



**PATIENT**

Butters Bentzel

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

8 yrs.

**WEIGHT**

10 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Tasha

**HOSPITAL NAME**

Dillsburg VC

**REFERRING VET**

Dr. Crow

**INVOICE**

13149

**DATE**

3/22/21

**PRESENTING CLINICAL SIGNS**

**History:** Never seen patient-referral for abd US only. No known HX or diagnostics. The bladder palpated as very firm with a large mass effecting to the right, possibly involving bowel or the right kidney. Very painful in abdomen.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is mildly to moderately distended. A small amount of suspended echogenic 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 severely enlarged with a slightly irregular shape. The cortex is severely thickened, irregular and heterogeneous and there is poor corticomedullary distinction. There is effacement of the normal renal medullary architecture. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

The right kidney is difficult to discern from the severe mesenteric lymphadenopathy.

*Adrenal Glands*

The adrenal glands are not definitively visualized due to the diffuse abdominal pathology.

*Spleen*

Only the caudal pole is visualized and it appears normal in size with normal peripheral margins and homogeneous parenchyma.

*Liver*

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and 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, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 0.40 cm). The muscularis layer is diffusely prominent and there appears to be a loss of the normal layering pattern in several segments. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

*Pancreas*

The pancreas is largely obscured by the diffuse abdominal pathology. In the visualized portions, no obvious abnormalities are seen.

*Free Abdomen*



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The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. The mesenteric lymph nodes are severely enlarged, irregular and heterogeneous in appearance.

*Other*

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A tortuous/dilated (1.23 cm in width) blood vessel is observed in the mid-abdominal region.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The left renal and mesenteric lymph node changes are most concerning for infiltrative neoplasia. Lymphoma is the top differential. However, a severe inflammatory process (i.e., pyogranulomatous inflammation secondary to FIP) cannot be completely excluded.
- The small intestinal wall changes are also concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of severe inflammatory bowel disease.
- Diffuse peritonitis is present, likely secondary to lymph node, renal and bowel pathology.

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**Secondary Findings:**

- The mild hepatomegaly may be secondary to infiltrative neoplasia, an inflammatory hepatopathy, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

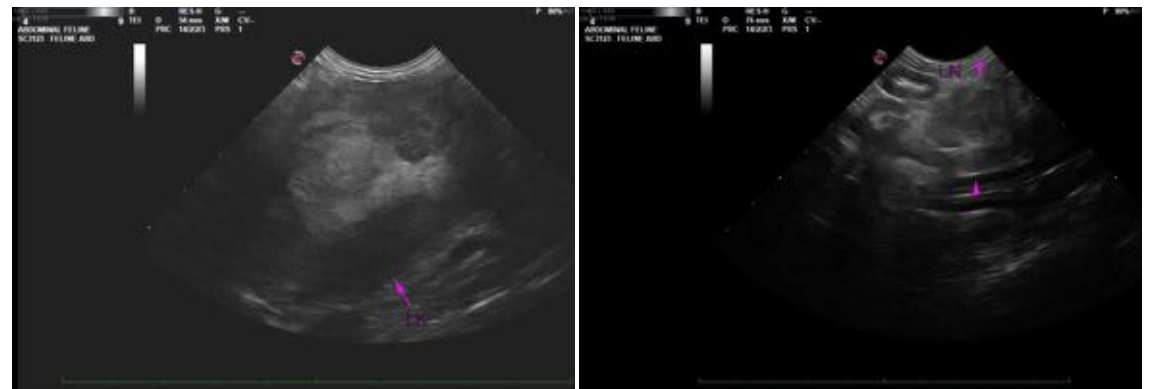
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- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- Fine needle aspirates of the left kidney and mesenteric lymph nodes is recommended (if clotting status is appropriate). If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. However, given the diffuse abdominal pathology, the prognosis for this patient is considered guarded.

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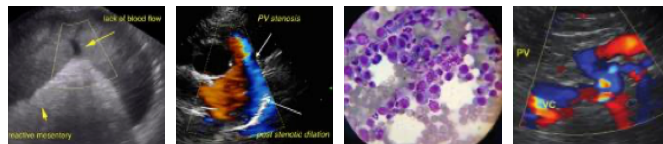
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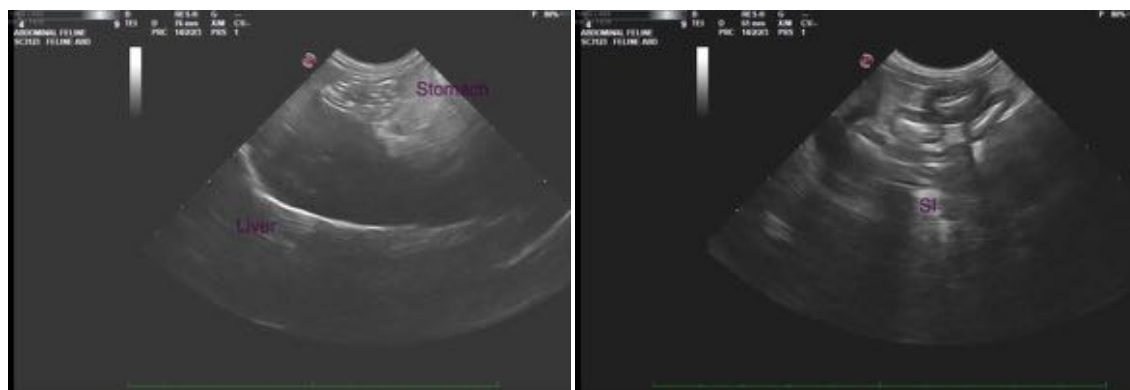
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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