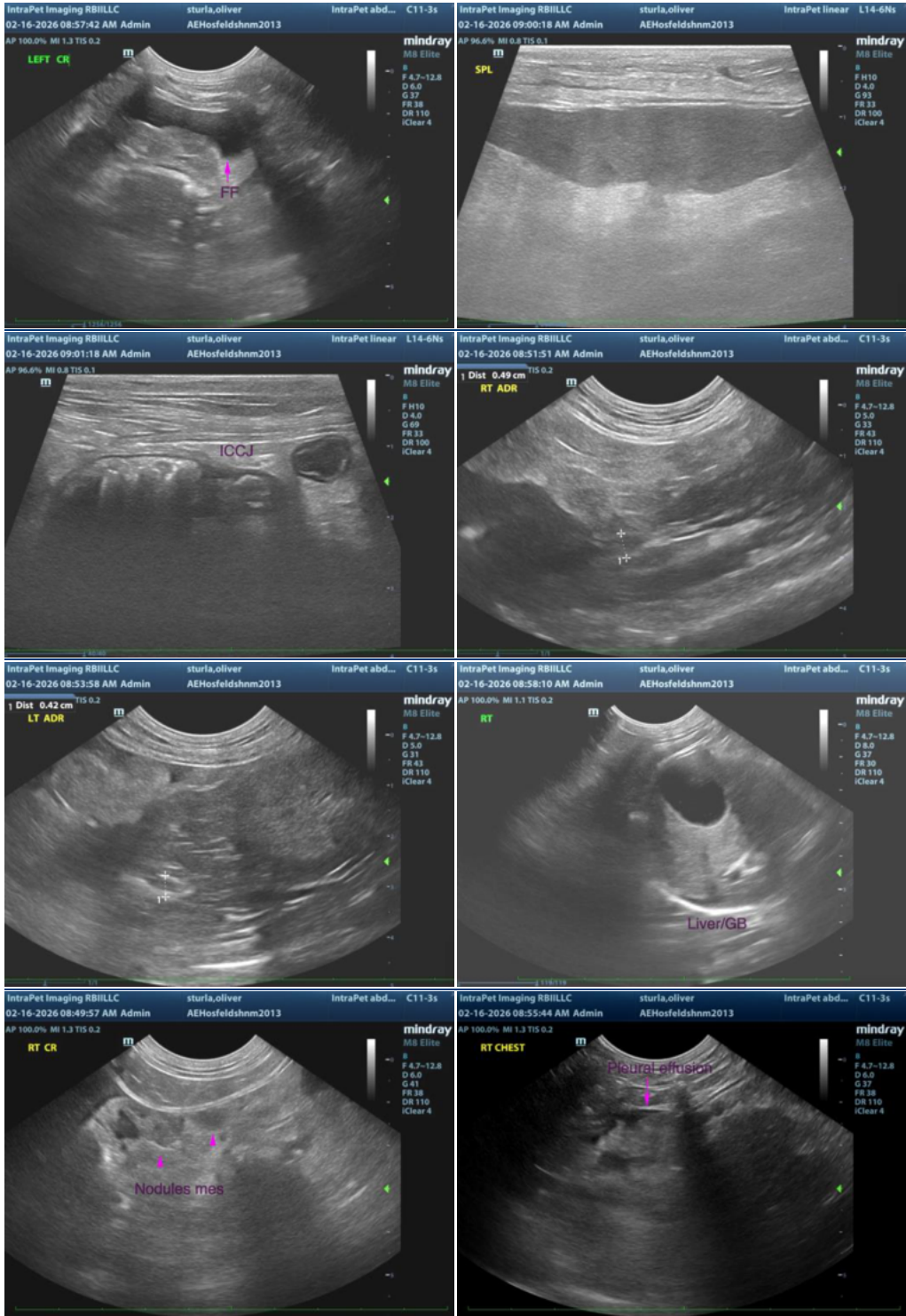
- The mesenteric changes could be consistent with reactive change or infiltrative neoplasia.
- The splenic changes could be consistent with infiltrative neoplasia (i.e., lymphoma) or a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other).
- Pleural and abdominal effusion
- Questionable pulmonary nodule

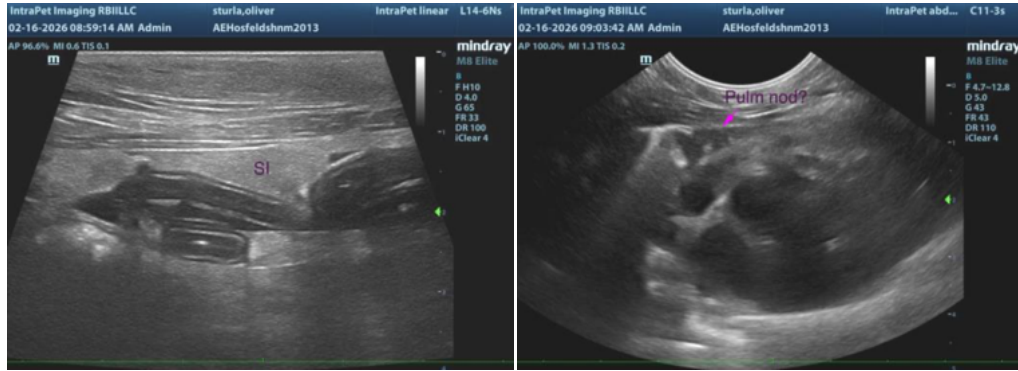
Secondary Findings:

- Geriatric hepatic and renal changes
- Questionable loss of small intestinal layering in some regions. This may be artifactual or may be secondary to inflammation or infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider cytologic evaluation of the spleen as well as pleural +/- abdominal effusion. Depending on results, consultation with a board-certified oncologist may be indicated.





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