



PATIENT

Dandi Blake

SPECIES

Feline

BREED

Domestic longhair

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

7.6 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Amy Hess

HOSPITAL NAME

Petmedic Urgent Care
Vet Clinic

REFERRING VET

Dr. Amy Hess

INVOICE

12981

DATE

2/8/22

PRESENTING CLINICAL SIGNS

History: Hasn't eaten any food in three days. Appetite slowly dropping off about a week ago. P presented for distended abdomen. 900mL fluid drained from abdomen before ultrasound done. Abnormal PE/Chem/CBC/UA Results: SDMA 15, mild leukocytosis, snap ProBNP normal

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 lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.74 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (3.89 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal in size (0.64 cm length; 0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is not definitively visualized due to pathology in the right cranial quadrant.

Spleen

The spleen is normal in size (0.70 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 mildly to moderately distended. A bi-lobed configuration is suspected. The wall is slightly thickened (up to 0.17 cm) and hyperechoic. Luminal contents are anechoic. 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 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 most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.



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Pancreas

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The left limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated. See *Other*.

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Free Abdomen

A small to moderate amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic and nodular in appearance with a few small hypoechoic nodules observed within the mesentery. The abdominal lymph nodes are normal/not visible.

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A 4.45 cm walled, fluid-filled structure surrounding a 2.99 x 1.91 cm aggregation of heterogeneous tissue is observed in the right cranial quadrant in the region of the right limb of the pancreas. The wall of this lesion is variably thickened and irregular. The fluid contains a small amount of suspended echogenic debris. Surrounding mesentery is hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The origin of the lesion in the right cranial quadrant is unclear but is suspected to be arising from the right limb of the pancreas. The lesion may represent a necrotic tumor (i.e., adenocarcinoma) or abscess with regional peritonitis.
- The diffuse mesenteric changes could be consistent with metastatic neoplasia (i.e., carcinomatosis) or severely reactive mesentery.

Secondary Findings:

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- Bilateral, degenerative renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspiration of the mass effect in the right cranial quadrant along with aerobic and anaerobic cultures of the fluid within the lesion. Fine needle aspirate of the nodular appearing mesentery should also be considered. If cytology results are inconclusive, surgical biopsies with mass removal/debulking may be necessary to get a definitive diagnosis. If the lesion appears to be a benign abscess, consider ultrasound-guided drainage and broad-spectrum antibiotic therapy.

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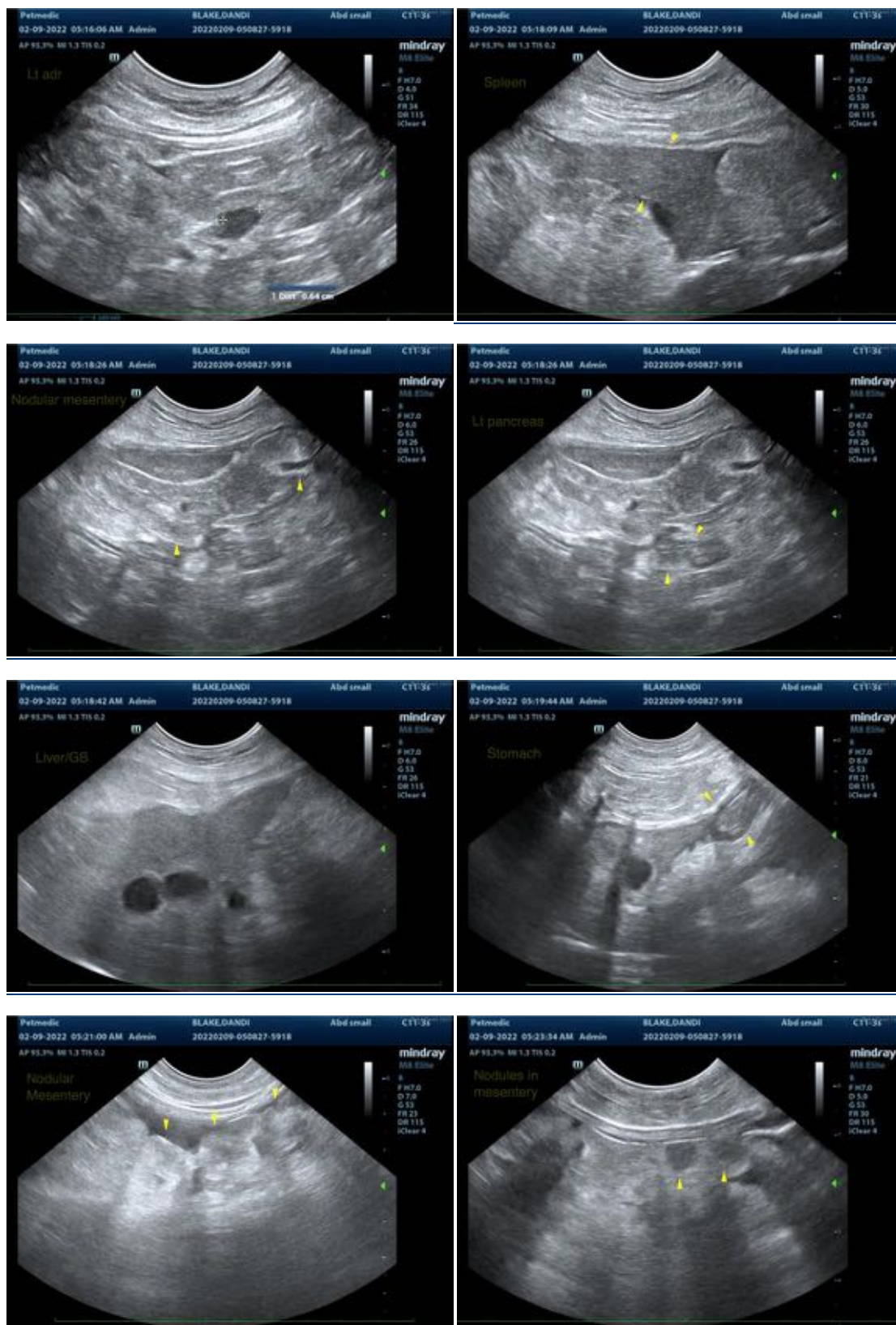
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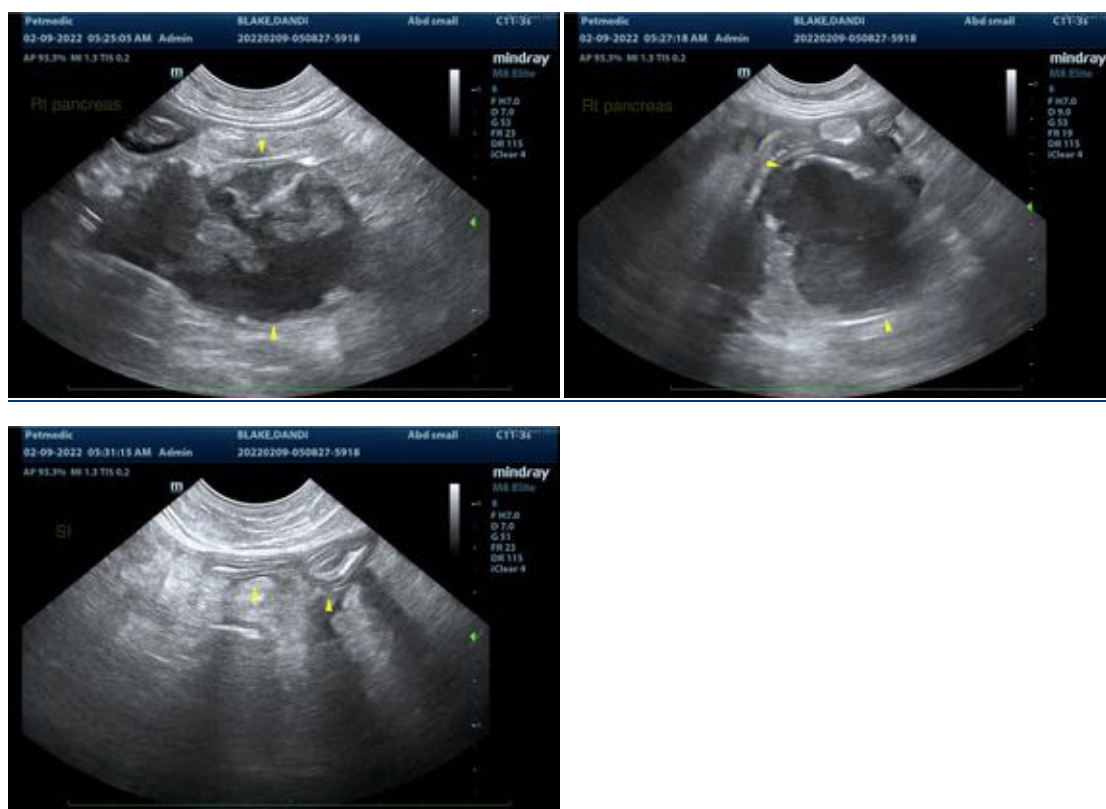
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com