



PATIENT PRESENTING CLINICAL SIGNS

Sephy Jury
SPECIES
Feline

History: Diet controlled borderline diabetic for last 3 years (Purina DM). Weight loss of 2.5 pounds in the last year. Abdominal distention and thickening on exam which is new since December. History of chronic renal insufficiency (Elevated BUN, renal tech positive, dilute urine, high normal creatinine...last done in Dec). Owner elected ultrasound over bloodwork today after exam due to cost. Normal blood pressure today, average 140.

BREED
DLH

Abnormal PE/Chem/CBC/UA Results: Early Dec 2021: neutrophilia, BUN 67, mid-high normal creat, renal tech + Gave convenia injection Repeat late Dec 2021: BUN 76, neutrophils dropped 5,000, but still mild elevation Last year, March 2021: BUN was 78 with other insignificant findings Glucose always in upper 200s, sometimes 300s.

SEX
Spayed Female

**Some abdominal pathology may be obscured by the gastrointestinal distention.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE
17 years

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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.

WEIGHT
7 lbs

The left kidney is normal size (3.46 cm in length); with an irregular shape. A 1.82 x 1.16 cm heterogenous cavitated nodule/mass is observed at at the caudomedial aspect. This lesion causes capsular expansion. The mesentery effacing the serosal surface is hyperechoic. In the remainder of the kidney, there is There is poor corticomedullary distinction. Trace pyelectasia is seen. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

Right kidney
(No images provided)

IMAGING PERFORMED BY

Tasha

Adrenal Glands
(No images provided)

HOSPITAL NAME

Dillsburg VC

Spleen

The spleen is not visualized in its entirety. In the visualized portion, it appears contracted (0.41 cm in width at the level of the hilus) with a normal curvilinear peripheral contours and homogenous parenchyma. Splenic vasculature appears normal with no evidence of thrombosis.

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Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. Several intrahepatic biliary stones are present. Hepatic vasculature is of normal volume with no evidence of congestion.

INVOICE

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The gall bladder lumen is difficult to visualize but is thought to be contracted. The cystic and common bile ducts are normal/not seen.

DATE

3/3/22

Gastrointestinal

The gastric lumen is 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



PATIENT

masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material.

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Pancreas

The pancreas is partially obscured by the gastrointestinal distention and diffuse abdominal pathology. In the visualized portions, no abnormalities are seen.

SPECIES

Feline

Lymph Nodes

(See Free Abdomen)

BREED

Free Abdomen

DLH

A moderate amount of free fluid is present. The mesentery throughout the abdomen is echogenic and nodular in appearance, with a 3.80 cm irregular mass effect in the midabdominal cavity.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The nodules seen throughout the abdomen are suspected to be mesenteric in origin. However, some may represent prominent lymph nodes. The changes are most concerning for carcinomatosis or feline infectious peritonitis.
- The left renal nodule/mass may represent a metastatic lesion, primary tumor, abscess, granuloma, other.

Secondary Findings

- Intrahepatic biliary stones – incidental. The prominent liver may be a normal variant for this patient or may be secondary to emerging hepatic lipidosis, inflammatory disease, or less likely, infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine-needle aspirates of the nodular mesentery and free abdominal fluid are recommended for cytologic evaluation. If cytology results are inconclusive, surgical mesenteric and left renal biopsies of the mesentery may be necessary to get a definitive diagnosis. Unfortunately, given the diffuse abdominal pathology, the prognosis for this patient is considered guarded.

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(Small Animal
Internal Medicine)

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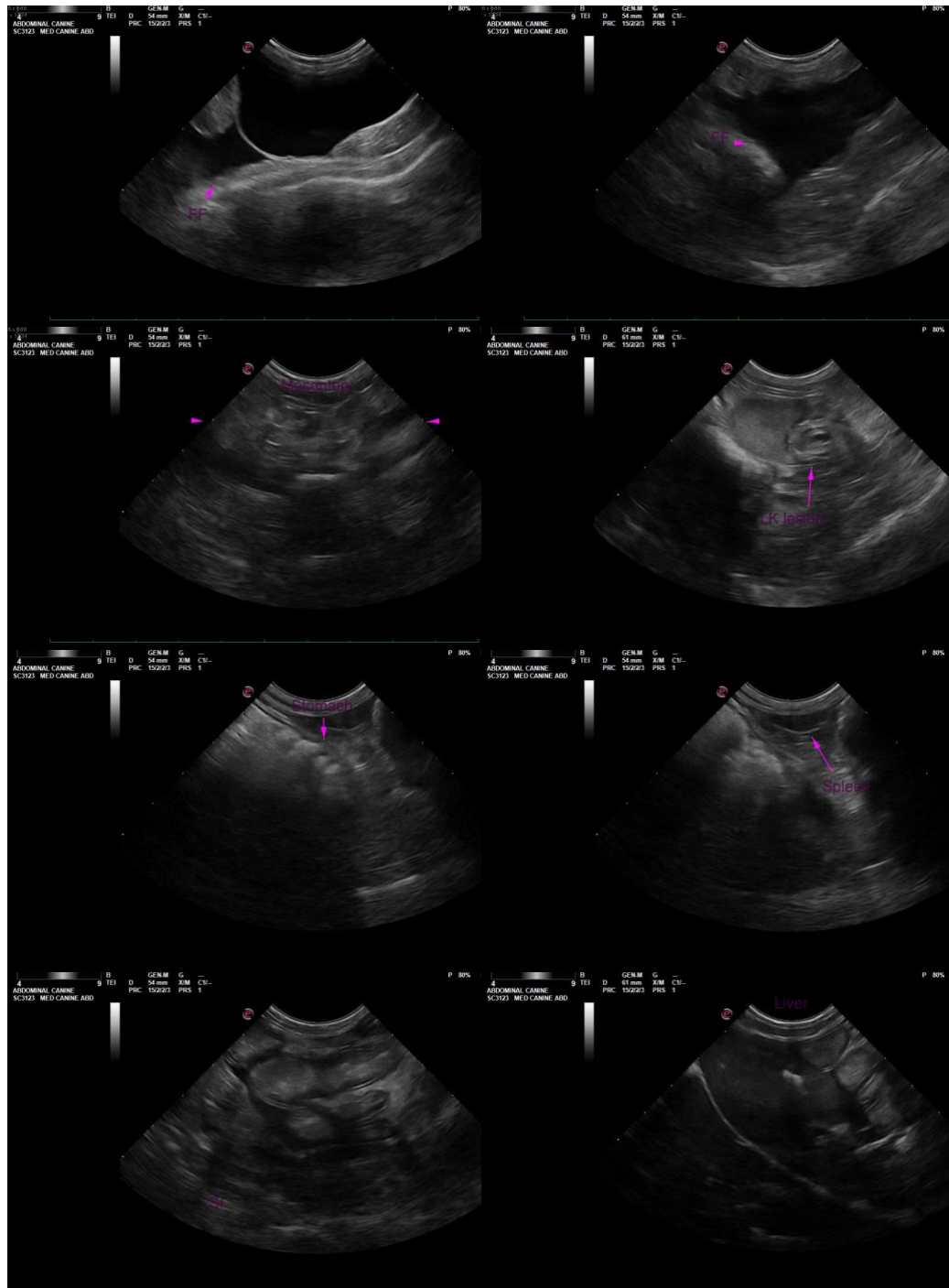
Dr. Crow

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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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Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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