



PATIENT PRESENTING CLINICAL SIGNS

Romeo Alvira
History: Romeo presented as a referral for an abdominal ultrasound. The patient has a history of having chronic vomiting, anemia, dehydration, and leukocytosis seen in the CBC.

SPECIES
Feline
Abnormal PE/Chem/CBC/UA Results: PE: non-provided. CBC RBC: 5.02 (6.54-12.20) HCT: 24.0 (30.3-52.3) HGB: 7.3 (9.8-16.2) WBC: 29.99 (2.87-17.02) NEU: 23.00 (2.30-10.29) MONO: 3.04 (0.05-0.67) EOS: 1.81 (0.17-1.57) CHEM: non provided. FNA of the mesenteric LNs was done and it is pending.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Neutered Male

AGE

13 years

The left kidney is borderline enlarged (4.48 cm in length) with normal shape and smooth peripheral contours. The cortex is hyperechoic relative to the spleen. 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.

WEIGHT

2.7 lbs

The right kidney is borderline enlarged (4.38 cm in length) with normal shape and smooth peripheral contours. The cortex is hyperechoic relative to the spleen. 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Dr. Ferrer, DVM

Spleen

The spleen is subjectively prominent to enlarged with swollen peripheral contours and slight rounding at the poles. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

Paseos VC

Liver

The liver is subjectively prominent in size with swollen, irregular, peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. The hepatic veins appear dilated. Intrahepatic biliary tracts are normal.

REFERRING VET

Dr. Jose Cruz

The gall bladder is mildly to moderately distended. The wall is of appropriate thickness for the level of repletion. A small amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

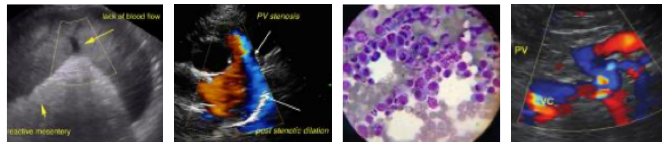
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Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely distended with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal.

DATE

3.16.23



PATIENT

Romeo Alvira

Pancreas

A portion of the pancreas is obscured by the gastric and bowel distention. In the visualized portions no obvious abnormalities are observed.

SPECIES

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Free Abdomen

A small to moderate amount of free fluid is present. A few enlarged, rounded-to-irregular mesenteric lymph nodes are visualized (the largest measuring 2.53 cm in diameter).

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The mesenteric lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma), lymphadenitis (i.e., pyogranulomatous), or lymphoid hyperplasia.
- Ascites

SEX

Neutered Male

Secondary Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The mild splenomegaly may be secondary to infiltrative neoplasia, splenitis, lymphoid hyperplasia, extramedullary hematopoiesis or antigenic stimulation.
- The mild bilateral renomegaly could be consistent with interstitial nephritis or emerging neoplasia.
- The dilated hepatic veins may be due to increased hydrostatic pressure or may be a normal variant for this patient.

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WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

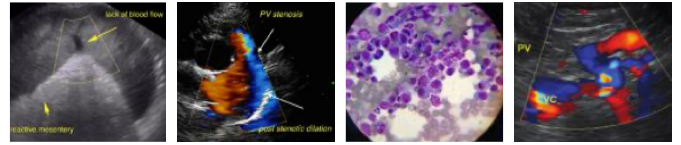
- Three-view thoracic radiographs are recommended to evaluate cardiopulmonary status, particularly in light of the ascites and dilated hepatic veins. Depending on the results an echocardiogram may be warranted.
- Feline leukemia and FIV testing are also recommended, if not already performed.
- If abdominal lymph node cytology results are inconclusive, further testing (i.e., PARR, lymph nodes biopsies; splenic FNA) may be warranted.
- Given the renomegaly, consider a urine culture and sensitivity +/- a renal aspirate.

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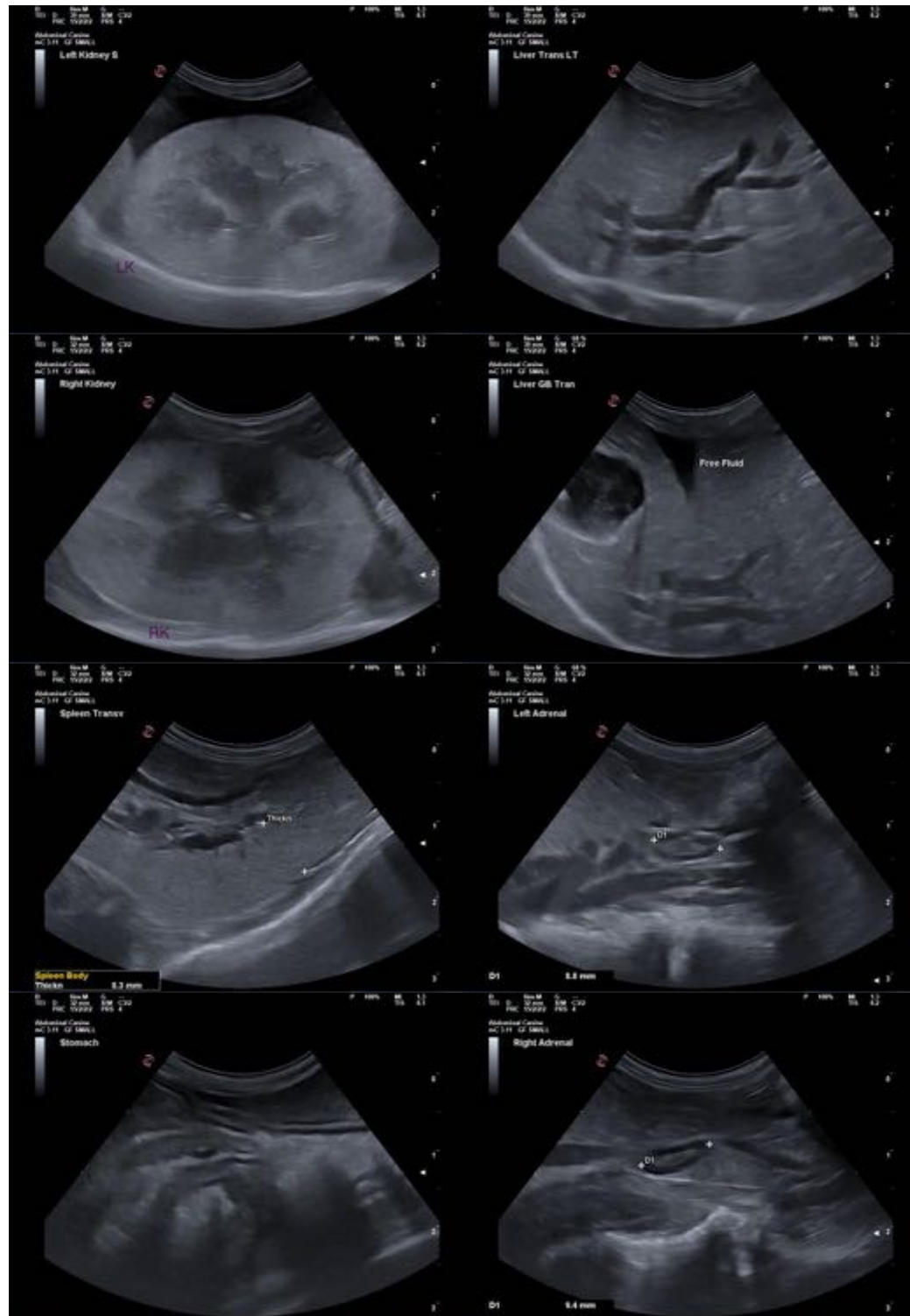
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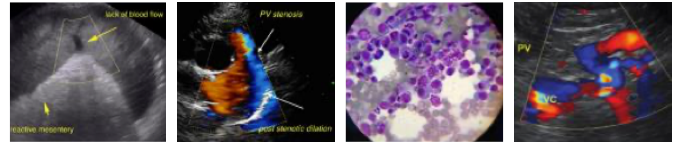
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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