



PATIENT

Gatita Gonzalez

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 years

WEIGHT

8.8 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr Ferrer DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Jenniffer Walker

INVOICE

10562

DATE

3/16/22

PRESENTING CLINICAL SIGNS

History: Presented on 3-11-22 for evaluation of Weight loss, no appetite and decrease in activity. No V/D; owner unsure if defecating. Decrease appetite for the last 3 days seems painful when picked up abdomen area indoor other house sibling normal other house sibling with leukemia + no hx of trauma weight loss fecal: no parasite seen cbc : neutropenia, thrombocytopenia, anemia Chem high ALKP,

TBIL high, TP no reading radiographs lots of feces colon FIV/Leuk: +leuk T4 normal
serum yellow in color * R/O foreign body vs pancreatitis vs cholangiohepatitis vs Neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is slightly thickened, with an irregular mucosal surface. A 0.39 x 0.24 cm polypoid-like lesions is arising from the dorsal wall. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.96 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

The right adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (0.97 cm in width at the level of the hilus) with a slightly swollen, subtly undulating peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

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Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas

The base of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

Trace free fluid is observed. Several enlarged, irregular to rounded, hypoechoic to heterogenous lymph nodes are observed throughout the abdomen, the largest measuring 2.59 cm in length. Surrounding mesentery is hyperechoic.

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** A fine-needle aspirate of the mesenteric lymph nodes was performed during the study without incident.

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8.8 lbs

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The diffuse abdomen lymphadenopathy is most concerning for infiltrative neoplasia. Lymphoma is the top differential. Pyogranulomatous lymphadenitis (i.e., secondary to FIP) is also a consideration.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The mild splenomegaly could be consistent with infiltrative neoplasia, lymphoid hyperplasia, extramedullary hematopoiesis, or splenitis.

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Secondary Findings

- The urinary bladder wall changes are suggestive of polypoid cystitis. However, correlation with clinical findings is recommended.
- 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- Further recommendations should be based on the lymph node cytology.

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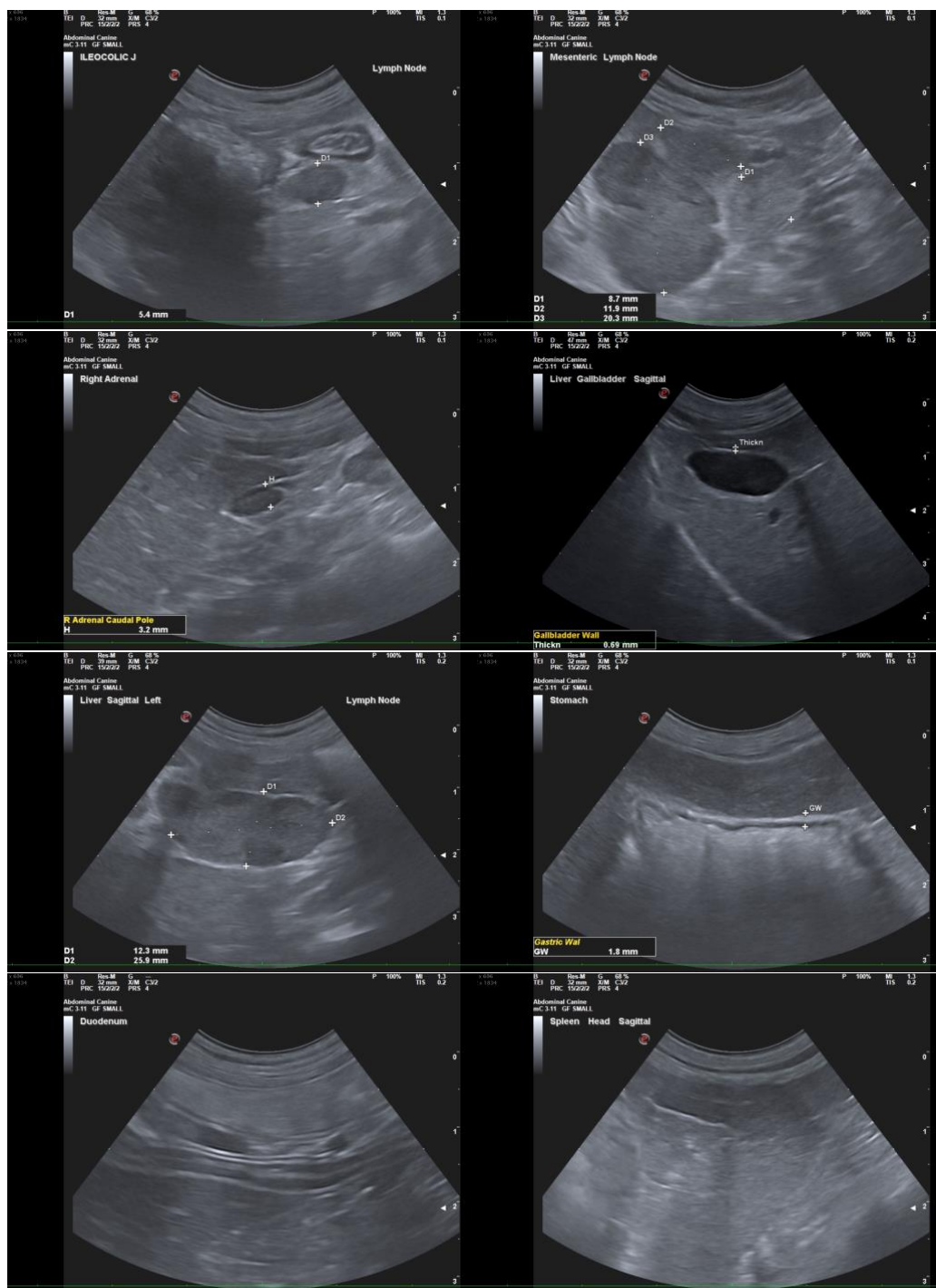
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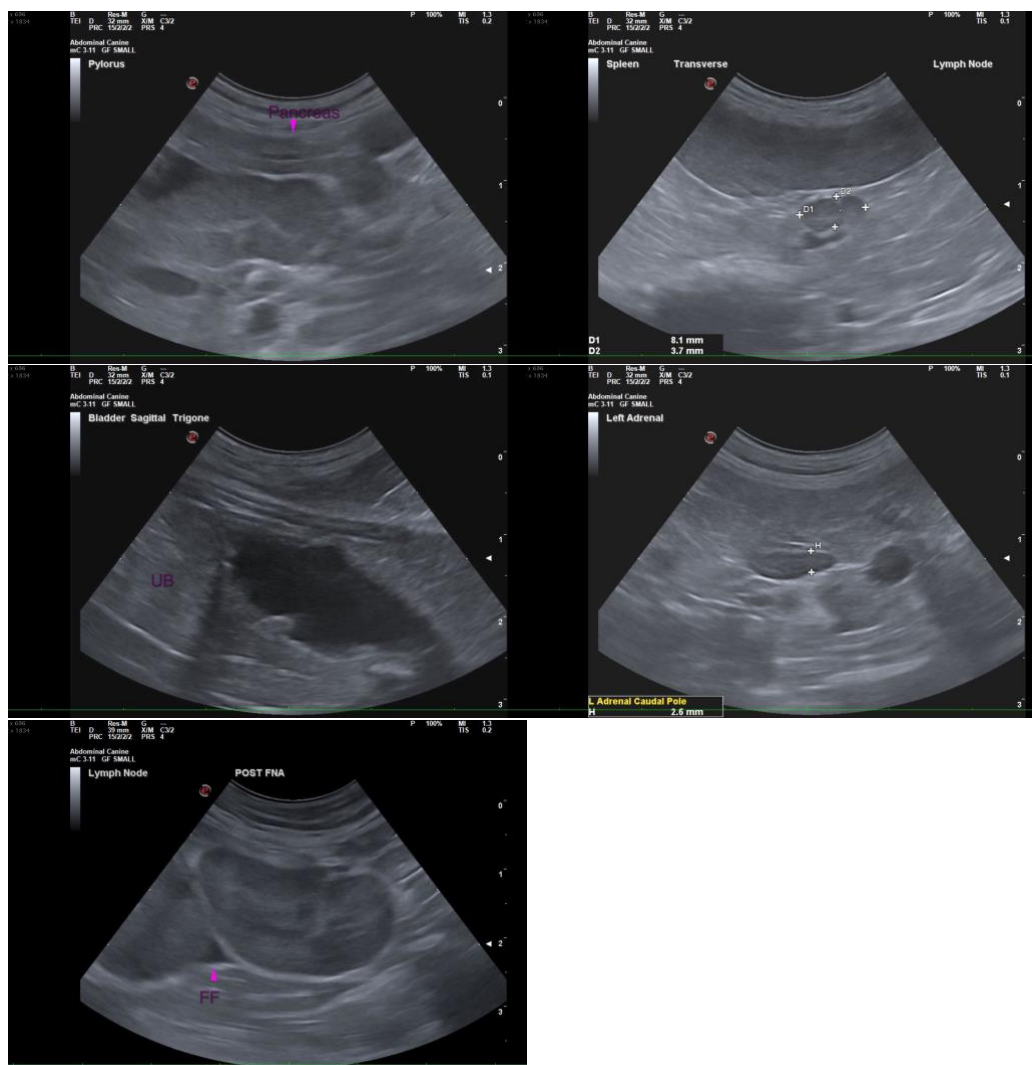
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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