



## PATIENT PRESENTING CLINICAL SIGNS

- Ceech Grieco
- P presented yesterday for constipation
  - represented tonight as a first time uto
- SPECIES**
- O noticed P was not urinating today
  - During fast scan noticed mass like abnormality

Feline

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: Neu: 10.35 (H)

## BREED

DSH

## SEX

Male

## AGE

17

## WEIGHT

14.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Catherine Walsh

## HOSPITAL NAME

Greater Staten Island  
Vet Svc

## REFERRING VET

Catherine Walsh

## INVOICE

22649

## DATE

3-5-26

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately-distended. A 0.62 cm nodule is arising from the mucosa at the ventroapical aspect. In addition, a 0.62 cm nodule is arising from the mucosa along the dorsal aspect. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. A Foley catheter is observed within the lumen. The region of the trigone is normal.

The left 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 moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is subjectively normal in size with a normal shape, architecture and smooth peripheral margins. 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.

### Adrenal Glands

No images provided.

### Spleen

The spleen is normal in size (0.70 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 enlarged, with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. A 5.4 x 3.6 cm irregular, heterogenous, multiseptated cystic mass is observed at the caudal aspect. In addition, a 1.0 cm multiseptated cystic nodule is observed near the diaphragm. Hepatic vasculature and intrahepatic 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/not seen.

### Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

### 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.



## PATIENT

### **Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

Cheech Grieco

## SPECIES

### **Free Abdomen**

There is no obvious evidence of free fluid.

Feline

## ULTRASONOGRAPHIC FINDINGS

## BREED

### **Primary Findings**

DSH

- Large cystic hepatic mass. Biliary cystadenoma or biliary cystadenoma are the top differentials. A smaller cystic hepatic nodule is also seen adjacent to the diaphragm. Differentials are the same as for the larger mass.

## SEX

Male

- The urinary bladder wall nodules could be consistent with polypoid cystitis, or less likely emerging neoplasia.

## AGE

### **Secondary Findings**

17

- Bilateral nonspecific age-related renal changes

## WEIGHT

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

14.6 lbs

## INTERPRETED BY

\*\*An obvious cause for the patient's urinary tract obstruction is not definitively identified in this study. Considerations include mechanical obstruction (i.e., secondary to grit, tiny calculi (none seen), neoplasia, neurologic disease, other.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hepatic mass, consider the following:
  1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
  2. Consultation with a board-certified surgeon to discuss mass removal or debulking. An abdominal CT scan would be useful in presurgical planning.
  3. If surgery is not pursued, palliative care is recommended as needed.
- Regarding the urinary tract obstruction, consider the following:
  1. Urine culture and sensitivity
  2. Neurologic examination (if not already performed)
  3. Cystotomy with removal of any grit/calculi (if present), and biopsies of any thickened portions of the bladder wall. A lower urinary tract contrast study would be useful prior to any surgery to assess for urethral pathology.



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Cheech Grieco

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**SEX**

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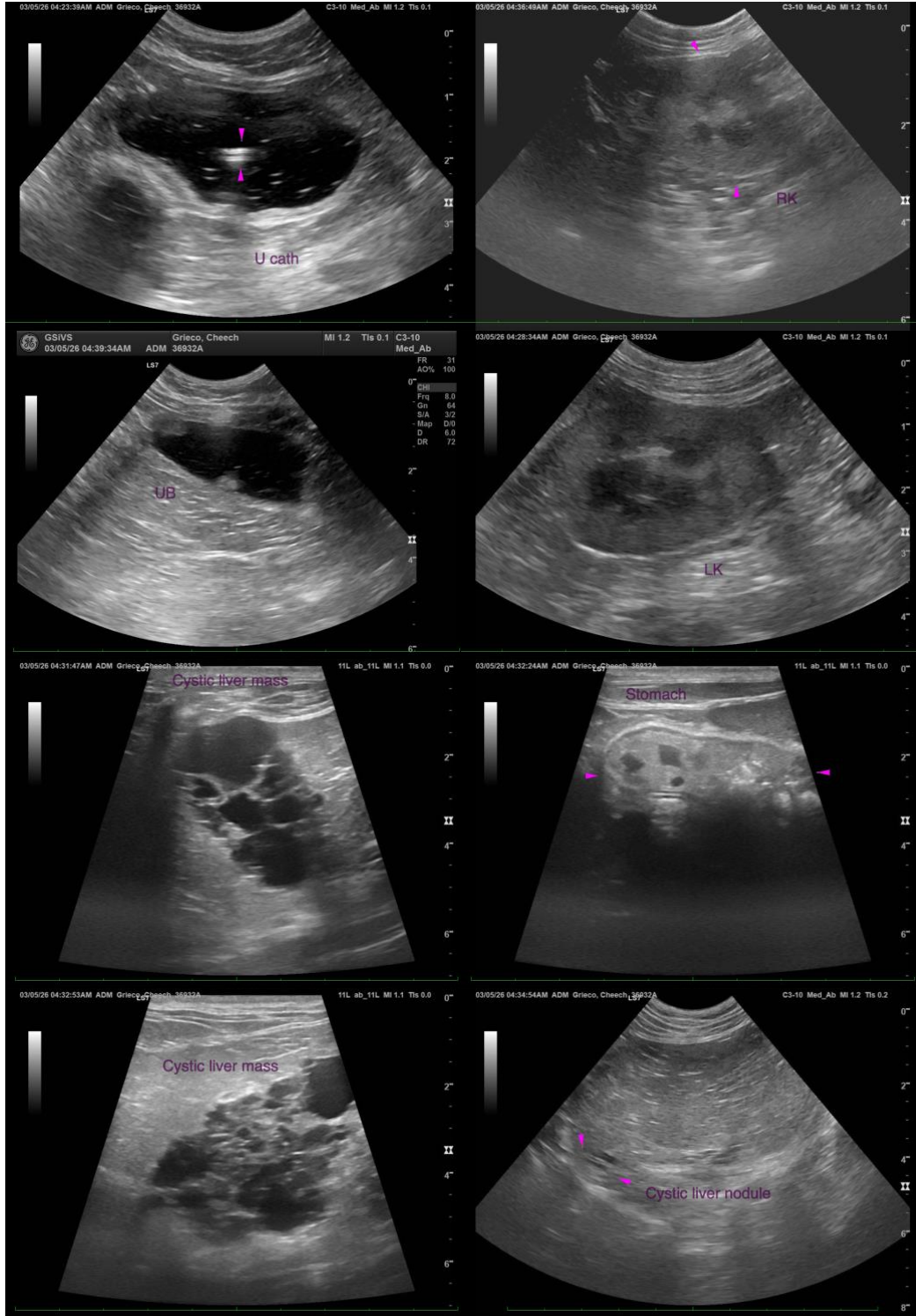
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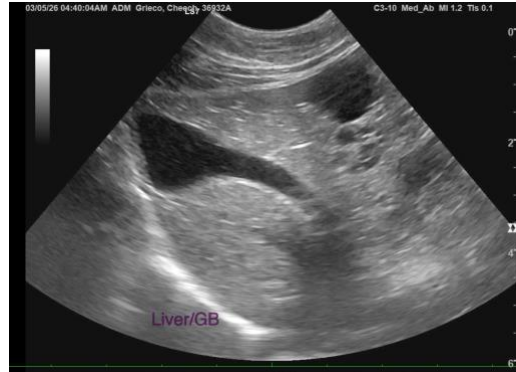
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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