

**PATIENT**

Morton Jeral

**PRESENTING CLINICAL SIGNS**

History: Weight loss, lethargy, anorexia

**SPECIES**

Feline

Lab-work: USG 1.042, 2+ proteinuria, inactive sediment. CBC chem unremarkable. T4 normal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

**SEX**

Spayed Female

The left kidney is normal in size (4.02 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

2009

The right kidney is normal in size (3.90 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

7.8 lbs

**Adrenal Glands**

The left adrenal gland is normal in size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

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

**Spleen**

The spleen is enlarged (1.24 cm in width at the level of the hilus) with a swollen, undulating medial contour and rounding at the poles. The parenchyma is subjectively hypoechoic and homogenous. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

**IMAGING PERFORMED BY**

Rebekah Jakum

**Liver**

The liver is subjectively enlarged with swollen, slightly irregular peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen, with numerous, varying-sized coalescing nodules throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**HOSPITAL NAME**

Maple Hills VH

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of partially dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**REFERRING VET**

Banzhof

**Gastrointestinal**

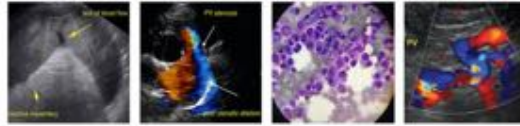
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal 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.

**INVOICE**

12354

**DATE**

3.8.23



**PATIENT**

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**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.

**SPECIES**

Feline

**Free Abdomen**

The mesentery throughout the abdomen is hyperechoic and slightly nodular in appearance. A moderate amount of anechoic free fluid is present. The abdominal lymph nodes are normal/not visible.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

**Findings**

**SEX**

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- The hepatic parenchymal changes are more concerning for infiltrative neoplasia (i.e., lymphoma). However, a benign process (i.e., inflammatory disease) +/- hepatic lipodosis or other hepatopathy cannot be completely excluded.
- The splenic changes are also concerning for a infiltrative neoplasia, with a lower possibility of a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation).
- Diffuse peritonitis is present, which is likely secondary to hepatic or splenic pathology.
- The nodular mesentery may be reactive or may represent infiltrative disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pathology in the chest.
- Fine-needle aspirates of the liver and spleen are recommended (if clotting status is appropriate). Twenty-five gauge-needles should be used. Submission of the abdominal fluid for analysis and cytology evaluation is also a consideration. If the cytology results are inconclusive, a more comprehensive work-up (i.e., PARR, biopsies) may be necessary to get a definitive diagnosis.

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**HOSPITAL NAME**

Maple Hills VH

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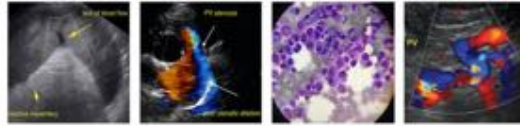


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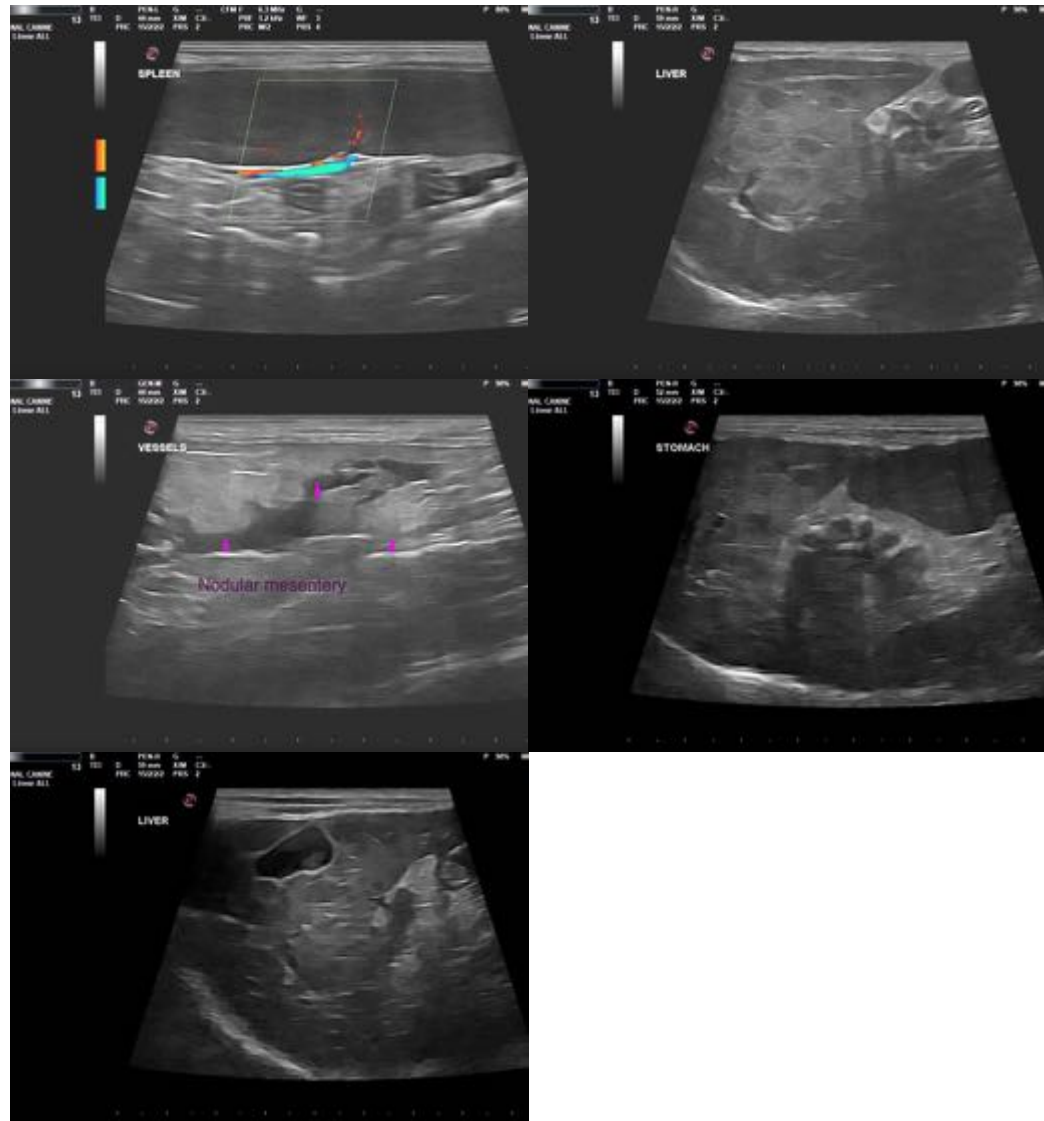
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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