**DATE PRESENTING CLINICAL SIGNS**

4/17/23

Intermittent vomiting for 2 weeks, decreased appetite. Abdominal radiographs showed concern for mid-abdominal mass effect caudal to gastric axis.

PATIENT

Sydney Garshell

Current Medications: Cerenia, SQF.

Lab Results: Mild electrolyte changes likely due to GI signs and otherwise unremarkable.

Radiographs: Abdominal mass effect.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

2/20/2011

WEIGHT

10.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

North Laurel AH

REFERRING VET

Dr. Nelson

INVOICE

14812

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (3.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

An approximately 3.5 cm irregular, isoechoic mass is arising from the parenchyma, approximately mid-spleen. The mass causes capsular expansion. The mesentery effacing the serosal surface of the mass is hyperechoic. In the remainder of the spleen, the margins are slightly irregular and the parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is moderately fluid distended. The fluid contains echogenic debris. 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. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed adjacent to the spleen. The abdominal lymph nodes are normal/not visible.

Other

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

Primary Findings:

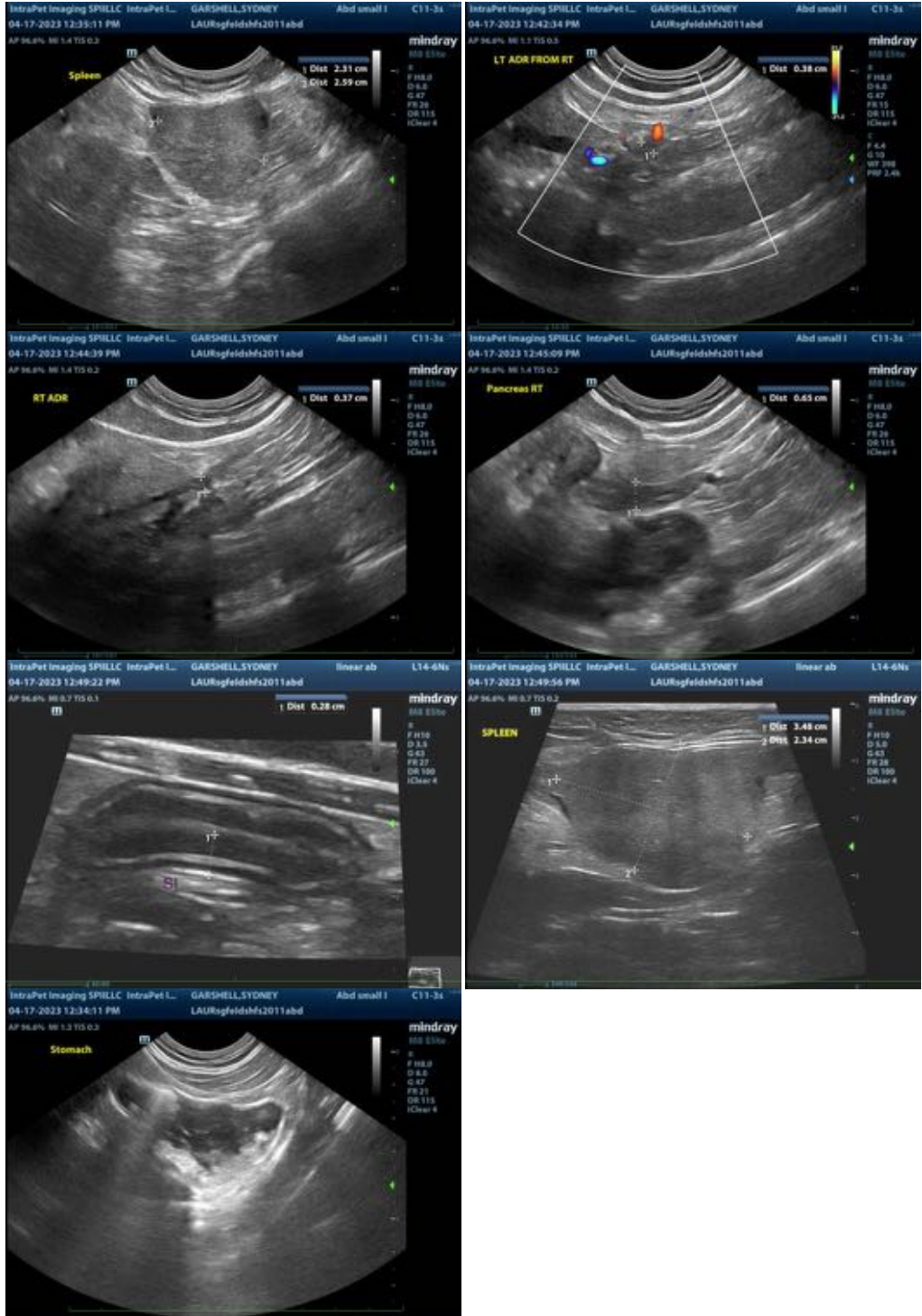
- Splenic mass. Neoplasia (i.e., round cell tumor) is of primary concern with a lower possibility of a more benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis). Adjacent peritonitis is present.

Secondary Findings:

- Bilateral, chronic age-related renal changes.
- Minor age-related pancreatic remodeling.
- The hepatic parenchymal changes may be a normal variant for this patient or may be secondary to hepatic lipidosis, inflammatory disease, emerging neoplasia, other hepatopathy. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the spleen is recommended, if clotting status is appropriate. A 25 gauge needle should be used. Depending on the cytology results, further testing may be warranted.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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