



**PATIENT**

Larry Seppi

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 years

**WEIGHT**

12.62 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Velasco

**HOSPITAL NAME**

Bethany Family Pet Clinic

**REFERRING VET**

Dr. Pow

**INVOICE**

10457

**DATE**

2/24/22

**PRESENTING CLINICAL SIGNS**

History: Larry has been slowly losing weight. He has a 1cm firm mass between the shoulder blades, associated with the microchip. Cytology is showing mesenchymal cells but is not specific. Chest rads are clear.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/ UA

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of suspended echogenic debris along with a small to moderate amount of gravity dependent mineralized sand is observed within the lumen. The sand extends up to the proximal urethra. The region of the trigone appears normal. There is obvious evidence of urethral dilation.

The left kidney is normal size (4.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The region of the left adrenal gland evaluated. No obvious pathology is seen.

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

**Spleen**

The spleen is normal in size (0.87 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.

**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



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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 some segments. Discreet masses are not identified. The ileocecal junction and colonic wall are normal. No obstructive disease is noted.

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**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.

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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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**Primary Findings**

- Bowel pattern suggestive of inflammatory bowel disease. However, correlation with the patient's clinical signs is recommended.
- Bilateral non-specific chronic renal changes
- Urinary debris/sand

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\*\*There is no obvious evidence of metastatic disease in the abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consultation with a board-certified surgeon is recommended for the cutaneous/subcutaneous mass.

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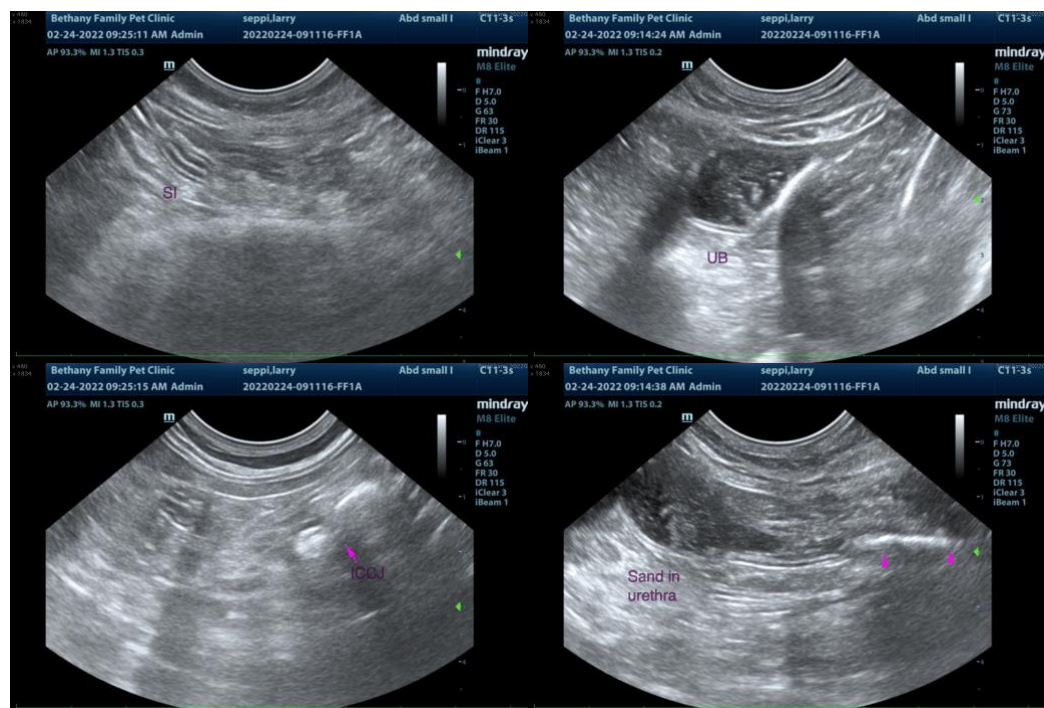
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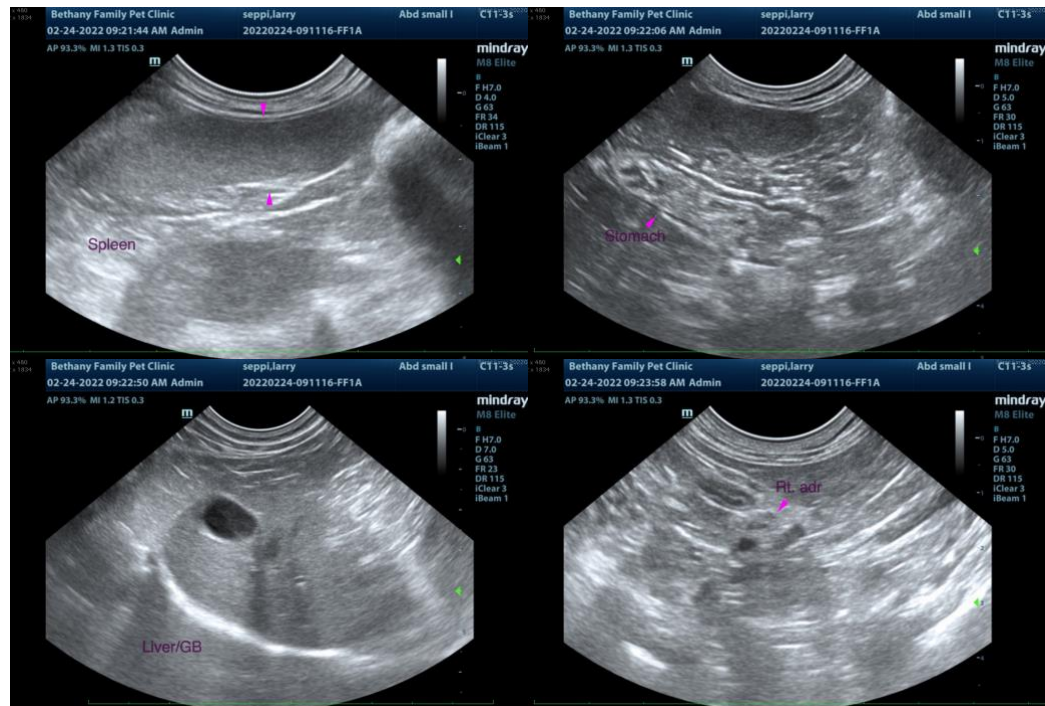
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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