



PATIENT

Thea Ensor

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female

AGE

12 Yrs.

WEIGHT

2.52 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
ER

REFERRING VET

Dr. Laura de Cordon

INVOICE

14646

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History: elevated LE with large amount of free abd fluid transudate with Tp 4.2 r/o neoplasia vs infectious not concerned about a pyo at this time.

Abnormal PE/Chem/CBC/UA Results: CBC: neutrophilia of 19650 with leukocytosis of 21070 HCT 28.5 CHEM: ALB 2.5 ALT 538 AST 451 ALP 244 GGT 33 Tbili 2.3 Na 136 Cl 97 PCV 40 TS 6.5

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. A small to moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is borderline enlarged (4.52 cm in length) with a relatively normal shape. The cortex is diffusely thickened and hyperechoic relative to the spleen. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is borderline enlarged (4.43 cm in length) with a relatively normal shape. The cortex is diffusely thickened and hyperechoic relative to the spleen. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.42 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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 amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended with ingesta. 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. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in many segments. Discreet masses are not identified. The colonic wall is normal. No obvious obstructive disease is noted.

Pancreas

The pancreas is largely obscured by the mesenteric pathology. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen



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A large amount of echogenic free fluid is present within the abdominal cavity. The mesentery throughout the abdomen is hyperechoic and irregular, bordering on a nodular appearance. See *Other*.

Other

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A >6 cm irregular echogenic tubular mass effect is observed dorsal to the urinary bladder. Fluid pockets are observed within this mass effect.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

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- Mass effect in the caudodorsal abdomen, the origin of which is unclear. It may be arising from uterus, lymph nodes, mesentery, other. Neoplasia is suspected. However, an inflammatory process (i.e., pyometra) cannot be completely excluded.
- The diffuse mesenteric changes could be consistent with neoplasia (i.e., carcinomatosis) or reactive change.
- The ascites may be due to increased vascular permeability (i.e., neoplastic effusion, inflammatory disease), increased hydrostatic pressure or low oncotic pressure (less likely).
- The bilateral renomegaly could be consistent with interstitial nephritis or infiltrative neoplasia (i.e., lymphoma).
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

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Secondary Findings:

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

*Differentials for the abdominal changes include carcinomatosis, uterine neoplasia with metastatic disease to the mesentery, feline infectious peritonitis, pyometra, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

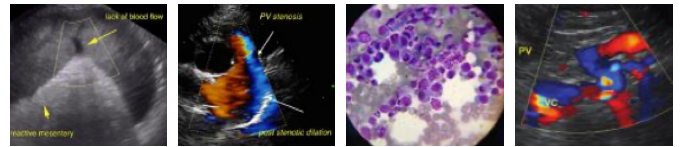
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider vaginal cytology to further evaluate for pyometra and/or neoplastic cells.
- Ultimately, an abdominal exploratory with evaluation of the mass effect in the caudodorsal abdomen +/- ovariohysterectomy and mesenteric and liver biopsies may be necessary to get a definitive diagnosis.
- Given the renomegaly, consider a urinalysis with culture and sensitivity +/- renal FNA for further evaluation.

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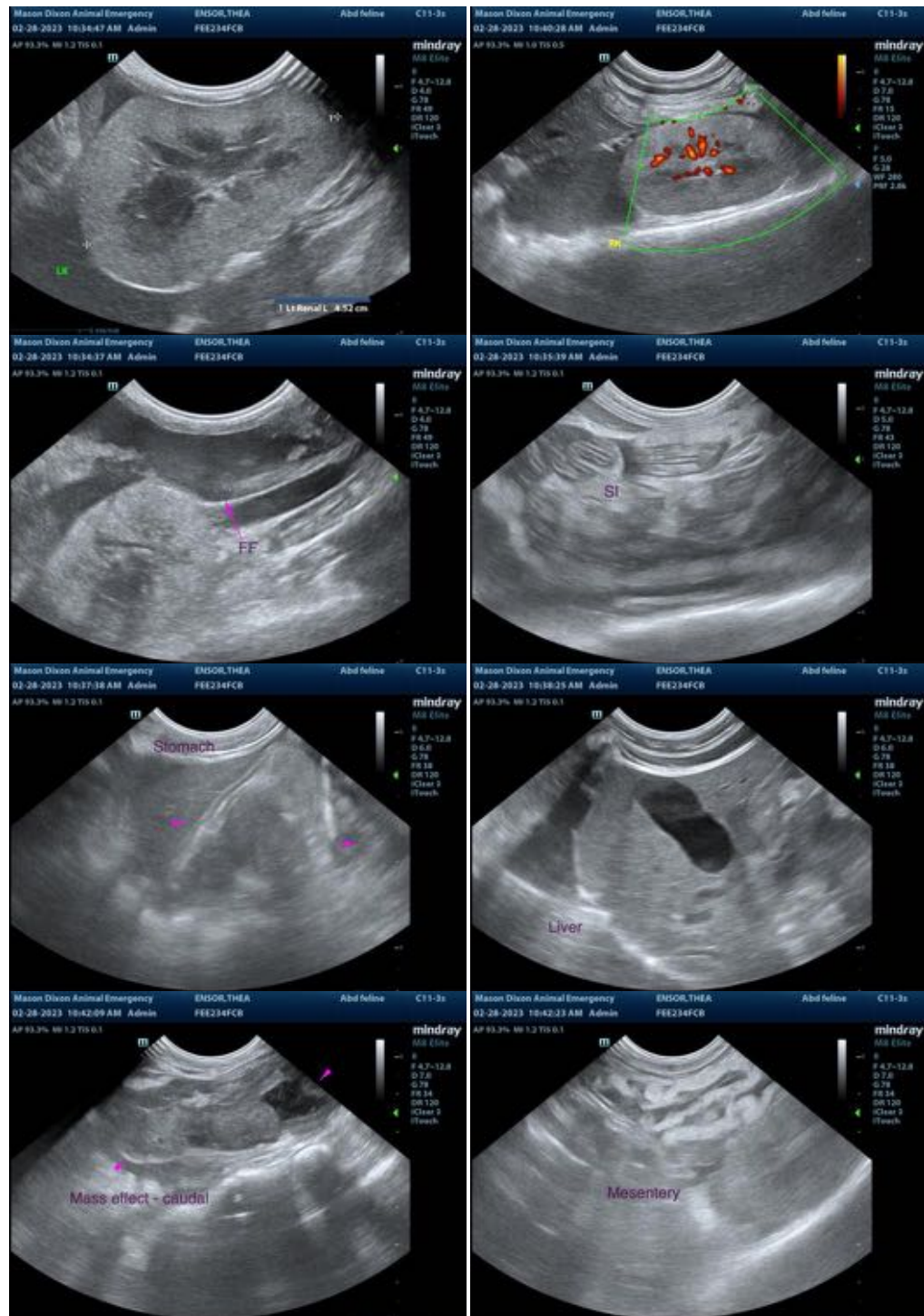
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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