



**PATIENT**

Simba Richards

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

8 Yrs.

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Casulli

**INVOICE**

13073

**DATE**

3/1/22

**PRESENTING CLINICAL SIGNS**

History: Palpable abdominal mass and weight loss. Not eating- chewing weird  
Abnormal PE/Chem/CBC/UA Results: Ca 10.9, Cholest 23, Triglyc 226, WBC 22.3, PLT 571, Neutro 89, Lymph 5, Absolute neut 19847, Absolute lymph 1115

**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 moderately distended. A moderate amount of aggregated echogenic suspended 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 cm, are normal.

The left kidney is normal size (4.10 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.18 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 hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal in size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (0.66 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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

*Gastrointestinal*

A >5 cm gastric wall mass is observed in the region of the fundus. The wall in this region is severely thickened (up to 3.32 cm), hypoechoic, irregular and vascular with a complete loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. There is also a mass



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effect (approximately 3 cm in diameter) in the region of the esophageal inlet, which may be an extension of the fundic mass or may represent a separate mass. The gastric lumen is mildly fluid distended and hypomotile. The gastric outflow tract is patent. The small intestinal lumen is segmentally fluid distended (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

**Pancreas**

A portion of the pancreas is obscured by the large gastric mass. The right limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.14 cm in diameter).

**Free Abdomen**

Trace free fluid is observed. At least one prominent cranial abdominal lymph node is visualized measuring 0.59 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Gastric wall mass(es) in the region of the fundus and esophageal inlet. Neoplasia (i.e., adenocarcinoma, lymphoma) is suspected with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present. The adjacent lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia.
- The trace ascites is likely secondary to gastric pathology.
- The small intestinal wall changes may be secondary to inflammatory bowel disease or emerging lymphoma.

**Secondary Findings:**

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Minor, age-related renal changes.
- Urinary bladder debris.

\*An ultrasound guided fine needle aspirate of the gastric wall mass was performed during this scan without incident.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- If the gastric wall cytology results are inconclusive, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.



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- Also consider a GI panel (send to Texas A&M).

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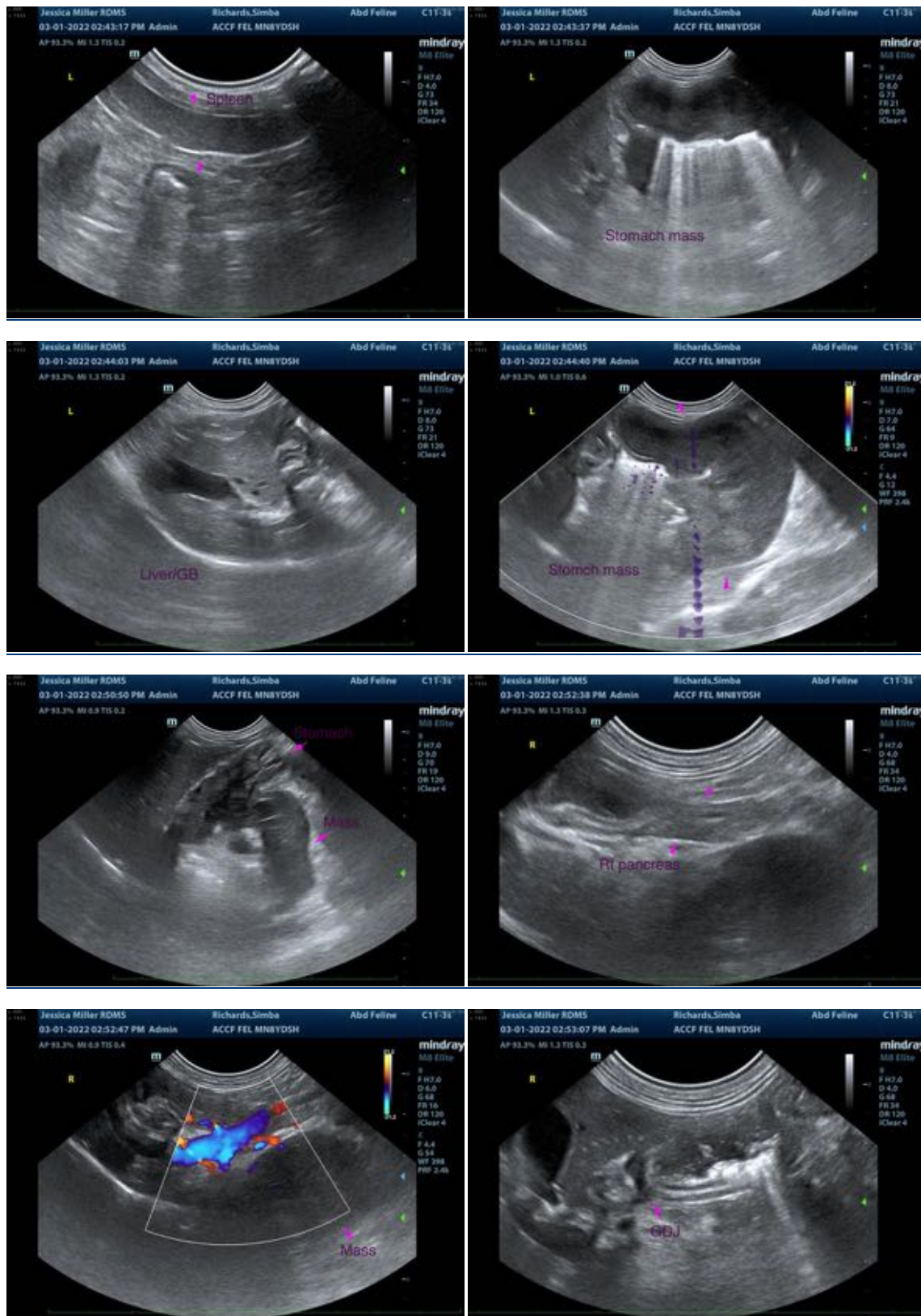
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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