


PATIENT PRESENTING CLINICAL SIGNS

Sascha Kaminsky History: Patient presented 6/6/23 for AHE. No major concerns beside patient being very vocal during the evening hours. The main concern today is that she has progressive weight loss -5.1# on 6/6/23, was 6.2# on 4/5/23. Senior BW performed on 4/6/23 was overall WNL besides T4 being on the high end of normal at 2.5 (normal 0.8 - 4.7). A free T4 was added on and was WNL. O does not report V/D and is E/D normally.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED

DSH

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

SEX

Female Spayed

The left kidney is normal in size (3.33 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

AGE

16.5 years

The right kidney is normal in size (3.53 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

WEIGHT

5.9 lbs

Adrenal Glands

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

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 appears normal.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Meghan Myers VMD

HOSPITAL NAME

Hershire AH

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 stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

REFERRING VET

Dr. Alesha Glass

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Pancreas

The visible portion of the left limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated (See also "Other" category).

DATE

6.13.23



PATIENT

Sascha Kaminsky **Free Abdomen**
There is no obvious evidence of free fluid.

SPECIES **Lymph nodes**
(See "Other" category).

Feline **Other**
In the left mid-abdomen, an approximately 2.00–2.50 cm irregular hypoechoic-to-heterogenous, slightly cavitated vascular mass is observed.

BREED
DSH A 4.83 x 2.13 cm septated, fluid-filled structure is observed in the caudodorsal abdomen, just dorsal to the urinary bladder, at the level of the cystourethral junction. A scant amount of echogenic debris is observed within the fluid.

SEX **ULTRASONOGRAPHIC FINDINGS**

Female Spayed **Primary Findings**

- AGE** 16.5 years
- Left mid-abdominal mass, the origin of which is unclear. It may be arising from pancreas, left adrenal gland, lymph node, mesentery, other. The lesion is concerning for a neoplastic process. However, a benign lesion (i.e., focal inflammatory process, granuloma) cannot be excluded.
 - The origin of the fluid-filled structure in the caudodorsal abdomen is also unclear. It may represent a fluid-filled uterine stump, dilated distal ureter, cystic lymph node, other.

WEIGHT 5.9 lbs **Secondary Findings**

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- Bilateral chronic renal changes with subtle dystrophic mineralization
- Age-related pancreatic remodeling in the left limb. (Also see first bullet point under "Primary Findings".)

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Hershire AH

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the left midabdominal mass (if clotting status is appropriate). A 25-gauge needle should be used. Given the vascular nature of the lesion, iatrogenic hemorrhage is a possibility. Therefore, if aspiration is pursued, the patient should be sonographically monitored for at least 10 minutes post-procedure to evaluate for bleeding. If cytology results are inconclusive, excisional biopsy may be necessary to get a definitive diagnosis.

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- Also consider a Texas GI panel including serum cobalamin and folate, TLI and PLI.
- Regarding the fluid-filled structure in the caudal abdomen, an abdominal CT scan would be useful for further characterization.

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SPECIES

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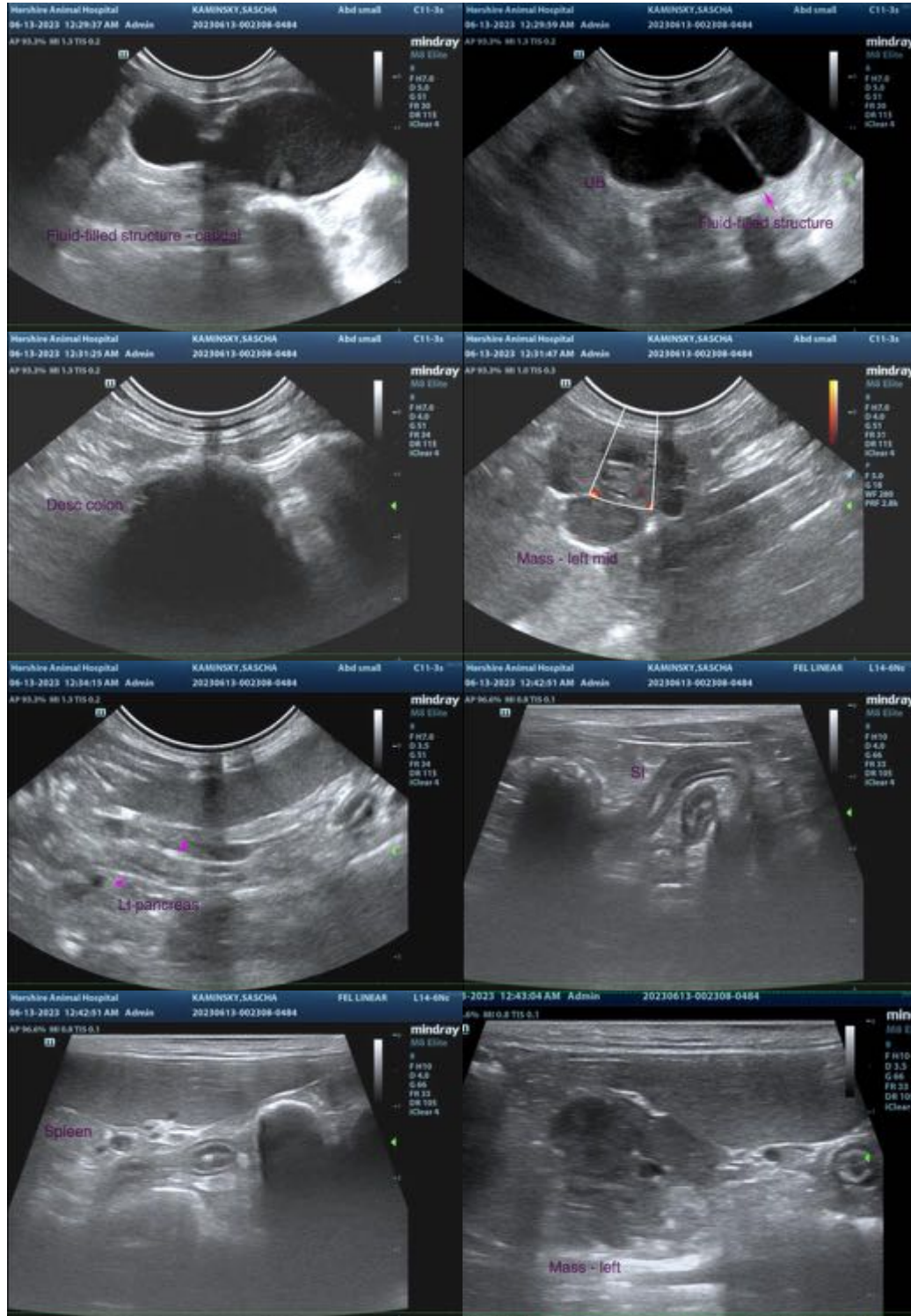
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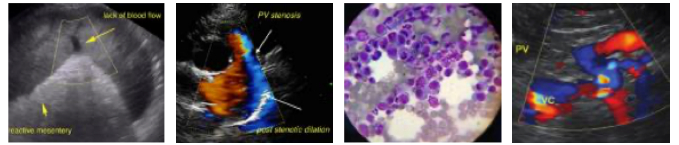
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Sascha Kaminsky

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.

SPECIES

Feline

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DSH

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