



PATIENT

Contessa Holland

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho

REFERRING VET

Slisk Vet

INVOICE

13589

DATE

3/9/26

PRESENTING CLINICAL SIGNS

History: radiographs taken at rDVM to assess for distended abdomen - sent to emergency for ultrasound.

Abnormal PE/Chem/CBC/UA Results: no diagnostics back by time of ultrasound, fluid analysis pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is mildly thickened (up to 0.31 cm) with a slightly irregular mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.93 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. Renal vasculature is normal.

The right kidney is normal in size (4.08 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 adrenal glands are observed by the large mass affecting the abdomen.

Spleen

The spleen is normal in size (0.62 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 prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. On the left side, a 1.1 cm multi-septated cystic nodule is seen. See also *Other*.

The gall bladder is not definitively visualized in the available images.

Gastrointestinal

The stomach is obscure by the mass effect. The visible small intestinal segments are not overtly dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is no obvious evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

See *Other*.

Free Abdomen



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The mesentery throughout the abdomen is hyperechoic to heterogeneous and nodular in appearance. A large amount of echogenic free fluid is present.

Other

A >11 cm ill-defined heterogeneous mass effect is observed throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

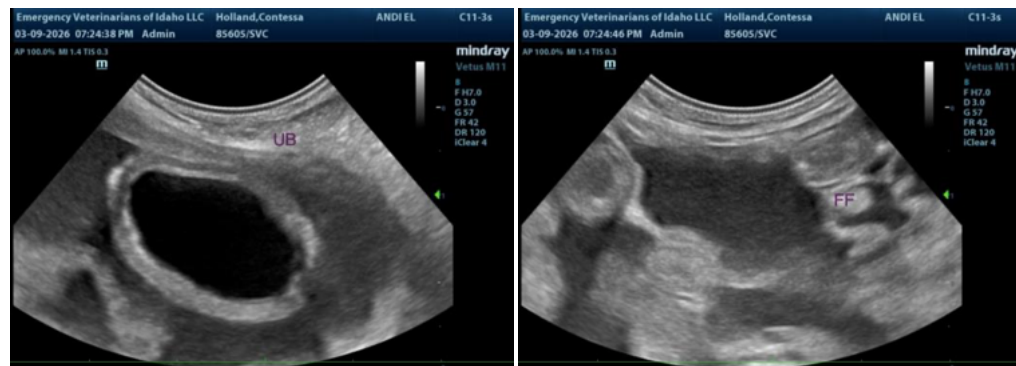
- Large mass effect extending throughout the abdominal cavity, the origin of which is unclear. It may be arising from the liver, mesentery, lymph node, other. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is strongly suspected.
- The diffuse mesenteric changes could be consistent with infiltrative neoplasia (i.e., carcinomatosis) or reactive change.
- Ascites, likely secondary to the abdominal mass
- Bilateral, non-specific age-related renal changes
- The diffuse hepatic parenchymal changes could be consistent with benign age-related remodeling, emerging hepatic lipidosis, inflammatory disease, infiltrative neoplasia, other. The multi-septated cystic hepatic nodule could be consistent with biliary cystadenoma or biliary cystadenocarcinoma.

Secondary Findings:

- The urinary bladder wall changes are suggestive of cystitis. However, correlation with the patient's urinalysis and clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If fluid cytology is inconclusive, consider fine needle aspiration of the abdominal mass (assuming normal clotting status). Depending on results, consultation with a board-certified oncologist and/or surgeon may be warranted.





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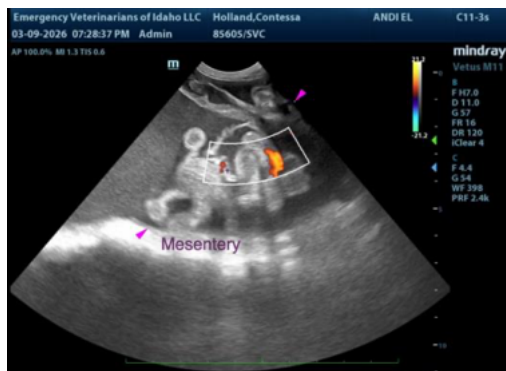
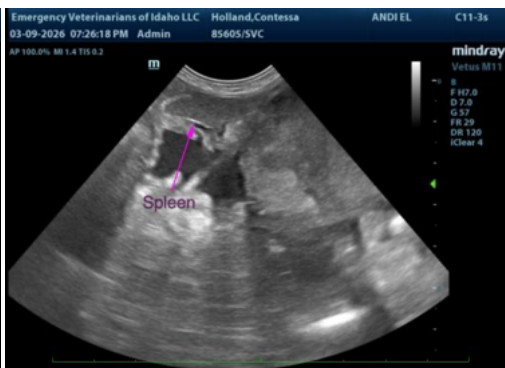
Slsk Vet

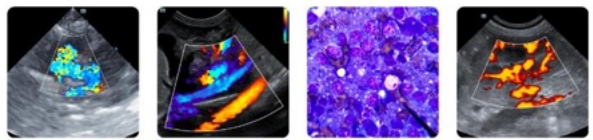
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com