

PATIENT PRESENTING CLINICAL SIGNS

Violet Frey

History: Firm non-painful intraabdominal mass found on physical exam yesterday; weight loss ~15% over past year. Intermittent inappropriate urination/defecation over the past few months. No vomiting observed though she has a history of chronic small intestinal diarrhea (since 2020). Owner is unsure of appetite change as pet free feeds and shares food with 2 other cats. Lean body condition; mild dehydration; generally appears normal otherwise on physical exam.

SPECIES

Feline

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: No recent lab-work performed. Current Medications Gabapentin 35 mg PO this AM prior to dropping off Primary Question/Differential to Be Answered in This Exam Source and nature of the abdominal mass--is this GI lymphoma? Mesenteric lymphadenopathy? A mass of a different origin?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female Spayed

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

AGE

7 years

The left kidney is normal in size (3.95 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

7.7 lbs

The right kidney is normal in size (3.41 cm in length) with a slightly irregular shape. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A cortical infarct is observed at the caudal pole. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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Adrenal Glands

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

IMAGING PERFORMED BY

Sara Hansen

Spleen

The spleen is normal in size (0.61 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.

HOSPITAL NAME

VCA Salem AH

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. No pathological hepatic lymphadenopathy observed.

REFERRING VET

Dr Allen

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.

INVOICE

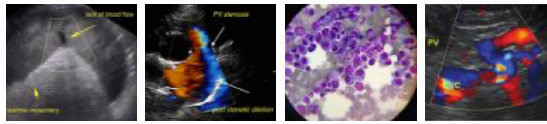
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Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern. One segment of small intestine is coursing through a midabdominal mass. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

DATE

4.6.23



PATIENT

Violet Frey

Pancreas

The left limb is visible/prominent with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

SPECIES

Feline

Free Abdomen

There is no obvious evidence of free fluid.

BREED

DSH

Lymph nodes

(See "Other" category).

SEX

Female Spayed

Other

A >6.00 cm irregular echogenic-to-heterogenous cavitated mass is observed in the mid- to caudal abdomen. A bowel loop appears to be coursing through the center of the mass. The mesentery effacing the serosal surface is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mid- to caudal abdominal mass, the origin of which is unclear. It is suspected to be arising from the mesenteric lymph nodes. However, a bowel or mesenteric origin cannot be completely excluded. Neoplasia (i.e., lymphoma) is suspected with a lower possibility of an inflammatory focus or other pathology. Mild adjacent peritonitis is present.

Secondary Findings

- Bilateral chronic renal changes with a right cortical infarct
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings 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 midabdominal mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If the cytology results are inconclusive, further diagnostics (i.e., PARR, biopsies) may be necessary to get a definitive diagnosis.
- Feline leukemia and FIV testing is also recommended (if not already performed).

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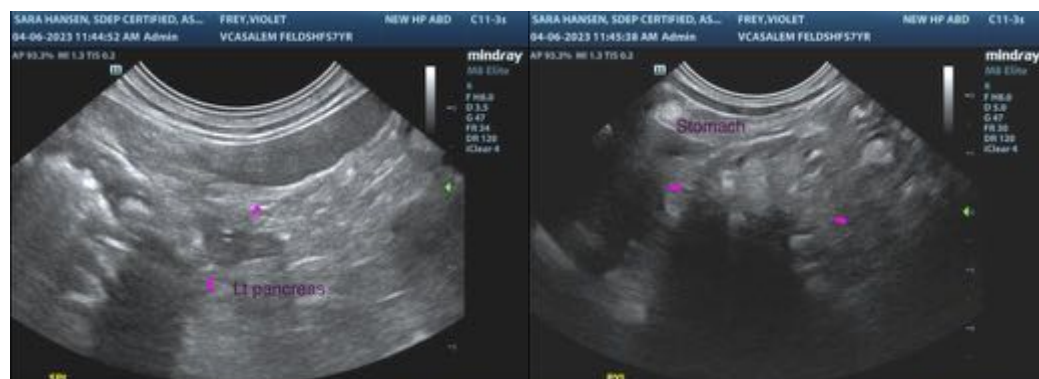
Dr Allen

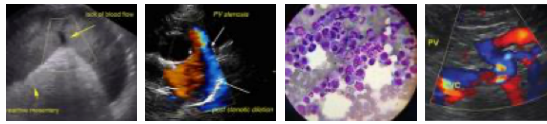
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PATIENT

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SPECIES

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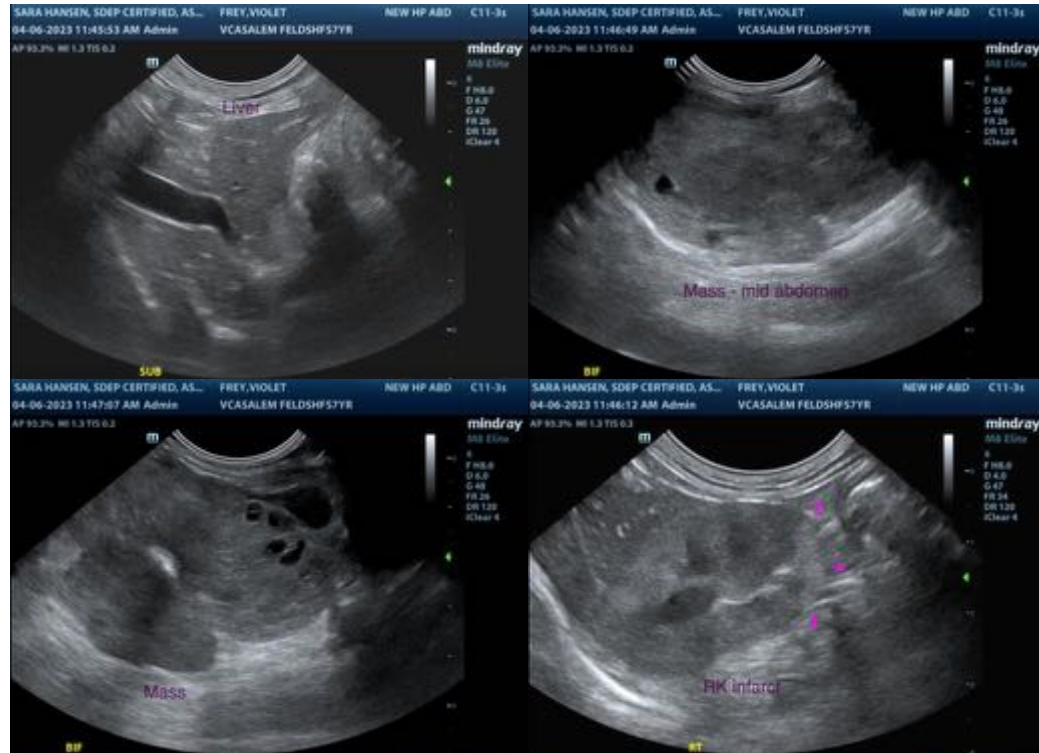
Female Spayed

AGE

7 years

WEIGHT

7.7 lbs



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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