



DATE PRESENTING CLINICAL SIGNS

4/20/26 **Patient History:** Distended abdomen, not eating well.

PATIENT Current Medications: None listed.

Mew Gregory

Labwork Results: Labwork not submitted. Reported as BUN 152, Creat 6.6, WBC 50.7.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

Imaging Performed by: Andi Parkinson RDMS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic shorthair

Urinary System

The urinary bladder is mildly distended. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. A 0.45 cm stone vs aggregation of mineralized sand is observed within the lumen. The remaining luminal contents are mostly anechoic. The region of the trigone is normal. A small amount of mineralized sand +/- tiny calculus is observed in the proximal urethra. The urethral lumen is not overtly dilated.

SEX

Female, spayed

AGE

7/1/2017

The left kidney is enlarged (5.68 cm in length) with swollen peripheral contours. The cortex is variably thickened with moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.28 cm in the transverse plane). There is no evidence of nephroliths or hydronephrosis. Renal vasculature is normal. Trace subcapsular fluid is present. Perirenal fat is hyperechoic.

WEIGHT

12 lbs.

The right kidney is enlarged (5.71 cm in length) with swollen peripheral contours. The cortex is variably thickened with moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.21 cm in the longitudinal plane). There is no evidence of nephroliths or hydronephrosis. Renal vasculature is normal. Trace subcapsular fluid is present. Perirenal fat is hyperechoic. A small amount of retroperitoneal fluid is observed.

INTERPRETED BY

Andrea Nicastro, DVM,
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Adrenal Glands

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

HOSPITAL NAME

Beltway AH

The right adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Smith

Spleen

The spleen is normal in size (0.59 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.

INVOICE

13663

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder 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 majority of the fundic wall is severely thickened (up to 1.27 cm) with loss of the normal layering pattern. The mesentery effacing the serosal surface of the stomach is hyperechoic. 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

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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Trace retroperitoneal fluid is observed.

Other

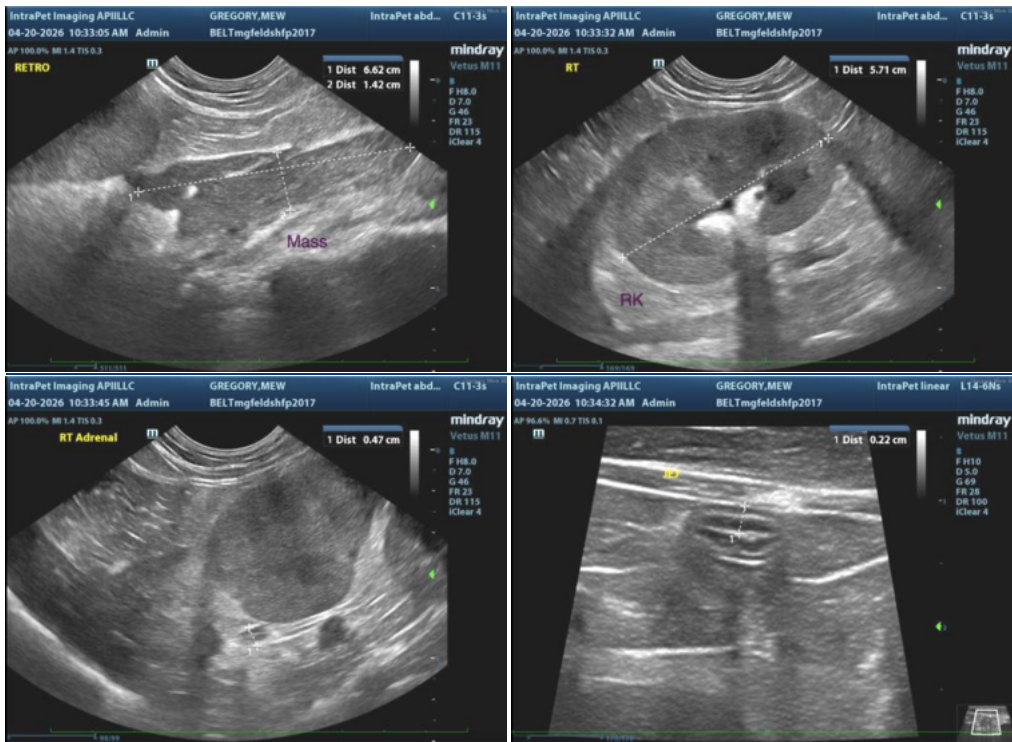
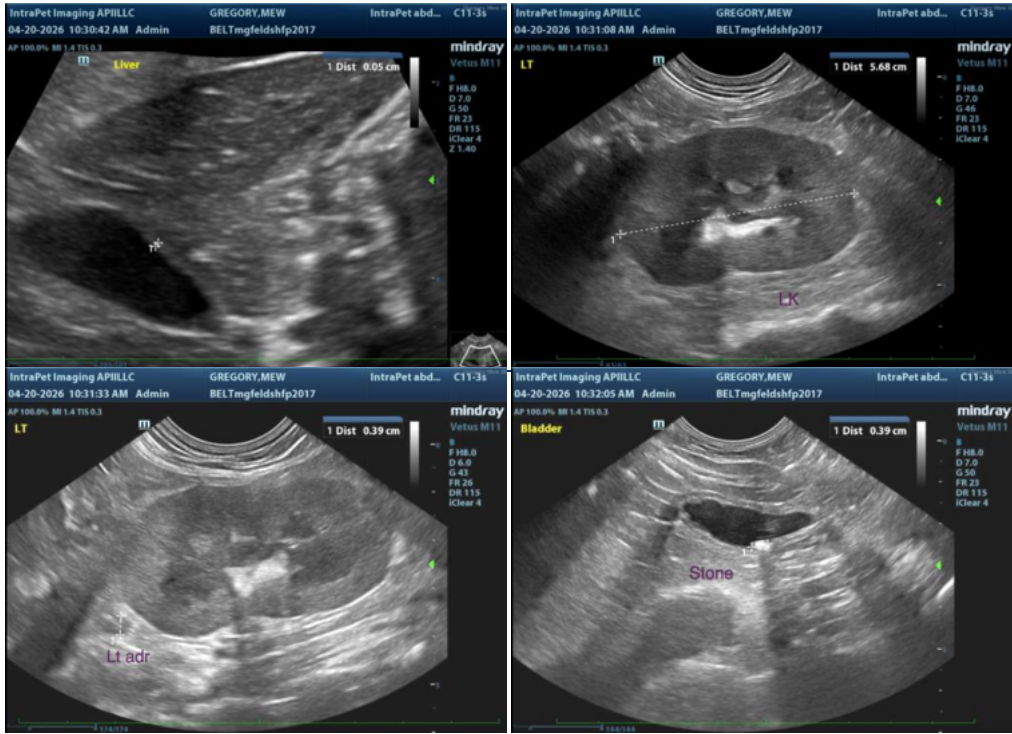
In the caudal retroperitoneal space, a 6.9 x 1.9 cm irregular hypoechoic to slightly heterogeneous mass effect is visualized. Surrounding mesentery is hyperechoic.

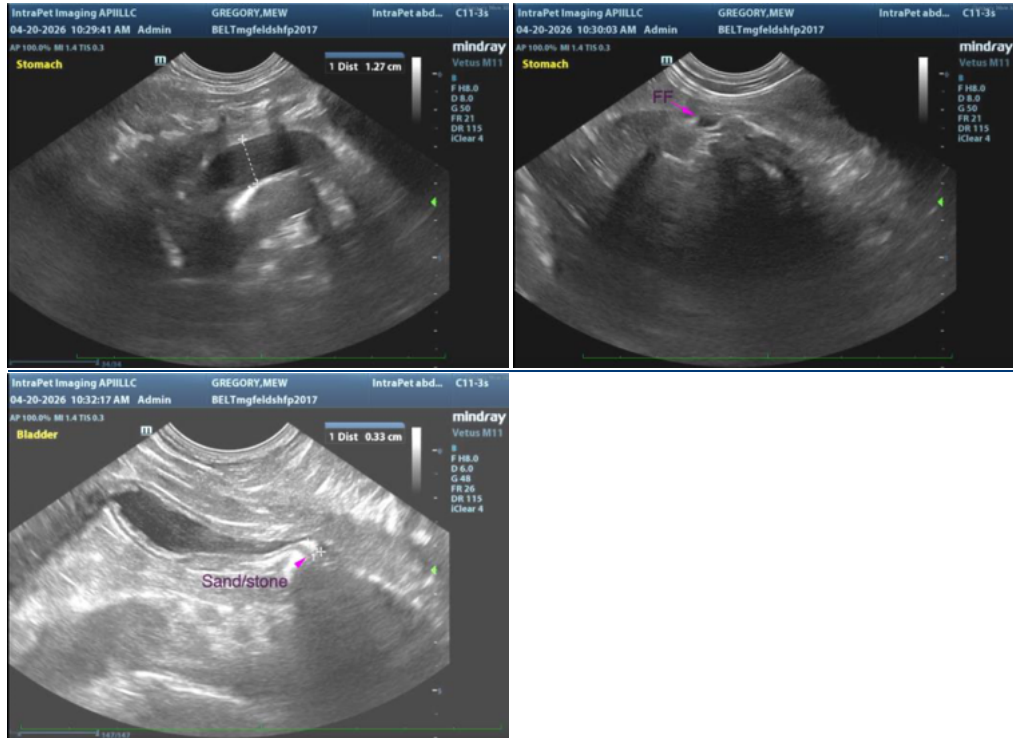
ULTRASONOGRAPHIC FINDINGS

- The gastric wall thickening is most concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of a severe inflammatory process (i.e., gastritis). Adjacent peritonitis is present.
- The bilateral renal changes are also concerning for infiltrative neoplasia (i.e., lymphoma). Other considerations include interstitial nephritis, pyelonephritis, feline infectious peritonitis, other.
- Mass effect in the mid to caudal retroperitoneal space. Considerations include neoplasia (i.e., round cell tumor), inflammatory focus, other.
- Diffuse retroperitonitis
- Urinary bladder sand and/or tiny calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Feline leukemia, FIV and FIP testing are recommended (if not already performed).
2. Three-view thoracic radiographs should also be considered to assess for occult pathology in the chest.
3. Consider fine needle aspiration of the thickened gastric wall, kidneys +/- retroperitoneal mass effect (assuming normal clotting status). 25-gauge needles should be used. Depending on results, consultation with a board-certified oncologist may be indicated.





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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