



PATIENT PRESENTING CLINICAL SIGNS

Puma Estrada

- Cat was recently transitioned to a renal diet due to CKD stage 2 diagnosed in March
- Client says cat wouldn't eat the renal food, then stopped eating altogether. She does not think he has eaten in about 7 days.
- He has vomited a few times in the last week.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

11.04 lbs

Abnormal PE/Chem/CBC/UA Results: On presentation he is purring and weak. Blood pressure 86/54, TPR WNL, mm pale and dry, estimate 5-7% dehydrated. Palpable abdominal mass and mass effect on abdominal x-rays. All liver enzymes elevated (ALT 639, ALP 167, GGT 10, T. Bili 3.5), urine and serum icteric. Creatinine 2.5, SDMA 23, BUN 95, USG 1.014. PT WNL, PTT prolonged, client advised of risk of FNA and accepted, FNA of splenic mass performed, results pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.20 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.12 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal in size (4.66 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Christa Williams DVM DABVP

Adrenal Glands

The left adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Caravan Vet

The right adrenal gland is mildly enlarged (0.59 cm width) with swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is enlarged with irregular peripheral contours. A 2.2 x 1.8 cm heterogenous expansile mass is arising from the parenchyma. Several smaller hypoechoic- to heterogenous nodules are seen (the larger measuring 2.2 cm in its longest dimension). In the remainder of the spleen, the parenchyma is subtly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

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Liver

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen, and diffusely mottled, with numerous varying-sized, coalescing hypoechoic nodules throughout the organ. Hepatic vasculature and intrahepatic 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.



PATIENT *Gastrointestinal*

Puma Estrada

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness. There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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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.

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Free Abdomen

Trace free fluid is observed.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

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- Splenic mass effect with smaller nodules. Neoplasia (i.e., round cell tumor, sarcoma) is suspected, with a lower possibility of a benign process (i.e., lymphoid hyperplasia or similar).
- The hepatic parenchymal changes could be consistent with infiltrative neoplasia (i.e., round cell tumor), inflammatory disease, emerging hepatic lipidosis, and/or other hepatopathy.

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- Trace ascites

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Secondary Findings

- Gallbladder debris, non-mucocele
- Bilateral nonspecific age-related renal changes
- The mild right adrenomegaly may be secondary to stress, hyperplasia, or less likely, an emerging tumor.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Depending on the results from the splenic aspirate, consultation with a board-certified oncologist and/or surgeon may be warranted. If splenic cytology results are inconclusive, consider a splenectomy with submission of the spleen for histopathology, along with liver biopsies and aerobic and anaerobic bile cultures (if clotting status can be stabilized).

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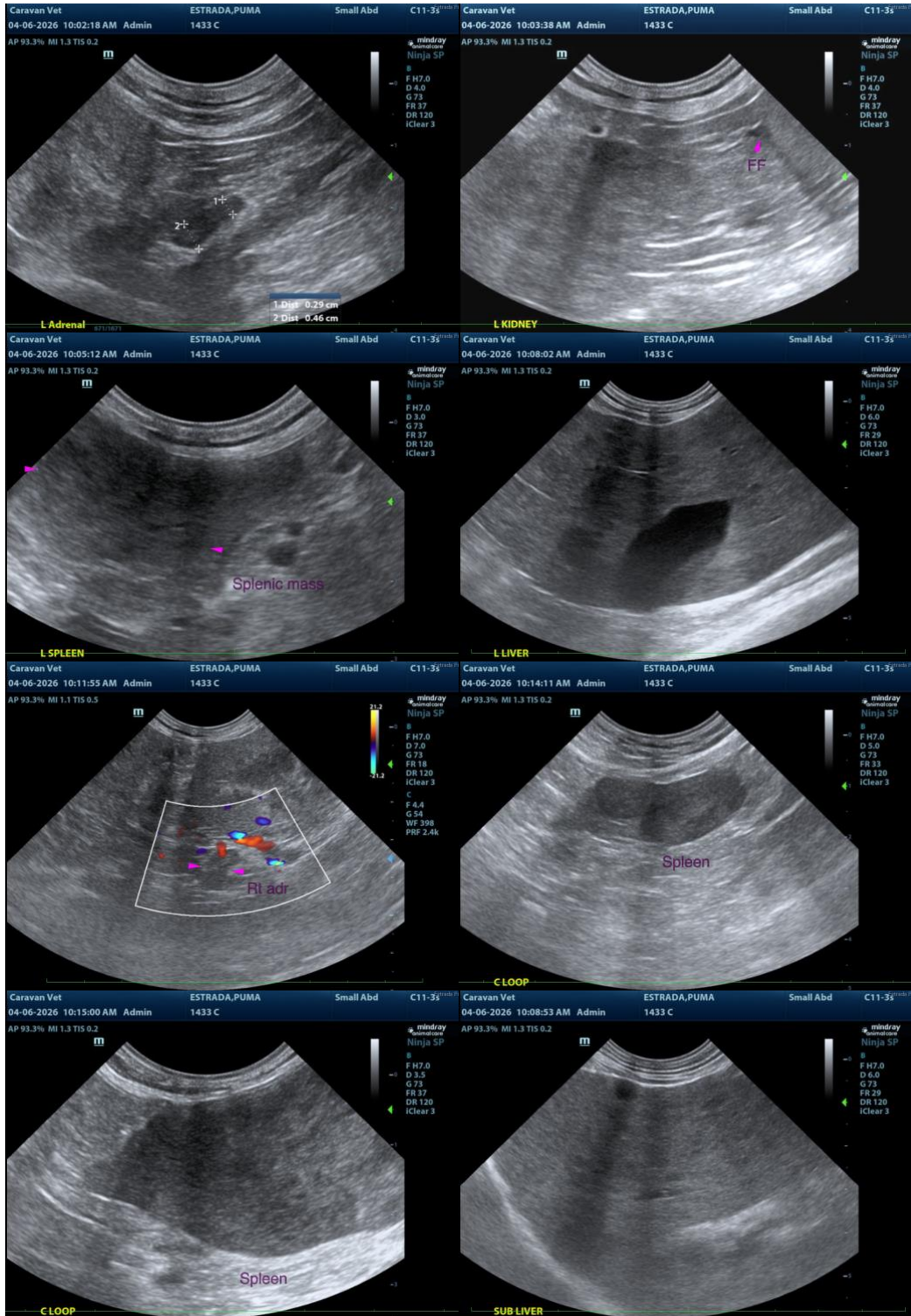
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PATIENT

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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.

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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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