



PATIENT

Skids Lang

PRESENTING CLINICAL SIGNS

History: history of toe infection but has also been losing weight and persistently elevated liver enzymes since at least January of 2023.

SPECIES

Feline

Most current liver values: ALT 214. ALP 316. CBC unremarkable.

The patient was sedated with Alfaxalone and Torbutrol for this study.

Three-view thoracic radiographs revealed no obvious evidence of pulmonary metastatic disease.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

11 years

The left kidney is normal in size (3.50 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. 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 hydronephrosis. Renal vasculature appears normal.

WEIGHT

12.9 lbs

The right kidney is normal in size (3.72 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. 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 hydronephrosis. Renal vasculature appears normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal size (0.23 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

IMAGING PERFORMED BY

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

Spleen

The spleen is normal in size (0.92 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Using a high-frequency probe, the parenchyma is subtly mottled in appearance. Splenic vasculature appears normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. Approximately mid-liver, adjacent to the diaphragm, a 4.35 x 2.18 cm multi-lobulated, heterogenous swelling/mass is visualized. The mass causes mild capsular swelling. In the remainder of the liver, the parenchyma is relatively homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Hawk

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/not seen.

INVOICE

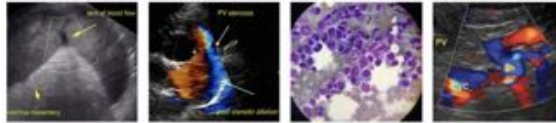
13332

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

DATE

6/14/23



PATIENT

Skids Lang

pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

SPECIES

Feline

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

BREED

DSH

Free Abdomen

There is no obvious evidence of free fluid. One-to-two prominent mesenteric lymph nodes are visualized (the largest measuring 0.50 cm in diameter).

SEX

Neutered Male

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. There is no obvious evidence of pleural effusion in the visible window. The left ventricular wall is subjectively thickened.

AGE

11 years

An ultrasound-guided fine-needle aspirate of the liver mass was performed at the end of this study without incident.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

12.9 lbs

Primary Findings

- Lobulated hepatic mass, mid-liver. Neoplasia (i.e., round cell tumor, adenoma, adenocarcinoma) is suspected with a lower possibility of a non-neoplastic process (i.e., inflammatory, other).

INTERPRETED BY

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

Secondary Findings

- Mild bilateral chronic age-related renal changes
- Urinary bladder debris
- The small intestinal wall changes are consistent with inflammatory bowel disease with some potential for emerging lymphoma. However, correlation with the patient's clinical history is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Hawk

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

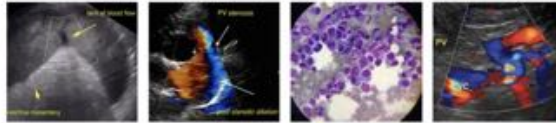
- Depending on the cytology results from the hepatic mass, further diagnostics and treatment recommendations can be made. If the results are inconclusive, biopsies may be necessary to get a definitive diagnosis.

INVOICE

13332

DATE

6/14/23



PATIENT

Skids Lang

- Regarding the bowel changes, consider a Texas GI panel including serum cobalamin and folate, TLI and PLI, to evaluate for maldigestion/malabsorption and underlying pancreatic disease.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 years

WEIGHT

12.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

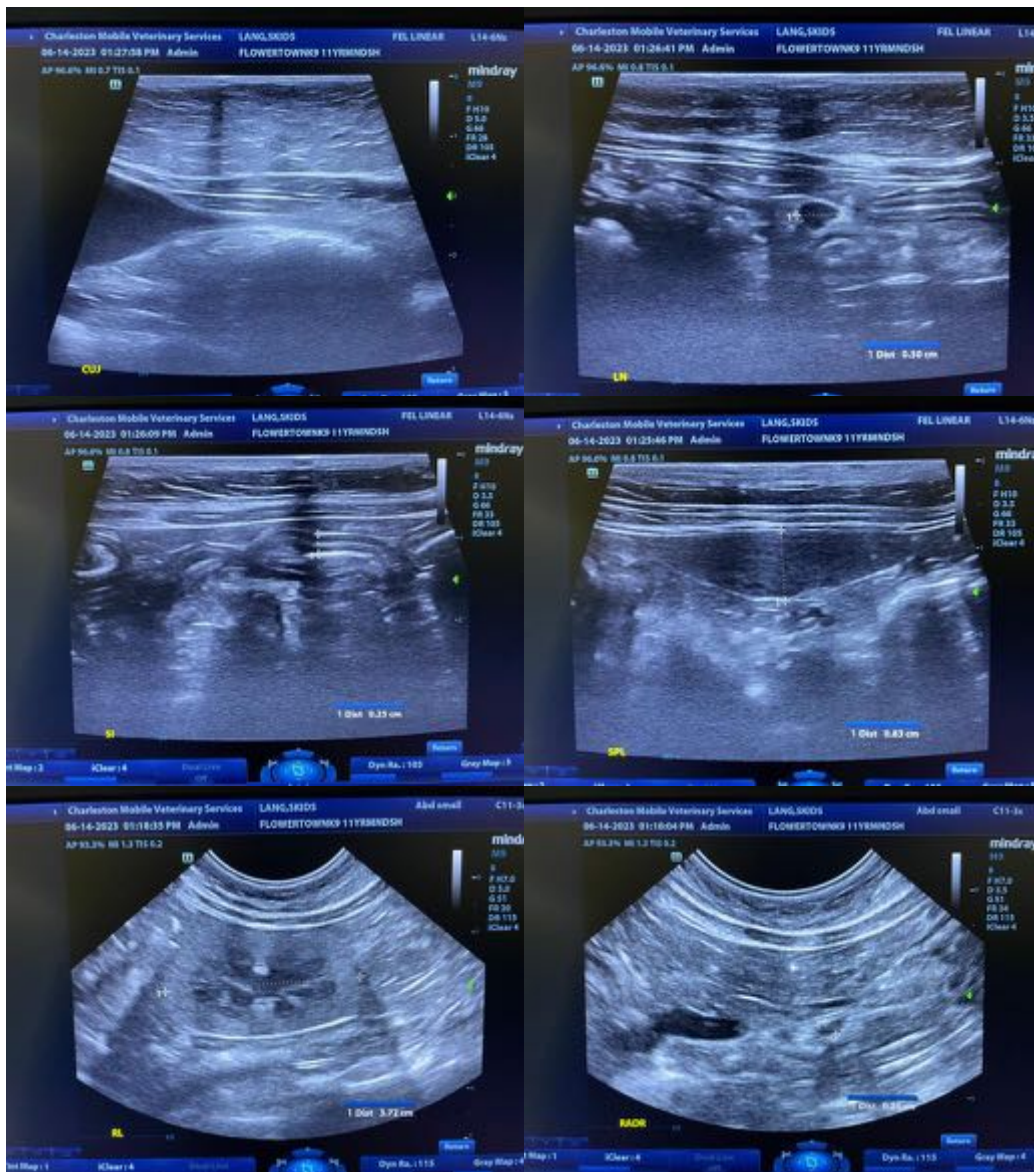
Dr. Hawk

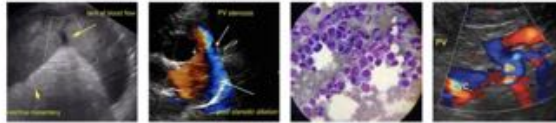
INVOICE

13332

DATE

6/14/23





PATIENT

Skids Lang

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 years

WEIGHT

12.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

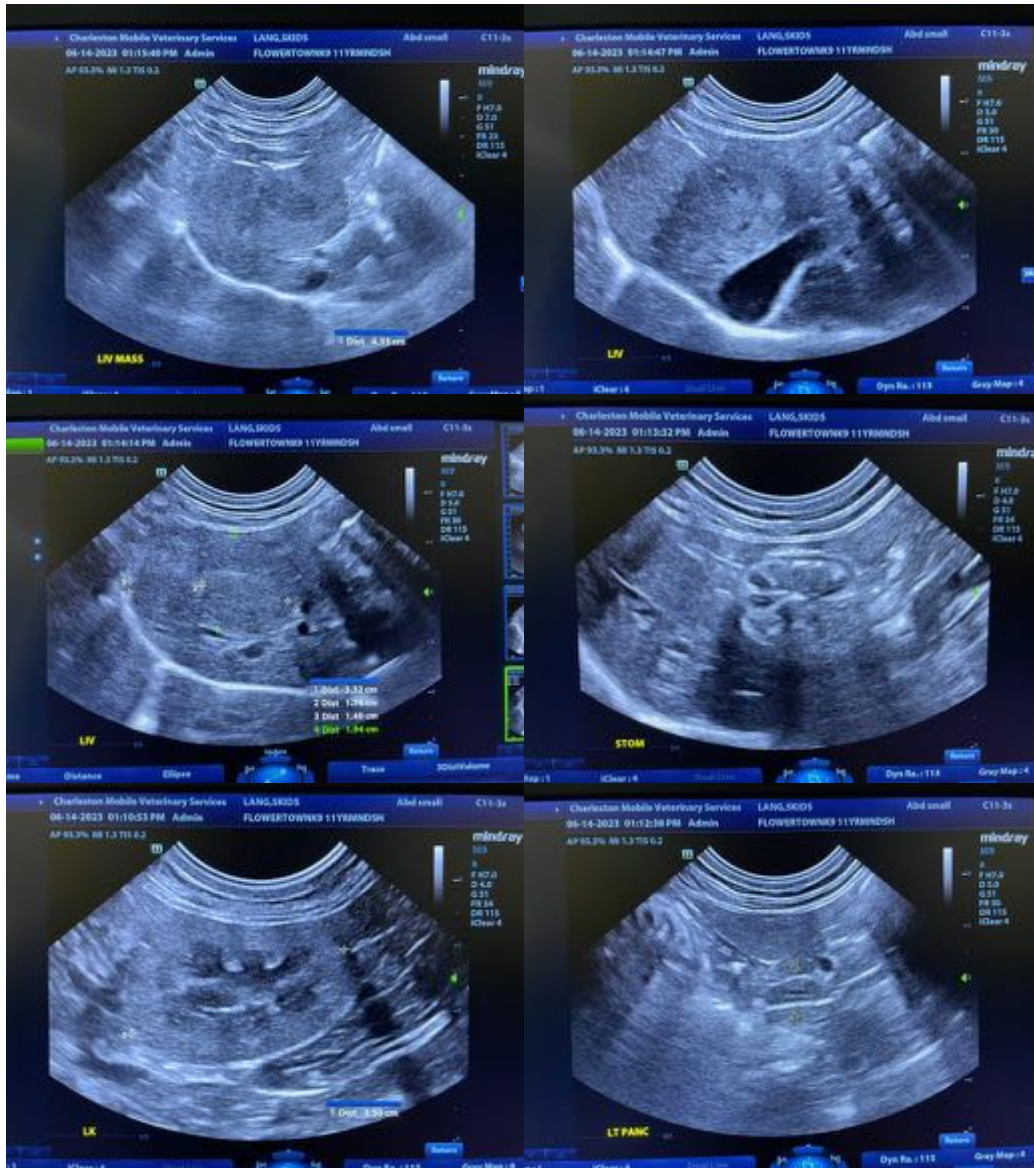
Dr. Hawk

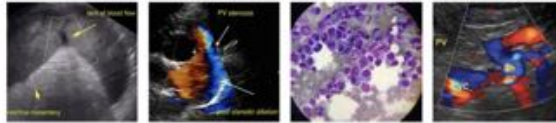
INVOICE

13332

DATE

6/14/23





PATIENT

Skids Lang

SPECIES

Feline

BREED

DSH

SEX

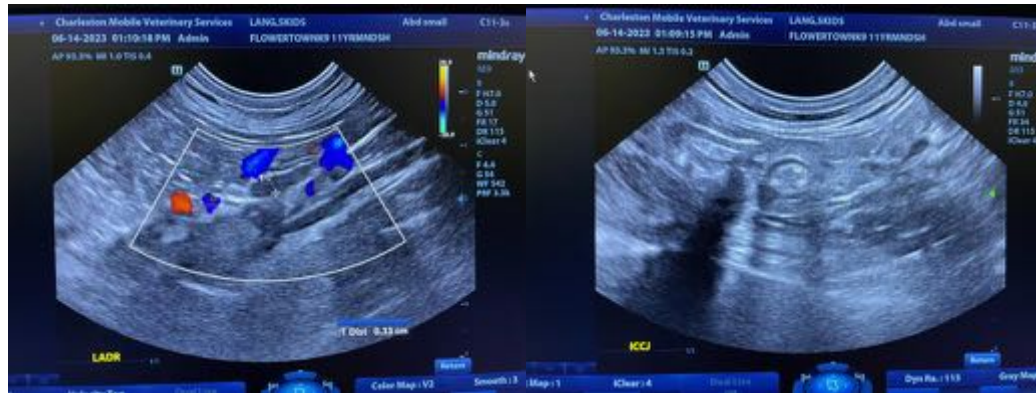
Neutered Male

AGE

11 years

WEIGHT

12.9 lbs



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Hawk

INVOICE

13332

DATE

6/14/23