



**PATIENT PRESENTING CLINICAL SIGNS**

Gizmo Huntington History: Fluid in abdomen?

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Feline Urinary System**

The urinary bladder is moderately distended. In the caudal dorsal wall, a 0.83 nodule/bleb is protruding into the lumen. The remaining bladder wall is normal in thickness with a smooth mucosal surface. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**BREED**

DSH

The left kidney is mildly enlarged (4.80 cm in length) with relatively normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**SEX**

Neutered Male

The right kidney is mildly enlarged (5.19 cm in length) with relatively normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

17 years

**Adrenal Glands**

The left adrenal gland is normal in size (0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**WEIGHT**

12.6 lbs

The right adrenal gland is normal size (0.35 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 (0.88 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**

Jessica Miller, RDMS

**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.

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Summit Dog&Cat  
Hospital

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

**REFERRING VET**

Dr Lepkowski

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally fluid-distended (mild). The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileum is mildly to moderately distended with fluid and chyme. The ileocecolic junction is normal. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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**Pancreas**

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are



**PATIENT**

observed. There is no evidence of peripancreatic inflammation or effusion.

Gizmo Huntington

**Free Abdomen**

There is no obvious evidence of free fluid. A 0.58 cm colic lymph node is visualized. In addition, at least two enlarged, rounded hypoechoic mesenteric lymph nodes are visualized (the largest measuring 3.52 cm in length). Surrounding mesentery is hyperechoic.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

**Primary Findings**

DSH

- The abdominal lymphadenopathy is concerning for a neoplastic process. Lymphoma is the top differential. Other differentials include lymphoid hyperplasia, lymphadenitis (i.e., pyogranulomatous), other.

**SEX**

Neutered Male

- The bilateral renomegaly could be secondary to interstitial nephritis or emerging neoplasia (i.e., lymphoma).

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**Secondary Findings**

- Bowel pattern suggestive of inflammatory bowel disease.
- The bleb/nodule in the urinary bladder wall could be consistent with an emerging tumor, polypoid cystitis, adhered debris, other.

**WEIGHT**

12.6 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Feline leukemia and FIV testing is recommended, if not already performed.
- A fine-needle aspirate of the enlarged abdominal lymph nodes is recommended (if clotting status is appropriate). A 25-gauge needle should be used.
- Three-view thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.
- Depending on the results of the above diagnostics, further testing (i.e., PARR, lymph node biopsies) may be warranted.
- Regarding the bleb in the urinary bladder, consider a urine BRAF test (off label in cats at this time) to further assess for lower urinary tract neoplasia.

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Diplomate ACVIM (Small  
Animal Internal Medicine)

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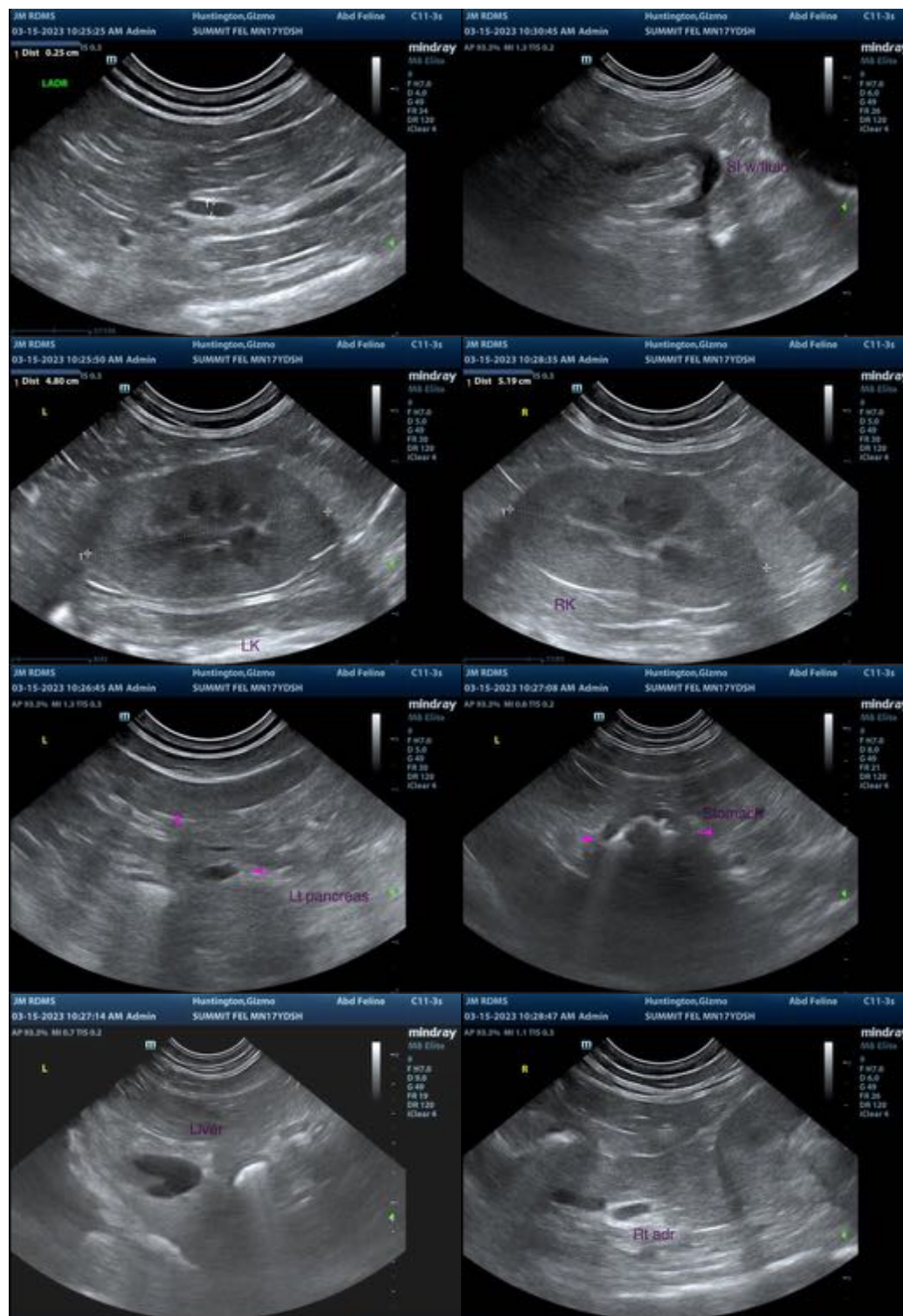
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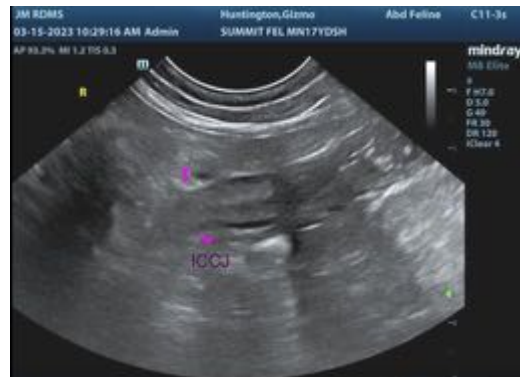
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com