



PATIENT PRESENTING CLINICAL SIGNS

Dona Bramante
Clinical Exam Findings: Has asthma and is on prednisolone. Has a history of mammary adenocarcinoma. In a prior ultrasound (in 2021), there was a spot on the liver. Dona was seen at the ER for straining and having a streak of blood in her bowel movement. Stool is firm/dry but not loose. She also intermittently vomits and this has been chronic but worsening over time. She seems to feel lethargic/off. Radiographs at ER showed empty colon per report

SPECIES

Feline

PE NSF

-If not on meds (gabapentin and miralax) that ER prescribed the problem reoccurs

BREED

DSH

Abnormal lab-work values:

1. Dona has mild non-specific changes
 - a. Mild anemia, likely from a chronic underlying disease
 - b. Leukocytosis (increased white blood cells)

SEX

Emailed lab results

Spayed Female

Current Medications: Miralax, 50mg Gabapentin BID

Radiographic Findings: Colon empty at ER-rads unavailable

AGE

09/14/2010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.22 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. A small cortical cyst is observed at the caudal pole. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.66 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.67 cm width) with a slightly irregular shape. There is normal glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is subjectively enlarged with irregular peripheral contours. A 1.60 cm irregular hypoechoic to slightly heterogenous mass is adjacent to or arising from the medial aspect, near the hilus. In the main portion of the spleen, the parenchyma is subjectively hypoechoic and subtly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

INVOICE Liver

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The liver is subjectively enlarged with irregular peripheral contours. A >4.00 cm irregular heterogenous mass is observed on the right side. In the remainder of the liver, the parenchyma is isoechoic relative to the

DATE

4.13.23

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Coastal VC

REFERRING VET

Dr. Finan



PATIENT	spleen and homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.
Dona Bramante	The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.
SPECIES	Gastrointestinal
Feline	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 is normal to mildly thickened (up to 0.40 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.
BREED	
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SEX	Pancreas
Spayed Female	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.
AGE	Free Abdomen
09/14/2010	The mesentery throughout the abdomen is hyperechoic and nodular in appearance. A large amount of echogenic free fluid is present. A 1.50 cm hypoechoic nodule is observed dorsal to the urinary bladder. The abdominal lymph nodes are normal/not visible.
WEIGHT	Other
9 lbs	A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. There is no obvious evidence of pleural effusion in the visible window.
ULTRASONOGRAPHIC FINDINGS	
INTERPRETED BY	Primary Findings
Andrea Nicastro, DVM, Diplomate ACVIM (<i>Small Animal Internal Medicine</i>)	<ul style="list-style-type: none"> • Large hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is suspected with a lower possibility of a non-neoplastic process (i.e., focal inflammatory disease, granuloma). • Mass arising from or adjacent to the medial aspect of the spleen. A metastatic lesion is suspected, with a lower possibility of a benign process. • The diffuse mesenteric changes are concerning for carcinomatosis. However, reactive change cannot be excluded. • The nodule in the caudal abdomen is also concerning for a metastatic lesion. • Ascites
IMAGING PERFORMED BY	Secondary Findings
Andrea Nicastro, DVM, Diplomate ACVIM (<i>Small Animal Internal Medicine</i>)	<ul style="list-style-type: none"> • Mild bilateral chronic age-related renal changes • Urinary bladder debris • The mild right adrenomegaly could be consistent with hyperplasia, normal variation, stress, or less likely, an emerging tumor.
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- The small intestinal wall changes are suggestive of inflammatory bowel disease with some potential for emerging lymphoma.

SPECIES

Feline

A fine-needle aspirate of the abdominal fluid was obtained at the end of this study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Depending on the abdominal fluid cytology results, further workup (i.e., biopsies of the liver and splenic mass +/- consultation with a board-certified oncologist) can be considered. However, given the likelihood of metastatic neoplasia, palliative care should be considered in lieu invasive diagnostics.

SEX

Spayed Female

AGE

09/14/2010

WEIGHT

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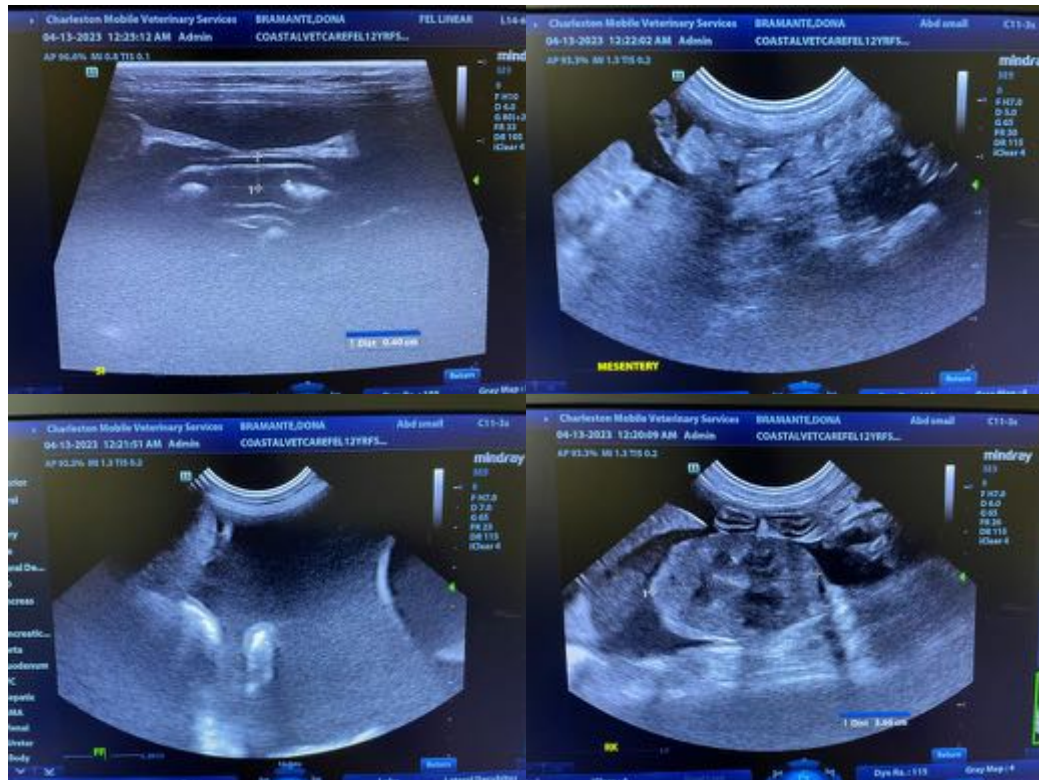
Dr. Finan

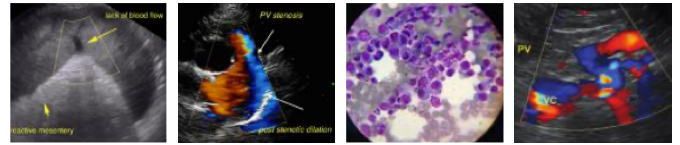
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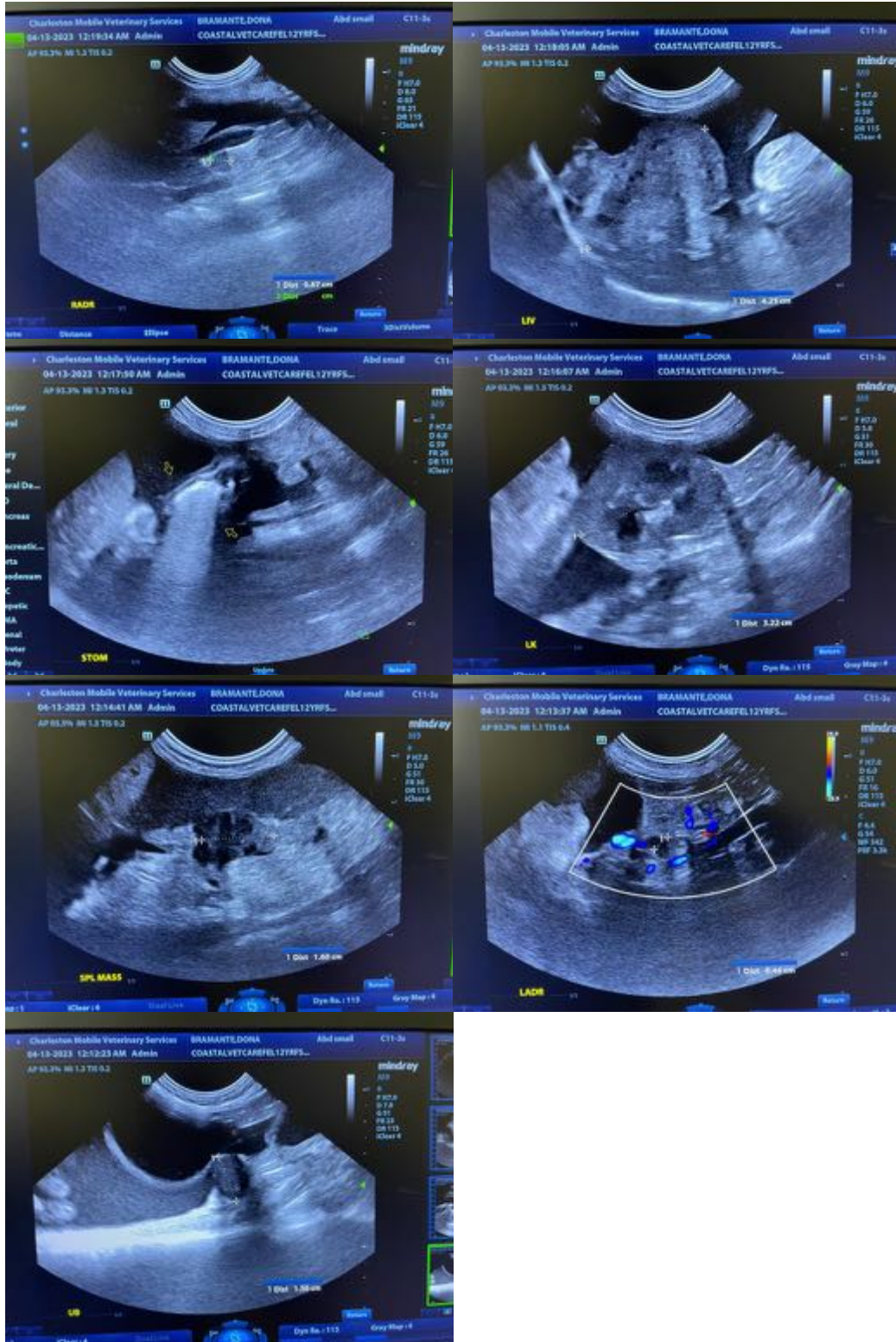
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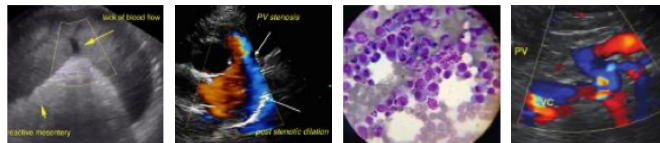
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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

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