



## PATIENT PRESENTING CLINICAL SIGNS

**Athena Mendez** History: Patient presented to the hospital for enlarged abdomen since Tuesday and anorexia. Starting last week, patient also had decreased defecation and losing weight.  
Twenty-two still images and 8 video clips are available for interpretation.

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

14

## WEIGHT

9.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Paul Kim

## HOSPITAL NAME

Ridgefield Park AH

## REFERRING VET

Dr. Paul Kim

## INVOICE

22789

## DATE

4-4-26

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Two still images are available for interpretation. The urinary bladder is moderately-distended with anechoic urine. The wall is normal in thickness with a relatively smooth mucosal surface. No cystic calculi are observed.

Three still images are available for interpretation. The left kidney is normal in size (4.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.32 cm in length) with a normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

### Adrenal Glands

One still image is available for interpretation. The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

### Spleen

The spleen is overall enlarged, with swollen peripheral contours. A 2.5 x 1.9 cm heterogenous, slightly cavitated mass is observed at the cranial aspect. The remaining parenchyma is relatively homogenous in appearance.

### Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal

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 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.



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**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**SPECIES**

Feline

**Free Abdomen**

The mesentery throughout the abdomen is mildly hyperechoic. A moderate amount of anechoic free fluid is present.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**SEX**

Female Spayed

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected, with a lower possibility of a benign process (i.e., lymphoid hyperplasia or similar).

**AGE**

14

- Mild hepatomegaly

- Ascites. Considerations include increased vascular permeability, neoplastic effusion, low oncotic pressure (if applicable), increased hydrostatic pressure (if applicable), other.

**WEIGHT**

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**Secondary Findings**

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. Trace right pyelectasia is present.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider cytologic evaluation of the abdominal fluid. If inconclusive, consider a splenectomy with submission of the spleen for histopathology. Liver biopsies should also be obtained at the time of surgery.

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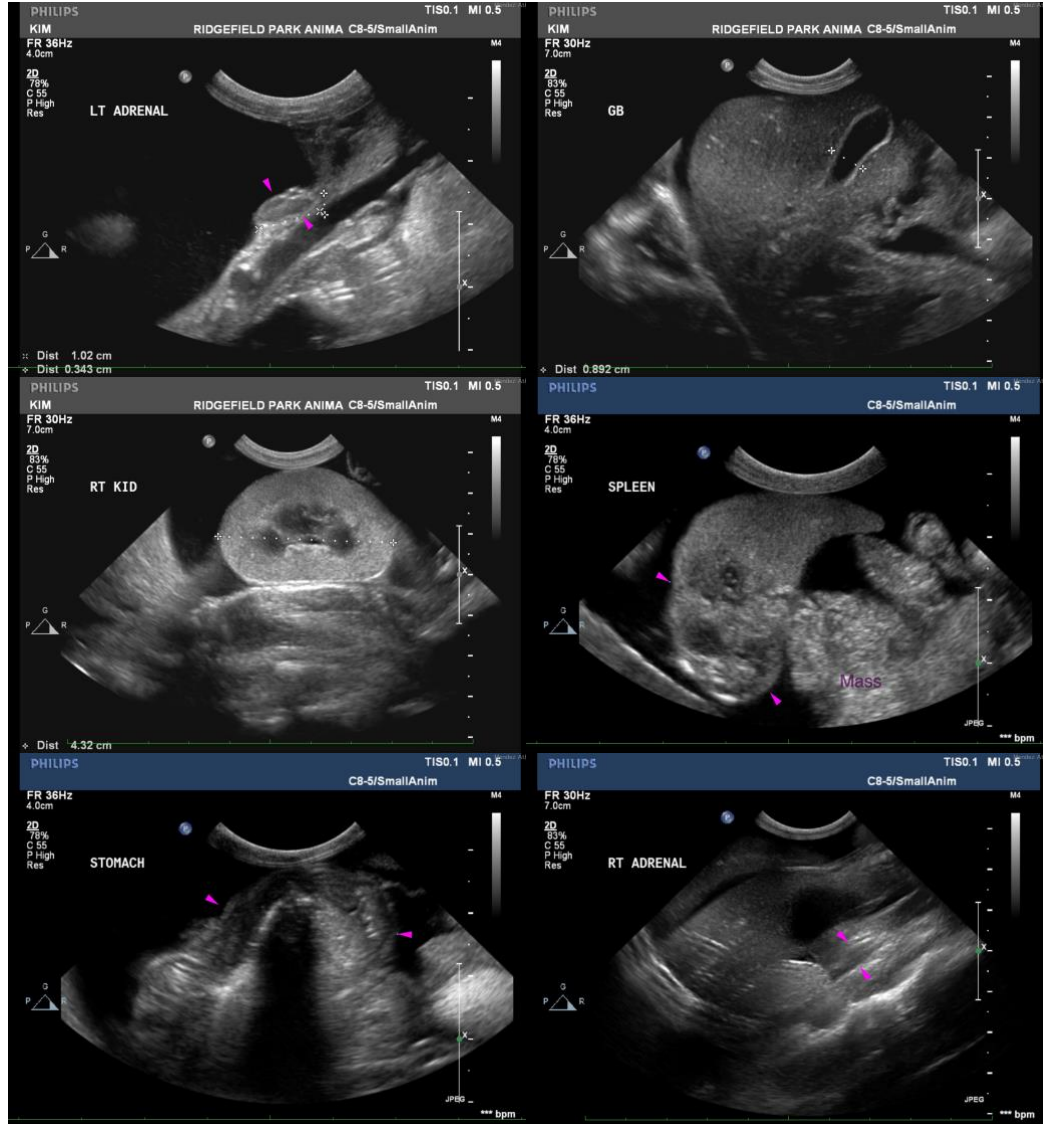
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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