



PATIENT

Carmelito Desamparado
Rodriguez

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

16

WEIGHT

12.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet
Ultrasound Services

REFERRING VET

Dr. Jose Vientos

INVOICE

22757

DATE

3-27-26

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to lethargy, anorexia, anemia, and blood-tinged ascites
- Owner reports that Px had been urinating outside of the litter box for a few days
- rDVM performed an abdominocentesis for sample collection and the fluid seemed to be a blood-tinged transudate

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached below for your reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion and is slightly irregular. A small amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.23 cm in length) with a 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 hydronephrosis.

The right kidney is normal in size (4.30 cm in length) with a 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 hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

A 2.5 x 2.3 cm heterogenous, expansile mass appears to be arising from the caudal pole. In the remainder of the spleen, the margins are curvilinear. At least one small, hyperechoic nodule is also seen. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.9 x 1.5 cm hypoechoic macronodule is observed on the left side. In addition, a 2.1 x 1.7 cm hyperechoic- to heterogenous macronodule is also seen adjacent to the diaphragm. The remaining parenchyma appears homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are visible/tortuous, but not overtly dilated.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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



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normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

(See "Other" category).

Lymph Nodes

A 1.4 x 0.6 cm sublumbar lymph node is visualized. (See also "Other" category).

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Free Abdomen

The omentum throughout the abdomen is irregular and heterogenous in appearance. A moderate amount of echogenic free fluid is present.

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Other

In the left cranial aspect, a 1.6 x 1.1 cm irregular, heterogenous nodule is visualized. In the right cranial aspect, a 1.1 x 0.9 cm hypoechoic nodule is seen. In the midabdominal region, a 3.0 x 2.8 cm heterogenous mass is seen.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Multiple abdominal masses (liver, spleen, omental, +/- lymph node). Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is strongly suspected, with a low possibility of a non-neoplastic process.
- The diffuse omental changes could be consistent with carcinomatosis or reactive change.
- The ascites may represent a neoplastic effusion, or may be secondary to increased vascular permeability, low oncotic pressure (if applicable), or increased hydrostatic pressure (if applicable).

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The small intestinal wall changes could be consistent with inflammatory bowel disease, emerging lymphoma, or may be a normal variant for this patient. Correlation with the patient's long-term clinical history is recommended.
- The prominent medial iliac lymph node could be consistent with reactive change or emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Depending on the cytology results from the abdominal masses and abdominal fluid, consultation with a board-certified oncologist may be warranted.
- In the meantime, symptomatic care is recommended.

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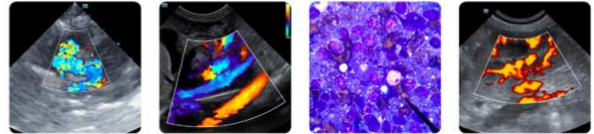
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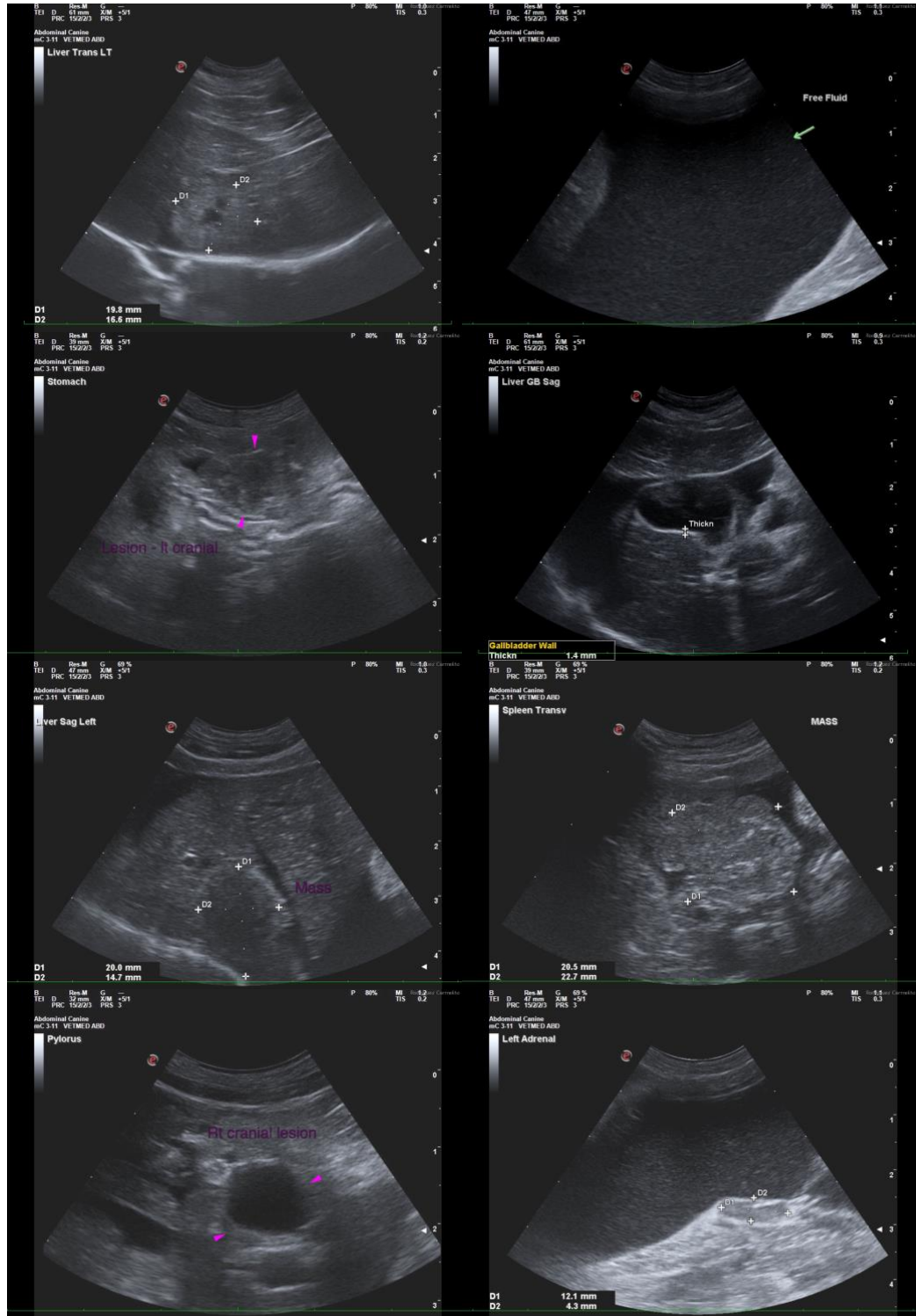
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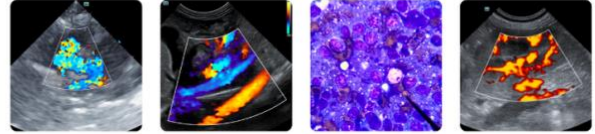
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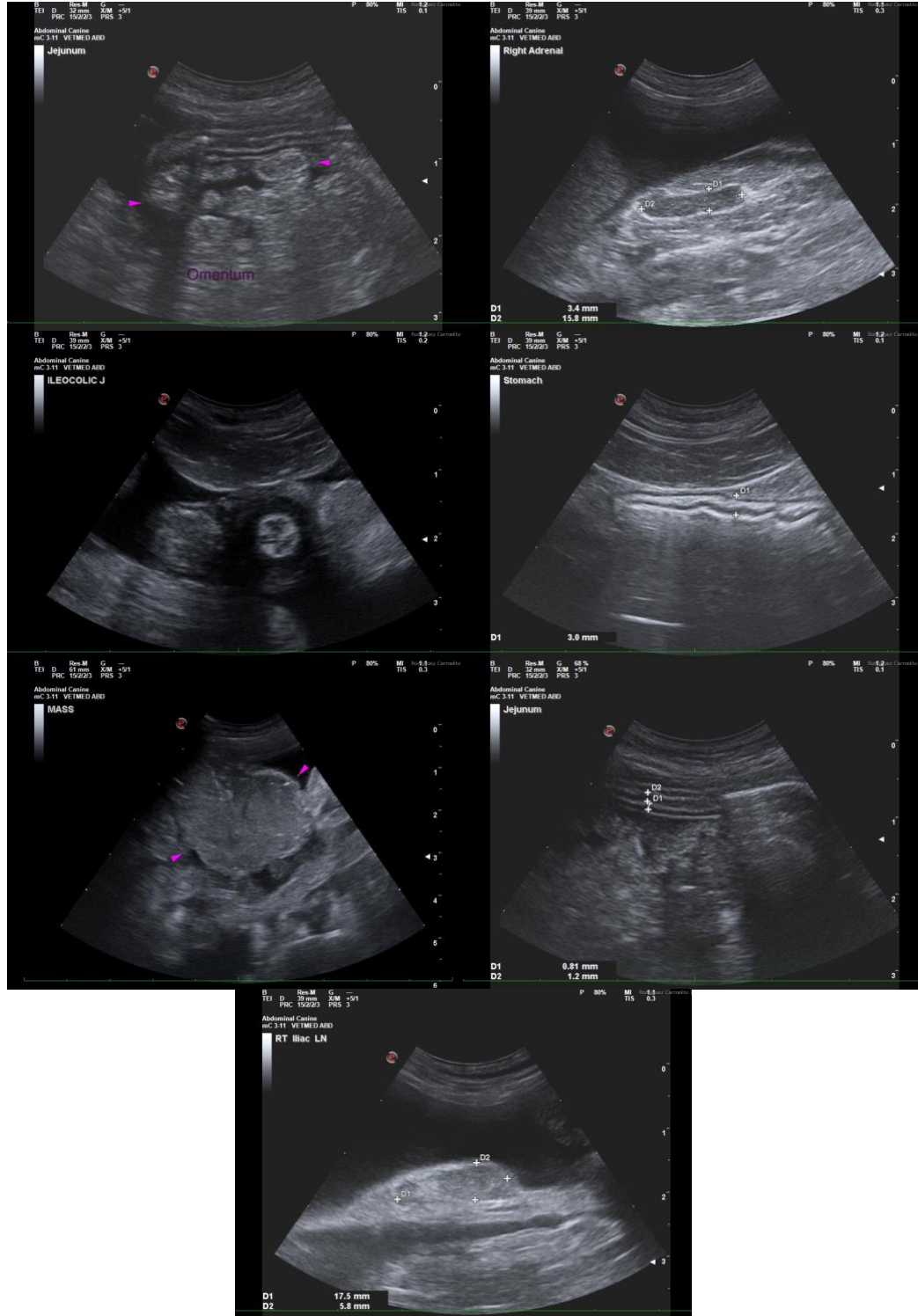
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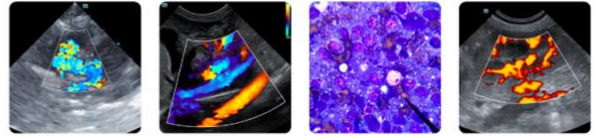
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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