



## PATIENT PRESENTING CLINICAL SIGNS

**PATIENT** Henry Baran  
**SPECIES** Feline  
**BREED** DSH  
**SEX** Neutered Male  
**AGE** 15  
**WEIGHT** 17.4 lbs

History: Patient has a history of chronic constipation/megacolon with recurrent episodes of obstipation and decreased appetite. Earlier this year, a mesenteric mass was identified. Fine-needle aspirate cytology was performed; however, results were inconclusive and a definitive diagnosis was not obtained. Pet was prescribed with steroids by RDVM.

Presented for ongoing constipation/megacolon and inappetence.

Current medications: Mirataz, Cerenia, lactulose, cisapride, prednisone. Hematocrit 29%. Mild hyperglycemia. RC gastrointestinal diet.

Abnormal PE/Chem/CBC/UA Results: PE: aggressive/gas sedated, dental ds, LS OU, large stool along the distal colon, overweight, mass palpable mid- abdomen. fluid analysis/cytology - 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 (4.29 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.05 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### Adrenal Glands

No images provided.

### Spleen

The spleen is normal in size (0.75 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 normal- to prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. A 0.54 cm cystic structure is observed on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 not dilated. The small intestinal wall is normal- to moderately thickened (up to 0.38 cm). There is disruption in the normal 1:3 muscularis:

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Kew Gardens AH

## REFERRING VET

Dr. Lara Cabugawan

## INVOICE

23084

## DATE

5-30-26



## PATIENT

mucosal ratio in several segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Henry Baran

## SPECIES

### *Pancreas*

(See "Other" category).

Feline

### *Lymph Nodes*

(See "Other" category).

## BREED

### *Free Abdomen*

DSH

The omentum throughout the abdomen is hyperechoic and irregular. A moderate amount of echogenic free fluid is present.

## SEX

### *Other*

Neutered Male

In the midabdominal cavity, a >6.0 cm ill-defined, heterogenous mass effect is visualized.

## AGE

## ULTRASONOGRAPHIC FINDINGS

15

### Primary Findings

## WEIGHT

17.4 lbs

- Mass effect in the midabdominal cavity, the origin of which is unclear. It may be arising from lymph nodes, omentum, pancreas, other. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is suspected with a lower possibility of an inflammatory process. Adjacent peritonitis is present.
- Ascites, likely secondary to the midabdominal mass

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### Secondary Findings

- Bilateral nonspecific age-related renal changes
- Geriatric hepatic parenchymal changes with a small left parenchymal cyst

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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- Depending on the cytology results from the abdominal fluid, consultation with a board-certified oncologist and/or surgeon may be indicated.

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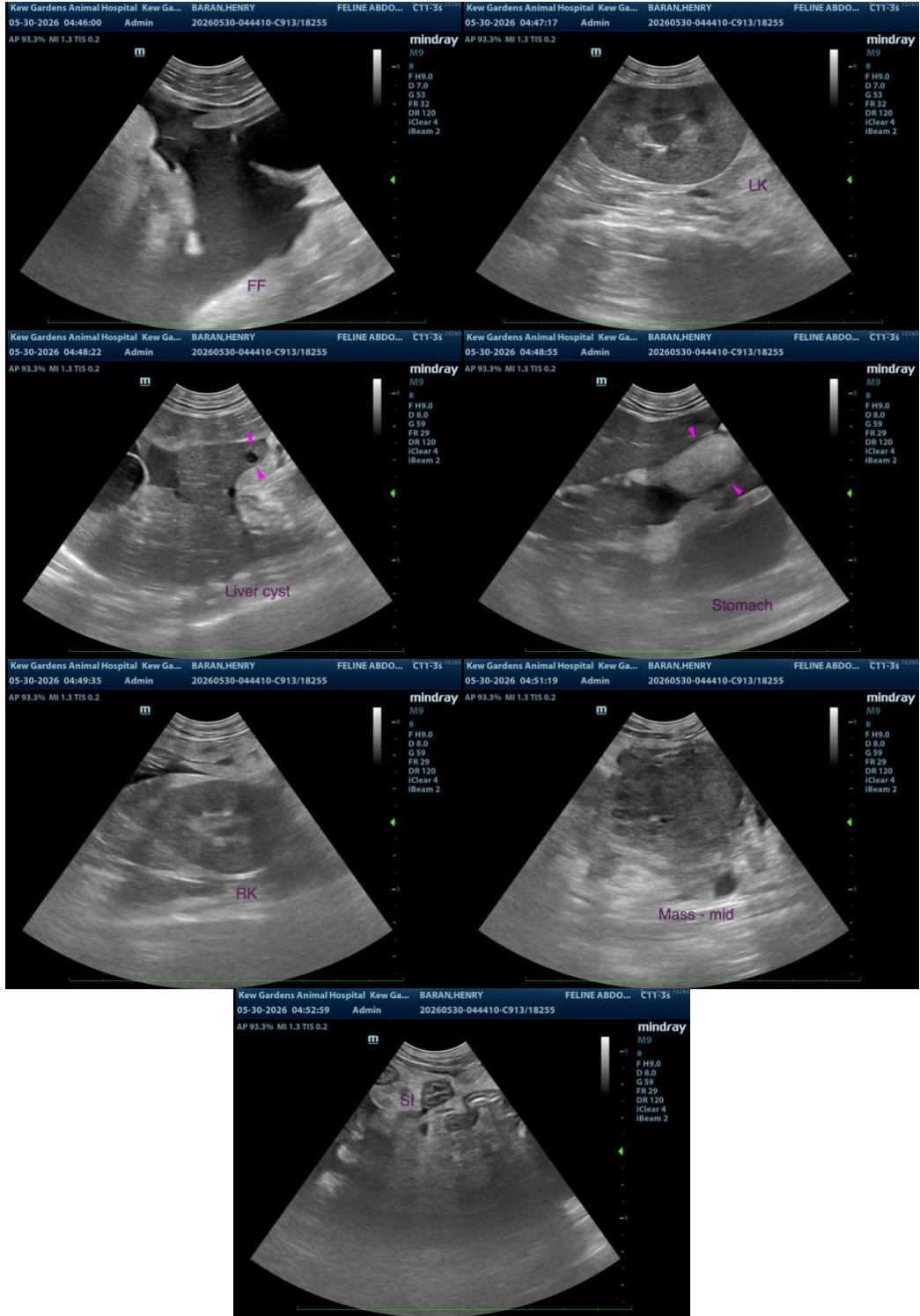
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## PATIENT

Henry Baran

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.

## SPECIES

Feline

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.

## BREED

DSH

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

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Neutered Male

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