



**PATIENT**

Lloyd Frith

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

3 years

**WEIGHT**

12 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Michelle Bartus

**HOSPITAL NAME**

Valley Vet. Svc., Inc.

**REFERRING VET**

Dr. Michelle Bartus

**INVOICE**

10890

**DATE**

5/11/22

**PRESENTING CLINICAL SIGNS**

History: Indoor/Outdoor cat. Last month, cat was seen at ER for fever of unknown origin that lasted several days (104-105 F). U/S done at ER showed some enlarged lymph nodes and an enlarged spleen. Aspirates were taken, found to be reactive, no neoplasia found. Cat has been back to normal in every way for 4 weeks now.

Abnormal PE/Chem/CBC/UA Results: None done at this time.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is not visualized in its entirety. In the visualized portion the wall is normal in thickness with a smooth mucosal surface. The lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed.

The left kidney is normal size (4.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio minimal loss off normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio minimal loss off normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is small in size with a slightly flattened shape and smooth peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

The right adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is of echogenicity and echotexture. No distinct focal lesions are observed. Splenic vasculature appears normal.

**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.

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.

**Gastrointestinal**

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 diffusely and mildly thickened (up to 0.27 cm) with a normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.



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## Pancreas

The left limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Feline

## Free Abdomen

Trace free fluid is observed. A few colic lymph nodes are visualized, the largest measuring 1.28 cm in length. Surrounding mesentery is hyperechoic.

## BREED

DSH

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The splenomegaly and lymphadenopathy are still present. Based on the previous cytology, benign reactive change is suspected.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- 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.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given that the patient is clinically normal, consider a repeat ultrasound in 4 weeks to assess for resolution of the splenomegaly/lymphadenopathy. If the patient develops gastrointestinal signs, a more advanced GI work-up (i.e., fecal evaluation for ova and Giardia, GI panel, +/- gastrointestinal biopsies) may be warranted.

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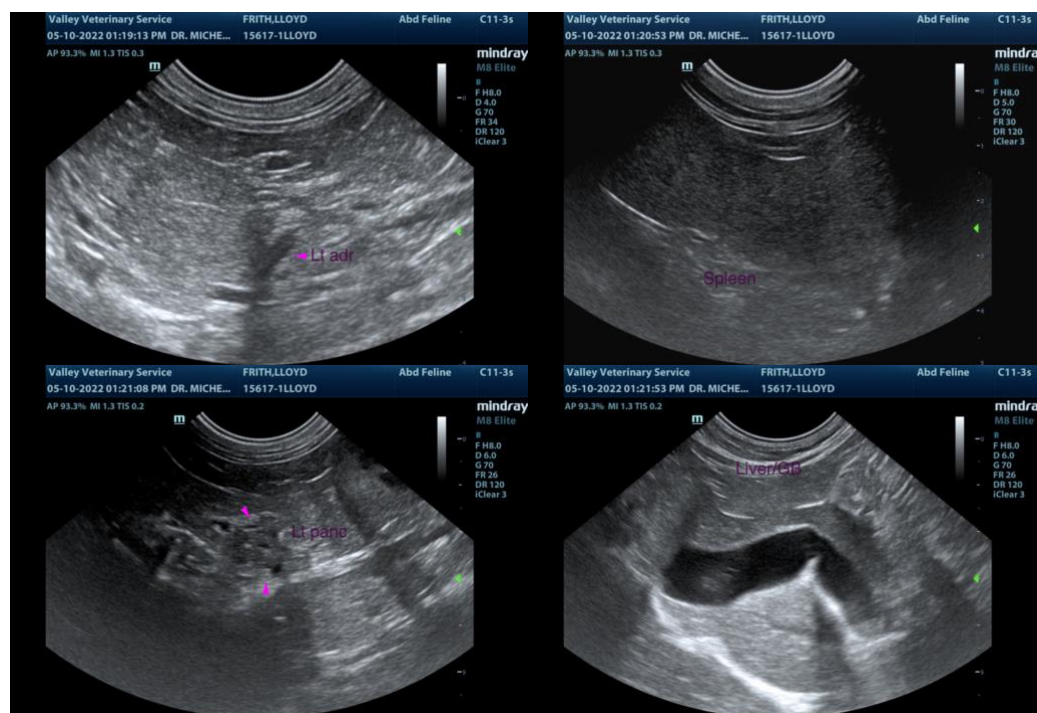
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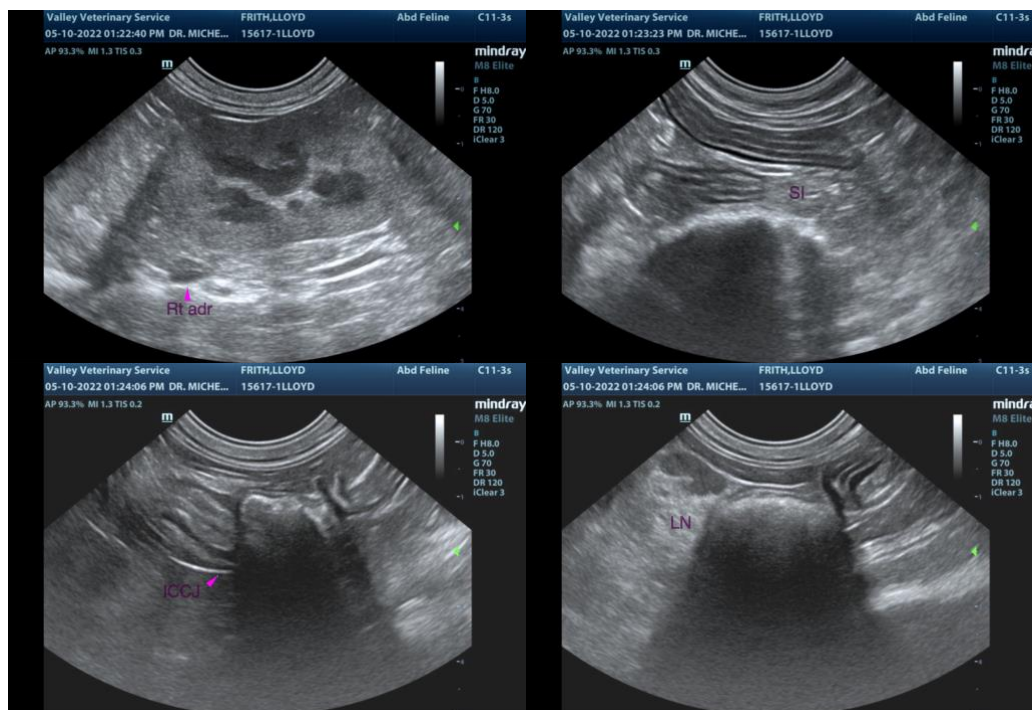
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com