



PATIENT PRESENTING CLINICAL SIGNS

Lex Hallett History: 3cmx3cm right tarsal mass cytology consistent with lymphoma. Unable to resect with margins. Screening for evidence of metastasis prior to amputation of right hindlimb.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: PE: 3cm3cm firm nodular right tarsal mass. Chem: No abnormalities CBC: No abnormalities UA: No abnormalities.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly- to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Neutered Male

The left kidney is normal in size (3.71 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 hydronephrosis. Renal vasculature is normal.

AGE

11.5

The right kidney is normal in size (3.08 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. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

9.2 lbs

INTERPRETED BY

Adrenal Glands

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

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

Spleen

The spleen is normal in size (0.56 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.92 x 0.54 cm hyperechoic nodule is observed at the medial aspect, approximately mid-body. Splenic vasculature is normal.

IMAGING PERFORMED BY

Dr. Vincent Tavella

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.

HOSPITAL NAME

Williamsburg VC

The gallbladder is of normal contours and contains a small- to moderate amount of gravity-dependent echogenic debris is observed within the lumen. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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Dr. Vincent Tavella

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.

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Pancreas

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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.



PATIENT *Lymph Nodes*

The abdominal lymph nodes are normal/not visible.

Lex Hallett

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

- Bilateral nonspecific age-related renal changes

DSH

- The hyperechoic splenic nodule likely represents a benign myelolipoma with a low possibility of more insidious pathology.

SEX

*There is no obvious evidence of neoplasia in the abdomen.

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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- Three-view thoracic radiographs are recommended to assess for neoplasia in the chest.
- Consider a consultation with a board-certified oncologist for further recommendations.

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(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

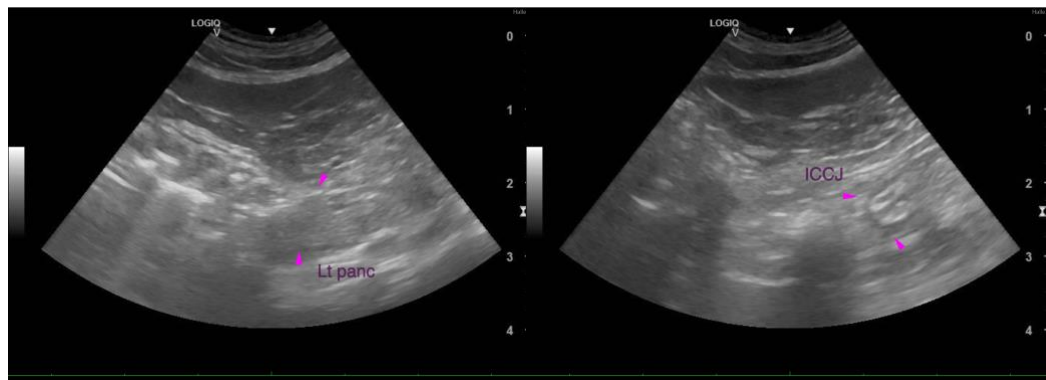
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PATIENT

Lex Hallett

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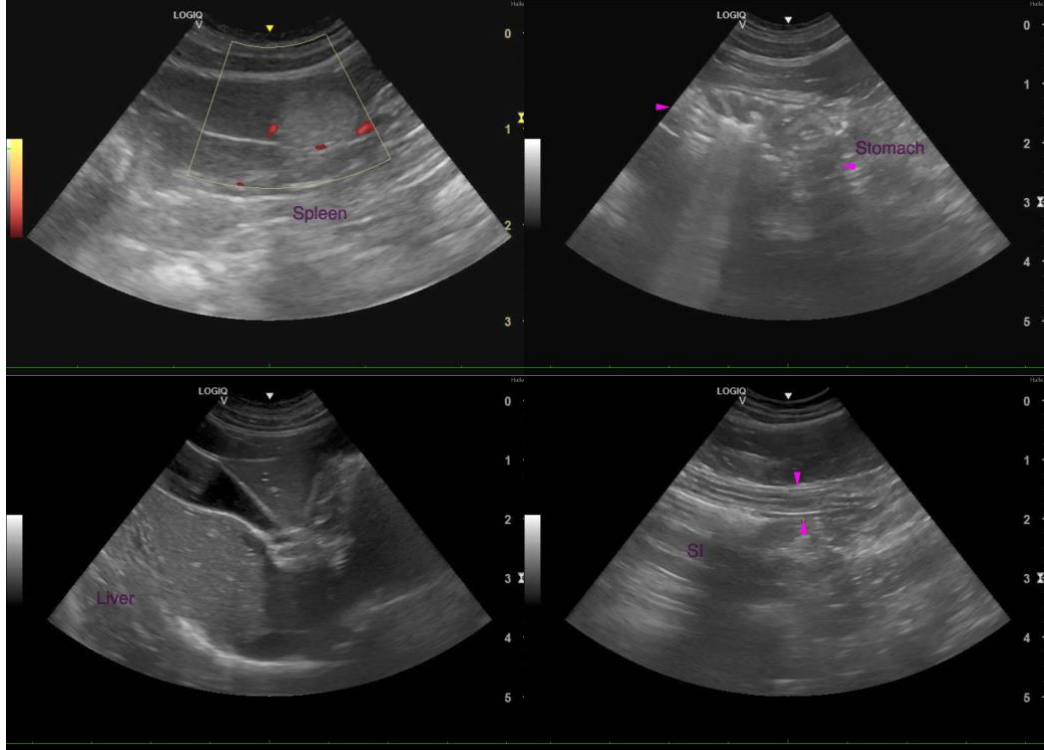
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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