



**PATIENT**

Goliath Wainwright

**SPECIES**

Feline

**BREED**

Domestic longhair

**SEX**

Male, neutered

**AGE**

15 Yrs.

**WEIGHT**

15.7 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Karen Fowler

**HOSPITAL NAME**

Portland Veterinary  
Wellness Center

**REFERRING VET**

Dr. Karen Fowler

**INVOICE**

14639

**DATE**

2/27/23

**PRESENTING CLINICAL SIGNS**

History: Dental 1/17 with numerous extractions. p started eating less about 2 weeks ago markedly so with weight loss. Was 20 lbs 7/2021, 19 lbs 1 year ago, 17 lbs in January.  
Abnormal PE/Chem/CBC/UA Results: Anemia - non-regenerative since dental has developed. Mild neutrophilia and monocytosis. Stress hyperglycemia and mildly dec BUN. Isosthenuric urine (1.026) full UA pending

Hematocrit 24%, T4 normal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (4.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 size (4.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The region of the adrenal glands is evaluated. The glands are not definitively visualized.

*Spleen*

The spleen is normal in size (0.90 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 prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to the spleen. An approximately 5 cm heterogeneous mass effect is observed in the mid to right side. The remaining parenchyma is slightly mottled in appearance. Vascular 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 to moderate 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 is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with retention of normal layering. There is slight disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall is normal. No obvious obstructive disease is noted.



**PATIENT**

*Pancreas*

Goliath Wainwright

See *Other*.

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*Free Abdomen*

There is no obvious evidence of free fluid.

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*Lymph Nodes*

See *Other*.

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In the mid to right cranial abdomen, a 3.62 x 3.24 cm heterogeneous vascular mass is present. Surrounding mesentery is hyperechoic.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Cranial abdominal mass, the origin of which is unclear. It may be arising from pancreas, lymph node, mesentery, liver, other. Neoplasia (i.e., adenocarcinoma, round cell tumor, sarcoma) is suspected with a lower possibility of a focal inflammatory process. Adjacent peritonitis is present.
- Questionable hepatic mass effect. The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, infiltrative neoplasia, inflammatory disease, other hepatopathy.

**Secondary Findings:**

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Additional sonographic images of the liver may be useful in better characterizing hepatic pathology.
- Consider a fine needle aspirate of the cranial abdominal mass and questionable hepatic mass, if clotting status is appropriate. 25-gauge needles should be used. If cytology results are inconclusive and more advanced testing is desired, consider an abdominal CT scan +/- surgical biopsies of the cranial abdominal mass and liver.

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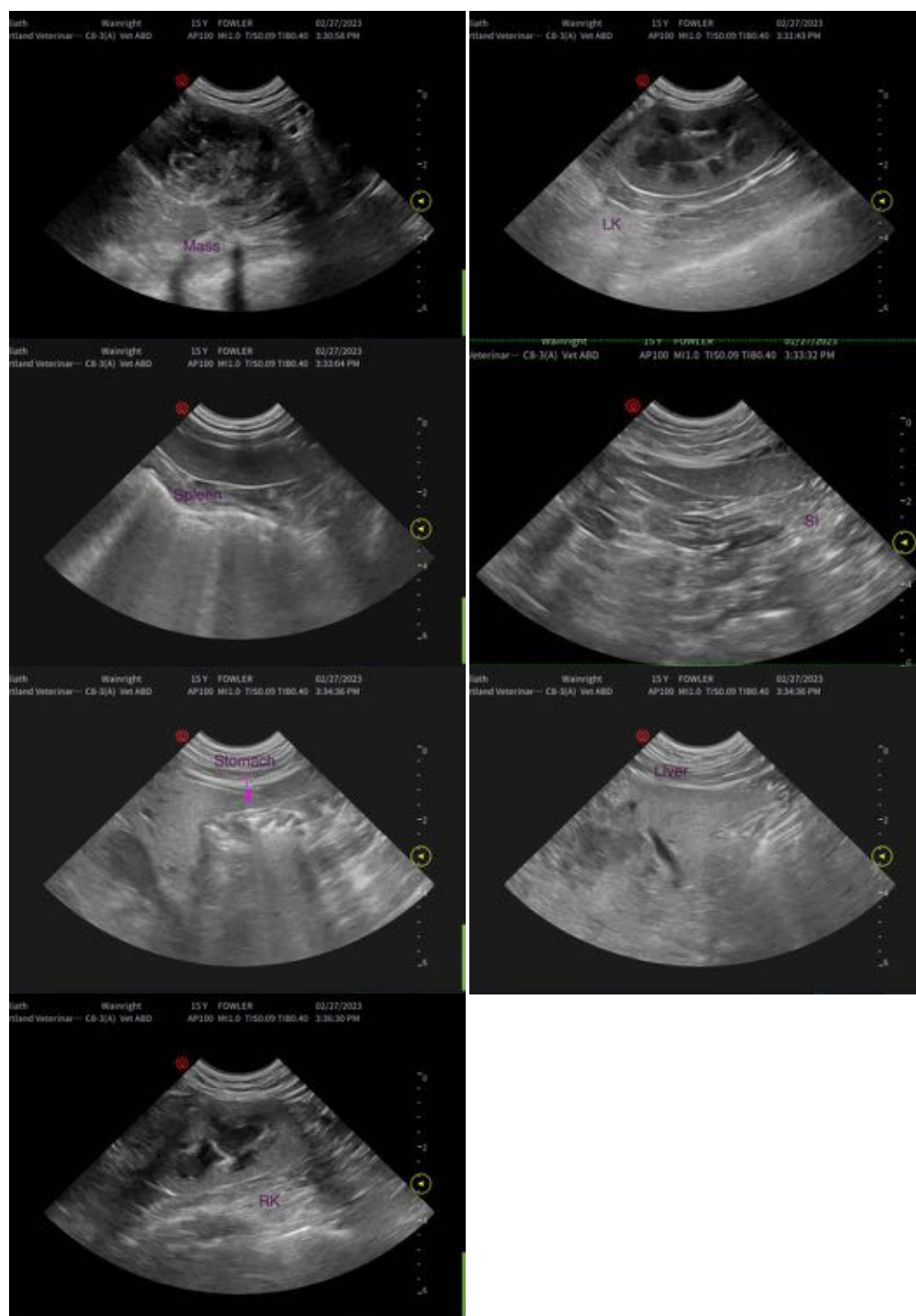
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)

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