



**PATIENT**

Tildie Reynolds

**PRESENTING CLINICAL SIGN**

History: Presented for mammary mass removal. This is a met check ultrasound.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A scant amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2-3 cm, are normal.

**BREED**

DMH

**SEX**

Spayed Female

The left kidney is normal in size (3.36 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

9 years

The right kidney is normal in size (3.90 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

NP

**Adrenal Glands**

The left adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

**Spleen**

The spleen is normal in size (0.91 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.

**IMAGING PERFORMED BY**

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

**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 portal vein to caudal vena cava ratio is approximately 1: 1.

**HOSPITAL NAME**

MP Blue Pearl ER

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Henri Bianucci

**Gastrointestinal**

The gastric lumen is moderately distended with ingesta and soft, shadowing material. 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 segmentally dilated with chyme. The small intestinal wall is diffusely thickened (up to 0.31 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments (with a >1: 1 ratio in most regions). Discreet masses are not identified. The muscularis layer at the ileocecolic junction is prominent. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

**INVOICE**

12163

**DATE**

2.6.23

### ***Pancreas***

The pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and homogenous in appearance. No focal lesions are observed. The pancreatic duct is not overtly dilated.

### ***Free Abdomen***

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

### ***Other***

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

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

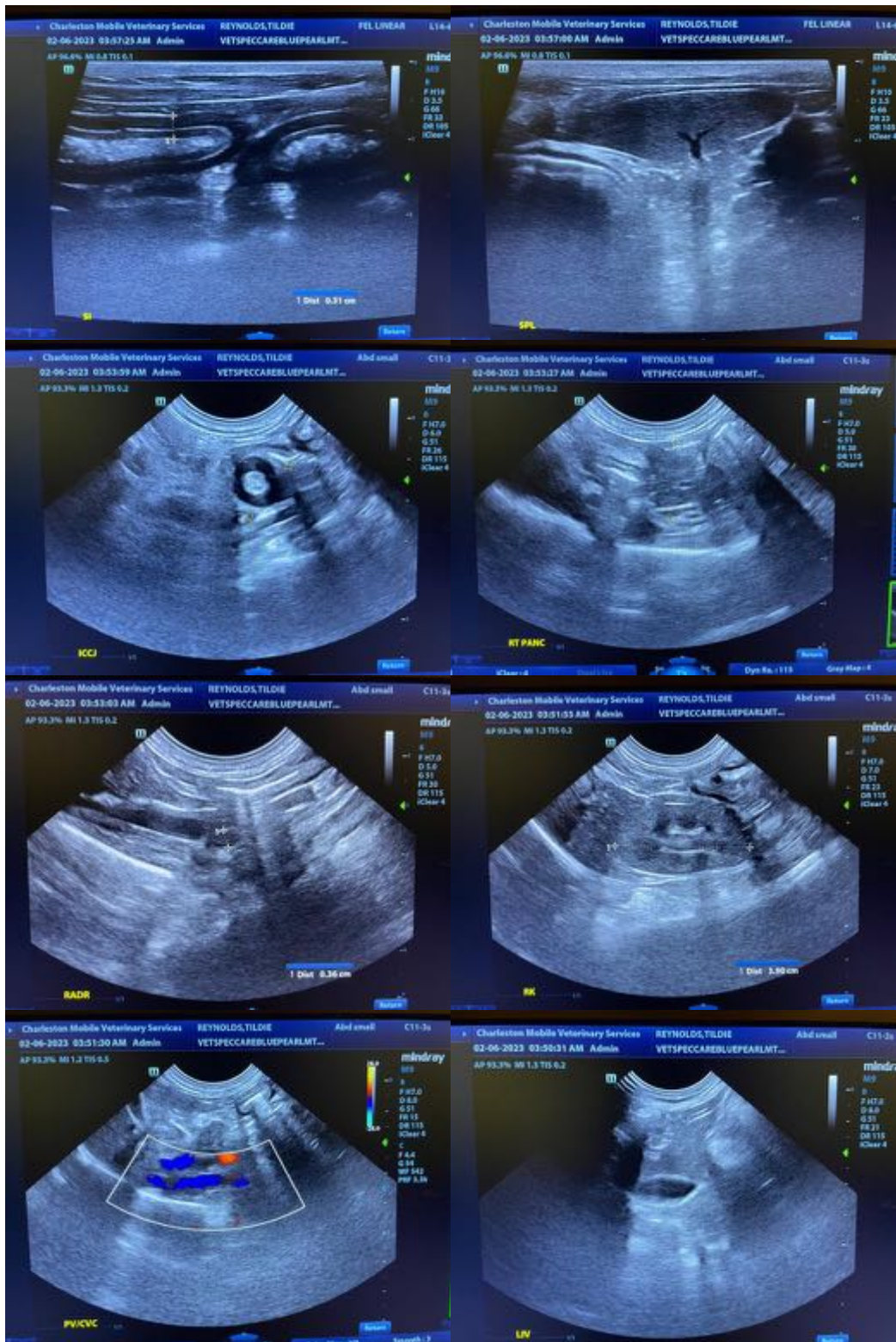
### **Secondary Findings**

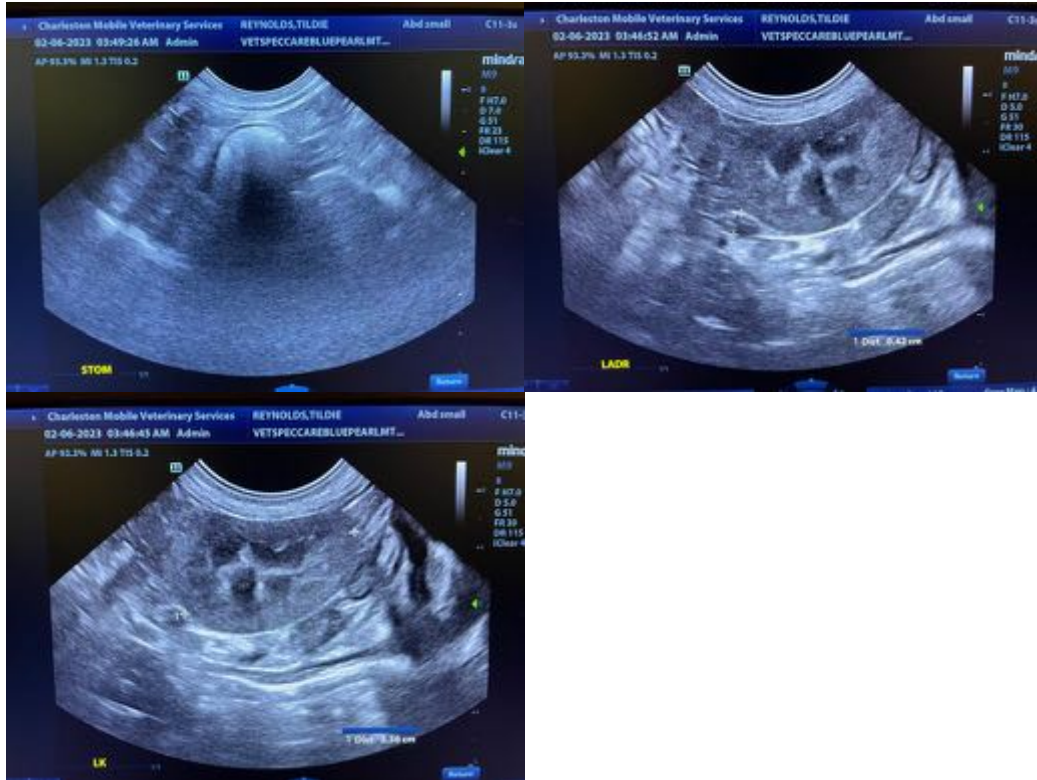
- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The pancreatic changes are suggestive of chronic pancreatitis. However, correlation with the patient's clinical history is recommended.
- The gastric luminal contents may represent normal ingesta and/or foreign material (i.e., hair).
- Bilateral chronic age-related renal changes with dystrophic mineralization

Change recommendations to this:

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

- Regarding the mammary mass, if thoracic radiographs are free of pulmonary metastatic disease, surgical removal of the lesion can be considered.
- If the patient is exhibiting gastrointestinal signs, consider the following:
  1. Fecal evaluation for ova and Giardia (if not already performed)
  2. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
  3. Limited antigen or hydrolyzed protein diet trial
  4. +/- GI biopsy (i.e., endoscopic or surgical).
  5. If the patient is not exhibiting GI signs at this time, consider a repeat ultrasound in 3 months to reevaluate the small intestine.





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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