



**PATIENT**

Maddie Juleal

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

5.88 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Varinia Acosta

**HOSPITAL NAME**

Companion AC

**REFERRING VET**

Dr. Varinia Acosta

**INVOICE**

10170

**DATE**

6/14/22

**PRESENTING CLINICAL SIGNS**

History: 2.25 LB weight loss since January 2022. Decreased appetite for several months, 2 day history of anorexia Chronic vomiting- resolves with zofran

Abnormal PE/Chem/CBC/UA Results: Palpation: Mid abdominal mass, difficult to distinguish organs Dehydrated, BCS 3-4/9, NSF on Chem 10, CBC, T4, UA in January 2022

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is subjectively normal size with a normal shape and architecture with 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

**Spleen**

The spleen is normal in size (0.71 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 enlarged with slightly swollen 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

The gall bladder 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 normal/not seen.

**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 overtly dilated. The small intestinal wall is diffusely thickened (up to 0.39 cm). There is questionable retention of the normal layering pattern. There is an



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increase in the normal 1:3 muscularis: mucosal ratio in most segments. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

**Pancreas**

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A portion of the pancreas is obscured by the large amount of ascites. In the visible portions, no obvious abnormalities are seen.

**Free Abdomen**

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A large amount of anechoic free fluid is present. Within the midabdominal cavity, an aggregation of irregular/nodular hyperechoic omentum is seen. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

**Primary Findings**

**AGE**

14 years

- Bowel pattern consistent with emerging lymphoma or inflammatory bowel disease.
- The aggregated omentum in the midabdominal cavity is concerning for carcinomatosis. However, reactive mesentery (i.e., secondary to bowel pathology) cannot be completely excluded).
- The ascites may be secondary to increased vascular permeability (i.e., due to carcinomatosis), low oncotic pressure, or increased hydrostatic pressure. Correlation with the patient's clinical history is recommended.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

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**Secondary Findings**

- Bilateral, chronic, age-related renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Submission of the abdominal fluid for analysis and cytology is recommended along with thoracic radiographs to assess for evidence of neoplasia in the chest. If results are inconclusive, an abdominal exploratory with biopsies of the GI tract, mesentery +/- liver may be necessary to get a definitive diagnosis.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended.
- While awaiting test results, supportive care is recommended, including fluid therapy, gastric protectants, antiemetics and nutritional support.

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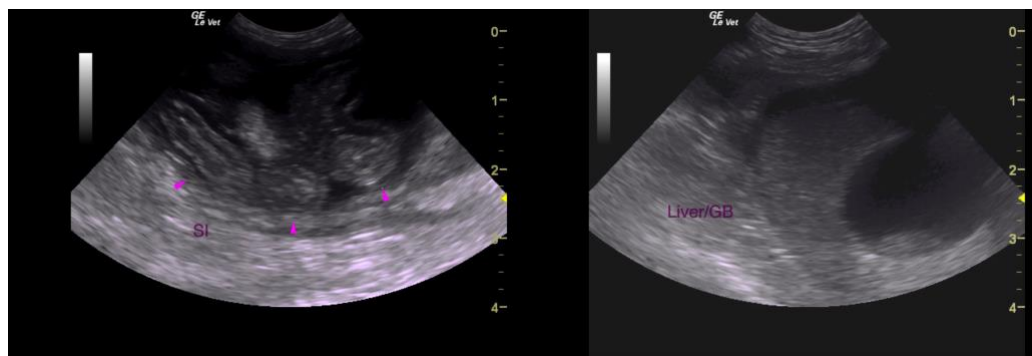
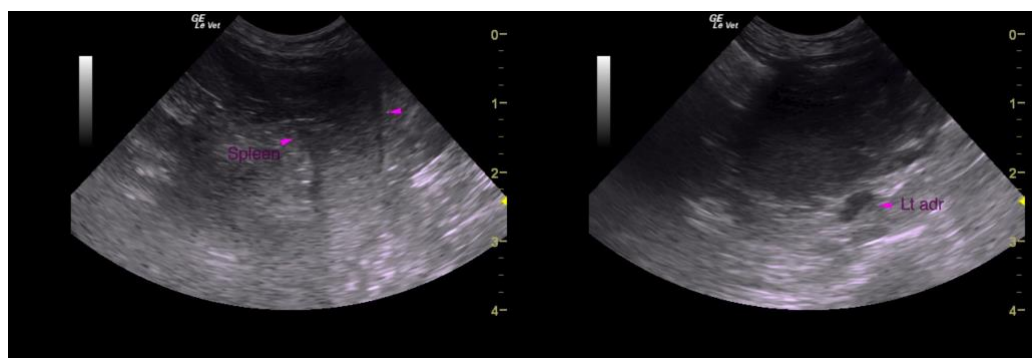
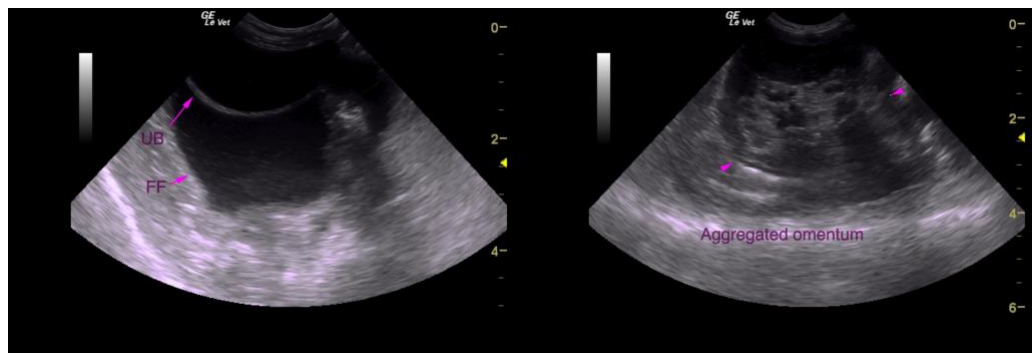
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

Maddie Juleal

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

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