



PATIENT

Snickers Cross

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

07/01/2008

WEIGHT

13.7

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Meadowlawn Loris

REFERRING VET

Dr Phillip Graham

INVOICE

22880

DATE

4-17-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient with long history of cardiomegaly (minimal changes on Echo in August 2025)
- Stable Hypertension
- Osteoarthritis
- Increased fat shadow in the lungs
- Few months intermittent epistaxis
- Recent onset abdominal distension documented with POCUS as fluid

Abnormal lab-work values: Nonregenerative anemia - chronic onset. Stable CKD. Osteoarthritis
Current Medications: Amlodipine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly- to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is small in size (2.89 cm in length) with an irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.39 cm in the transverse plane). There are questionable cortical infarcts. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.89 cm in length) with an irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There are questionable cortical infarcts. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged with smooth peripheral contours. A 2.01 x 0.56 cm hypoechoic, expansile macronodule/mass is observed within the parenchyma. Smaller hypoechoic nodules are also suspected. Spleen appears normal with no obvious evidence of thrombosis. (See also "Other" category).

Liver

The liver is prominent-in-size with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. On the right side, a 3.21 x 1.8 cm hypoechoic area/swelling/mass is visualized. The remaining parenchyma is relatively homoge. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal



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layering pattern. The pyloric outflow tract is patent. 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
(See "Other" category).

Lymph Nodes
(See "Other" category).

Free Abdomen
The omentum throughout the abdomen is hyperechoic and irregular. A large amount of slightly echogenic free fluid is present.

Other
In the midabdominal cavity, an ill-defined heterogenous mass effect is visualized. Hyperechoic areas are observed within and around the mass.

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large midabdominal mass, the origin of which is unclear. It may be arising from omentum, spleen, pancreas, lymph node, other. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is strongly suspected, with a low possibility of a non-neoplastic process.
- Splenic mass with smaller nodules. Again, neoplasia is strongly suspected, with a lower possibility of benign pathology.
- The diffuse omental changes are concerning for carcinomatosis, with a lower possibility of reactive change.
- The hypoechoic hepatic swelling/mass on the right side could be consistent with a metastatic lesion, inflammatory focus, area of necrosis, other.
- Ascites

Secondary Findings

- Bilateral nonspecific age-related renal changes with pyelectasia and possible left cortical infarcts. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), fluid therapy (if applicable), or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspiration of the abdominal fluid and/or abdominal mass (assuming normal clotting status). Twenty-five gauge-needles should be used. Depending on the results, consultation with a board-certified oncologist and/or surgeon can be considered. An abdominal CT scan would be useful to further evaluate the origin and extent of the abdominal mass.



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- If further testing is not pursued, palliative care (i.e., therapeutic abdominocentesis and other supportive measures) can be considered.

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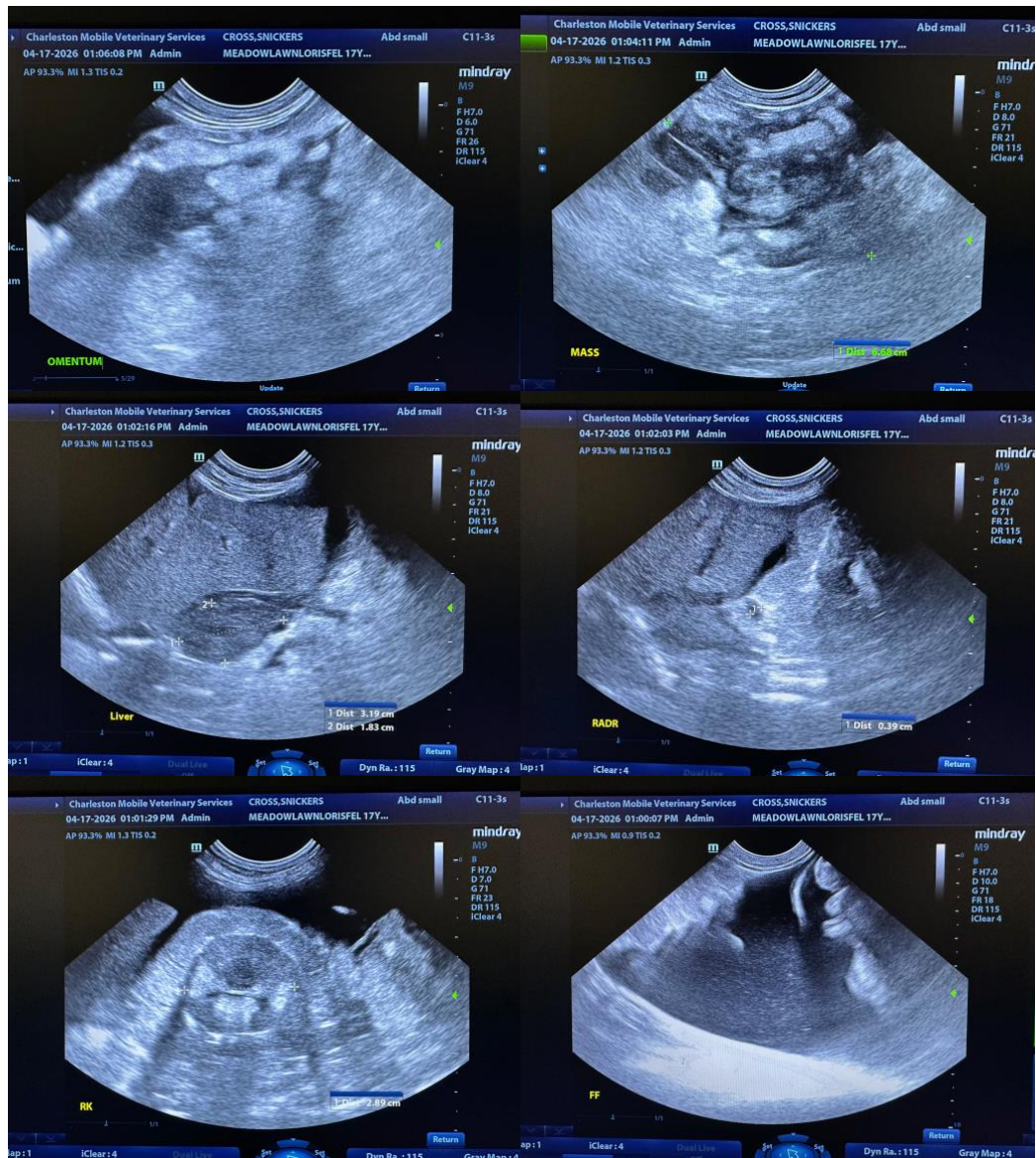
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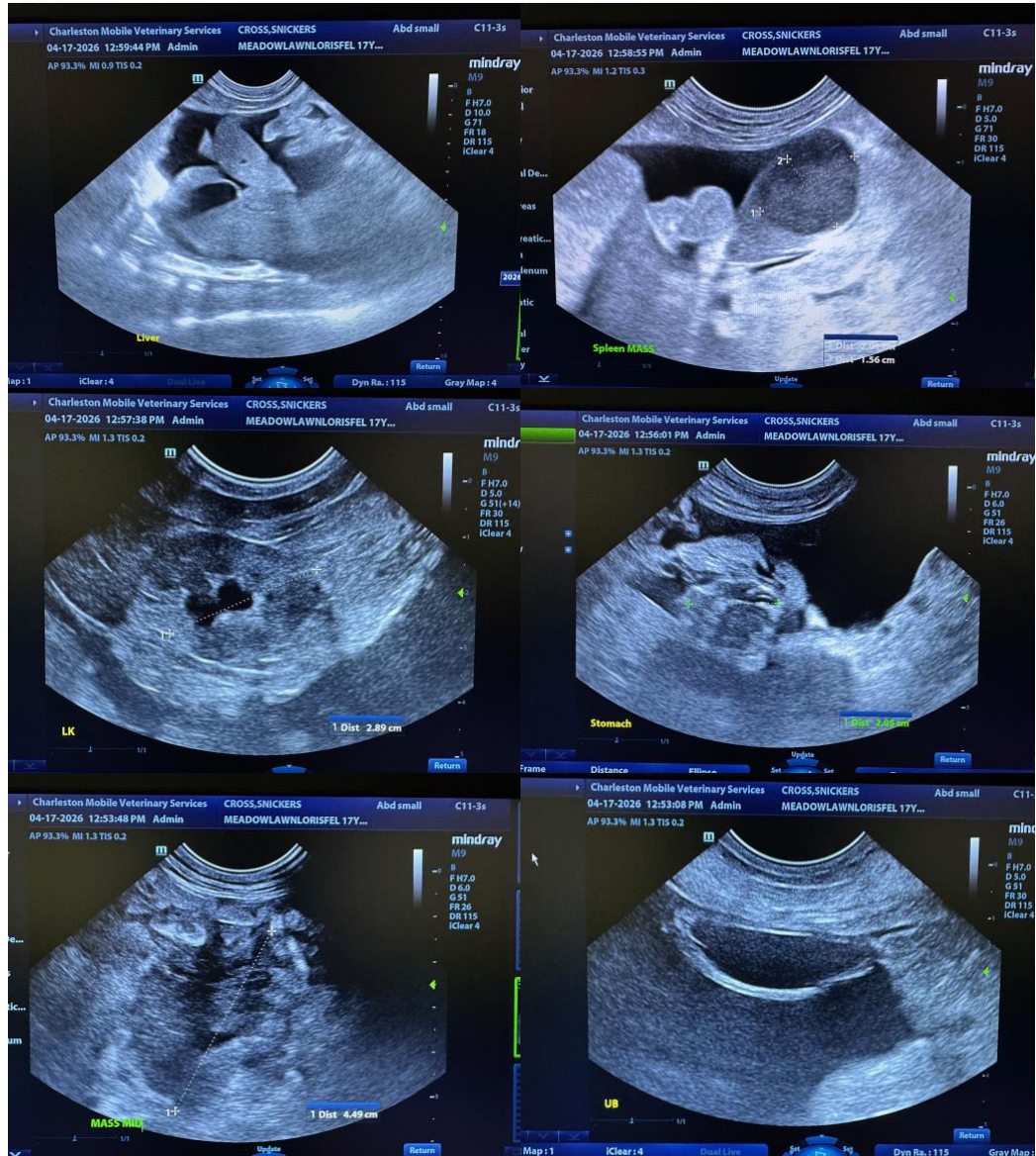
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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