



PATIENT PRESENTING CLINICAL SIGNS

Tiger Yun Rhee
History: Decreased appetite for 4 days. Seems lethargic and not like herself. Twenty-seven still images and 7 video clips are available for interpretation.

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

8

WEIGHT

9.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

22762

DATE

3-28-26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.58 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.56 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (0.86 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.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic 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 gallbladder 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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. A >4.0 cm segment of bowel is severely thickened and hypoechoic (up to 0.91 cm) with loss of the normal layering pattern. The mesentery effacing the serosal surface is mildly hyperechoic. The remaining visualized bowel segments are normal in thickness with a normal layering pattern. The lumen is not overtly dilated.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes

What is thought to represent a cluster of enlarged, rounded, hypoechoic lymph nodes (measuring 5.1 x 3.6 cm) is observed in the midabdominal region. Surrounding mesentery is hyperechoic.



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Free Abdomen

There is no obvious evidence of free fluid.

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Other

A moderate amount of pleural effusion is observed in the visualized portion of the thorax.

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Primary Findings

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- Bowel mass. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected with a low possibility of a focal inflammatory process. Mild adjacent peritonitis is present.
- Suspected mesenteric lymphadenopathy. Again, neoplasia is suspected, with a lower possibility of reactive change.

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Secondary Findings

- Mild bilateral nonspecific age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the bowel mass and enlarged mesenteric lymph nodes (assuming normal clotting status). Twenty-five gauge-needles should be used. Depending on the cytology results, consultation with a board-certified oncologist and/or surgeon may be warranted.
- Feline leukemia and FIV testing are also recommended (if not already performed).

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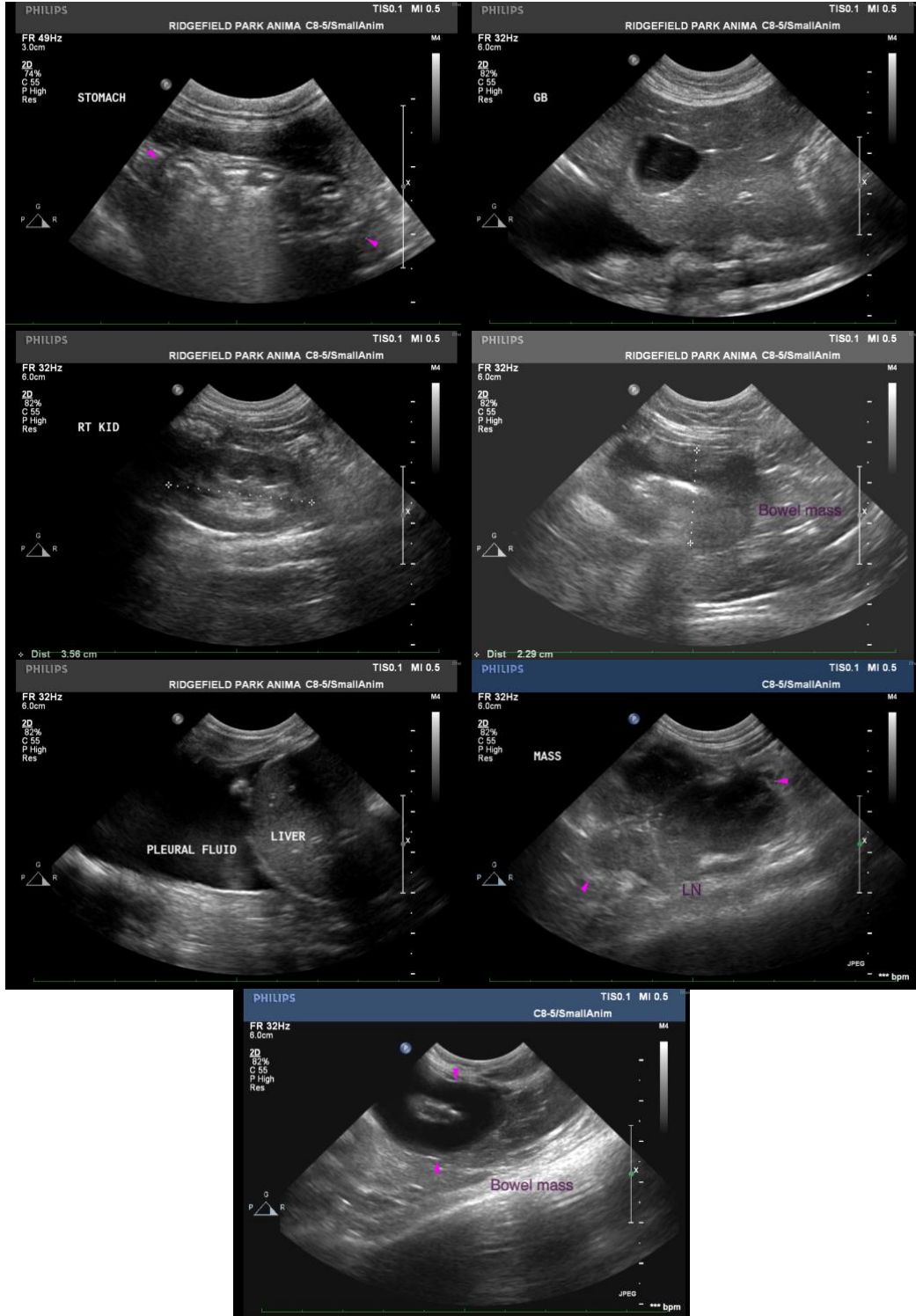
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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