



## PATIENT PRESENTING CLINICAL SIGNS

**PATIENT** Junior Shaughnessy **PRESENTING CLINICAL SIGNS** History: Presented for weight loss, hyporexia. Unknown vomiting/diarrhea etc. as he is outdoor only

**SPECIES** Abnormal PE/Chem/CBC/UA Results: FeLV/FIV = negative CBC - severe nonregenerative hypochromic, microcytic anemia - HCT 13.9% Lymphopenia moderate thrombocytopenia CHEM - mild elevation TBili Pancreatic Lipase = significantly elevated T4 - euthyroid  
**Feline**

## BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### DSH *Urinary System*

The urinary bladder wall is normal in thickness. 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.

### SEX

Neutered Male

The left kidney is normal in size (4.13 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### AGE

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The right kidney is normal in size (4.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### WEIGHT

9.1

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### *Adrenal Glands*

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

The right adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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### *Spleen*

The spleen is enlarged (1.37 cm in width at the level of the hilus) with swollen peripheral contours and a scalloped medial contour. The parenchyma is homogenous in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

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### *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.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate- to large amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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### *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 intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

## DATE

2-28-26



## PATIENT

Junior Shaughnessy

### **Pancreas**

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

## SPECIES

Feline

### **Lymph Nodes**

A 1.84 x 0.51 cm gastric lymph node is visualized. Several, enlarged, irregular, heterogenous mesenteric lymph nodes are also seen (one measuring 5.0 x 1.2 cm). Surrounding mesentery is hyperechoic.

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### **Free Abdomen**

Trace free fluid is observed.

## SEX

Neutered Male

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings**

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- The mesenteric lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of lymphadenitis or lymphoid hyperplasia.
- Hepatosplenomegaly. Again, infiltrative neoplasia is of top concern, with a lower possibility of a benign process.

## WEIGHT

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- Trace ascites

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Andrea Nicastro, DVM,  
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Medicine)

### **Secondary Findings**

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor bilateral nonspecific age-related renal changes
- The small intestinal wall changes could be consistent with inflammatory bowel disease, emerging lymphoma, or a normal variation for this older feline patient. Correlation with the patient's long-term clinical history is recommended.

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### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the patient's outdoor status, consider FIP testing.
- Consider fine-needle aspirates of the mesenteric lymph nodes, spleen, and liver (if clotting status can be stabilized). Twenty-five gauge-needles should be used.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Depending on the results of the above diagnostics further work-up may be indicated.

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**PATIENT**

Junior Shaughnessy

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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

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**REFERRING VET**

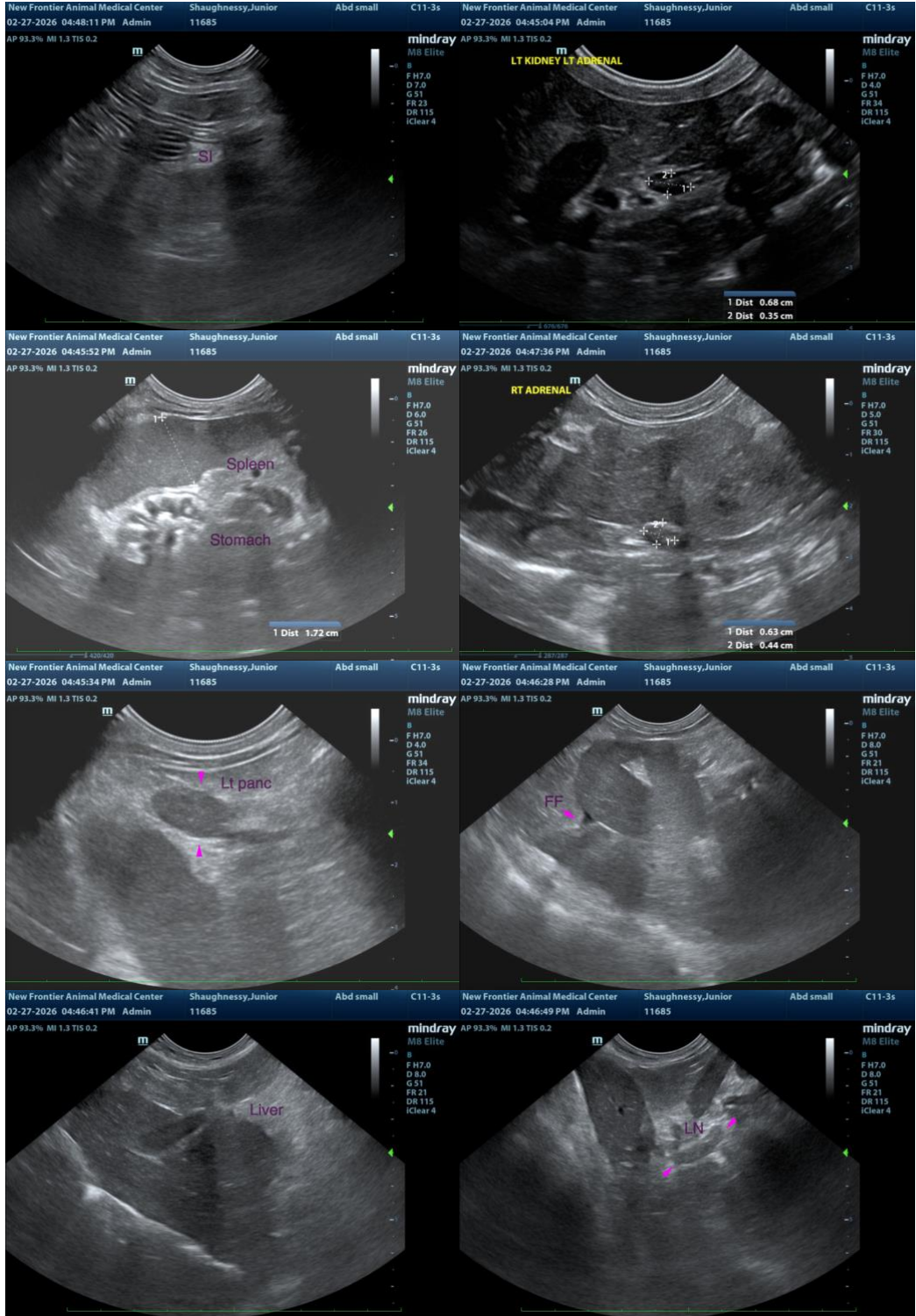
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## SPECIES

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## SEX

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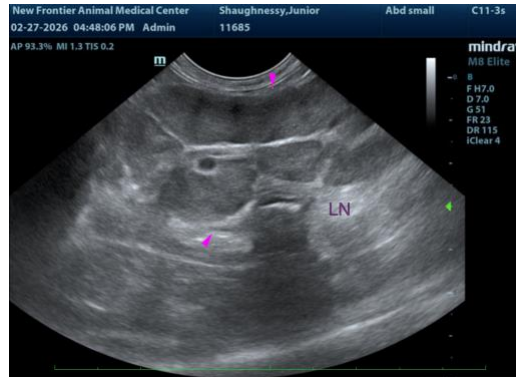
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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