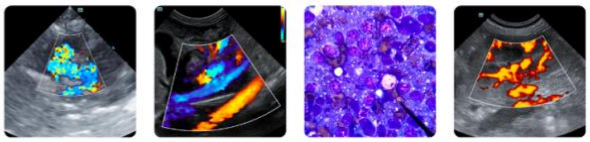




**PATIENT**

Scoops Miller

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14

**WEIGHT**

13.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

SK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

Dr DenHeyer

**INVOICE**

22960

**DATE**

5-1-26

## PRESENTING CLINICAL SIGNS

History: Weight loss, bloated abdomen, occasional vomiting and diarrhea, lethargic
Abnormal PE/Chem/CBC/UA Results: Palpated large mass on exam,

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder moderately distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of gravity-dependent mineralized sand is observed within the lumen, along with a small amount of suspended echogenic debris. The region of the trigone is normal.

The left kidney is prominent-in-size in size (4.80 cm in length) with a normal shape, architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.84 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal size (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is subjectively normal-in-size (0.91 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.

### *Liver*

The liver is subjectively normal in size with normal curvilinear 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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 visible but not overtly dilated.

### *Gastrointestinal*

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

### *Pancreas*

(See “Other” category).

**PATIENT**

Scoops Miller

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14

**WEIGHT**

13.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

SK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

Dr DenHeyer

**INVOICE**

22960

**DATE**

5-1-26

***Lymph Nodes***
The abdominal lymph nodes are normal/not visible.

***Free Abdomen***
The mesentery throughout the abdomen is hyperechoic. A moderate- to large amount of echogenic free fluid is visualized.

***Other***
Adjacent to the diaphragm, a 4.6 x 3.3 cm irregular, heterogenous, mass is visualized. A few smaller ill-defined nodules are also seen in this region.

In the midabdominal cavity, a >9.0 cm ill-defined, heterogenous, cavitated mass is visualized.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The origin of the abdominal masses is unclear. They may be arising from mesentery, lymph node, pancreas, liver, other. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is strongly suspected, with a low possibility of a non-neoplastic process.
- Ascites

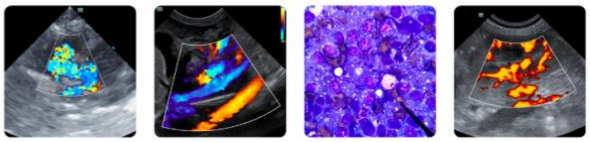
### Secondary Findings

- Bilateral nonspecific age-related renal changes with dystrophic mineralization
- Urinary bladder sand

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the abdominal masses, +/- the abdominal fluid (assuming normal clotting status). Twenty-five gauge-needles should be used. Depending on the results, consultation with a board-certified oncologist may be warranted.
- If further testing is not pursued palliative care is recommended.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Scoops Miller

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14

**WEIGHT**

13.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

SK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

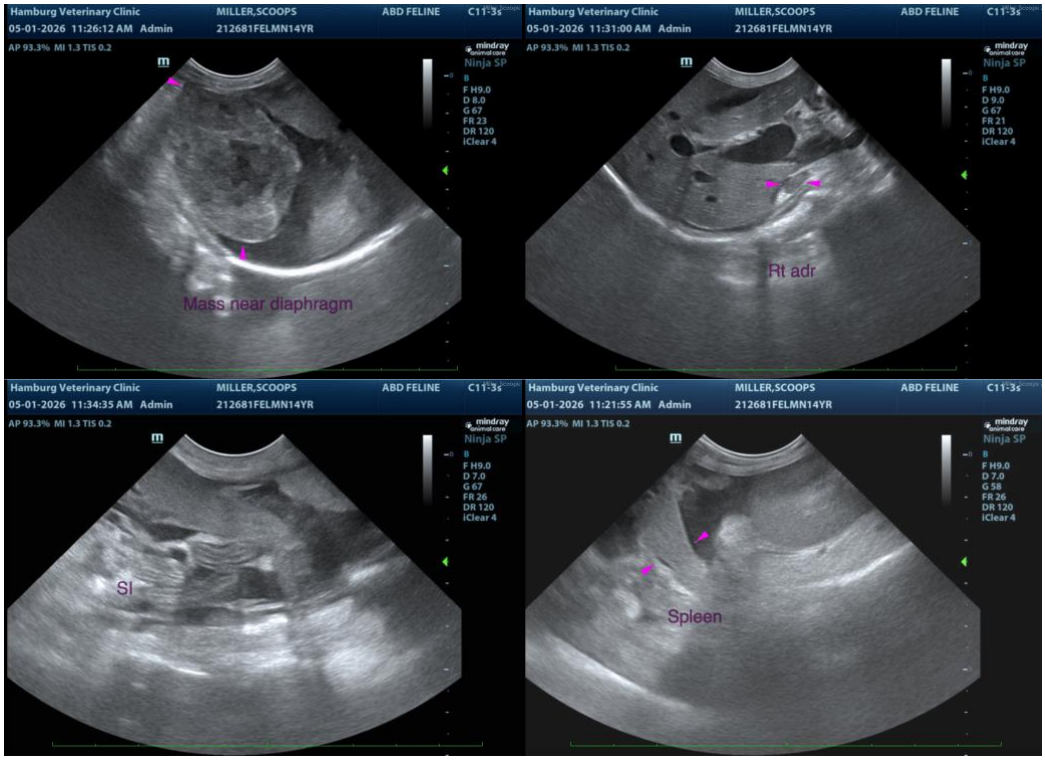
Dr DenHeyer

**INVOICE**

22960

**DATE**

5-1-26




**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)
info@SonoPath.com