



**PATIENT PRESENTING CLINICAL SIGNS**

Dilla Hovind Abnormal PE/Chem/CBC/UA Results: PE - firm large left kidney with concern for structural changes. Right kidney feels enlarged as well. Palpable mass in throat region. Mild SDMA elevation.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A scant 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 1 cm, are normal.

**BREED**

DSH

**SEX**

Neutered Male

The left kidney is borderline enlarged (4.23 cm in length) with a slightly irregular shape. The cortex is variably thickened, hyperechoic relative to the spleen and heterogenous in appearance. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Subcapsular fluid is present.

**AGE**

13 years

The right kidney is normal in size (4.12 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic 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 hydroureter.

**WEIGHT**

4.2 kg

**Adrenal Glands**  
(No images provided).

**Spleen**

The spleen is enlarged with an undulating medial contour. The parenchyma is diffusely and severely mottled, with a "moth-eaten" appearance. Splenic vasculature appears normal with no evidence of thrombosis.

**INTERPRETED BY**

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

**Liver**

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. 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.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

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.

**HOSPITAL NAME**

Wild Rose Cat Clinic

**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. In one small intestinal segment, there is suspected loss of the normal layering pattern. In the remaining segments, there is a normal 1:3 muscularis: mucosal ratio. There is a normal layering pattern. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**REFERRING VET**

Dr Clara

**INVOICE**

13453

**Pancreas**

The left limb is enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. Several nodules are observed within the parenchyma. The pancreatic duct is visible but not overtly dilated (up to 0.18 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

**DATE**

6.22.23



**PATIENT**

**Dilla Hovind** *Free Abdomen*  
Trace free fluid is observed. A 3.20 cm rounded, hypoechoic mass effect is observed in the region of the mesenteric root. Surrounding mesentery is hyperechoic. In addition, a few prominent, rounded hypoechoic lymph nodes are observed in the cranial to midabdomen.

**SPECIES**

**Feline** *Other*  
There is suspected pleural effusion.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

**DSH** **Primary Findings**

**SEX**

**Neutered Male**

- The splenic changes are most consistent with infiltrative neoplasia. Lymphoma is the top differential. A benign process is possible but considered less likely.
- The abdominal lymphadenopathy is also most consistent with infiltrative neoplasia (i.e., lymphoma), with a lower possibility of severe lymphadenitis (i.e., pyogranulomatous).

**AGE**

**13 years**

- The left renal changes could be consistent with infiltrative neoplasia (i.e., lymphoma) or severe interstitial nephritis. Bilateral chronic renal changes are present.
- The segment of small intestinal wall with a questionable loss of the normal layering pattern could be consistent with emerging lymphoma or inflammatory bowel disease.

**WEIGHT**

**4.2 kg**

**Secondary Findings**

- The pancreatic changes are most consistent with chronic active pancreatitis, with benign nodular hyperplasia. However, emerging neoplasia cannot be excluded.
- Suspected pleural effusion

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**HOSPITAL NAME**

Wild Rose Cat Clinic

**REFERRING VET**

Dr Clara

**INVOICE**

13453

**DATE**

6.22.23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Feline leukemia and FIV testing is recommended (if not already performed).
- Thoracic radiographs should also be considered to assess for lymphadenopathy in the chest.
- Depending on the results of the above diagnostics and the pending cytology, consultation with a board-certified oncologist may be warranted.



**PATIENT**

Dilla Hovind

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 years

**WEIGHT**

4.2 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr Sarah Barthelemy

**HOSPITAL NAME**

Wild Rose Cat Clinic

**REFERRING VET**

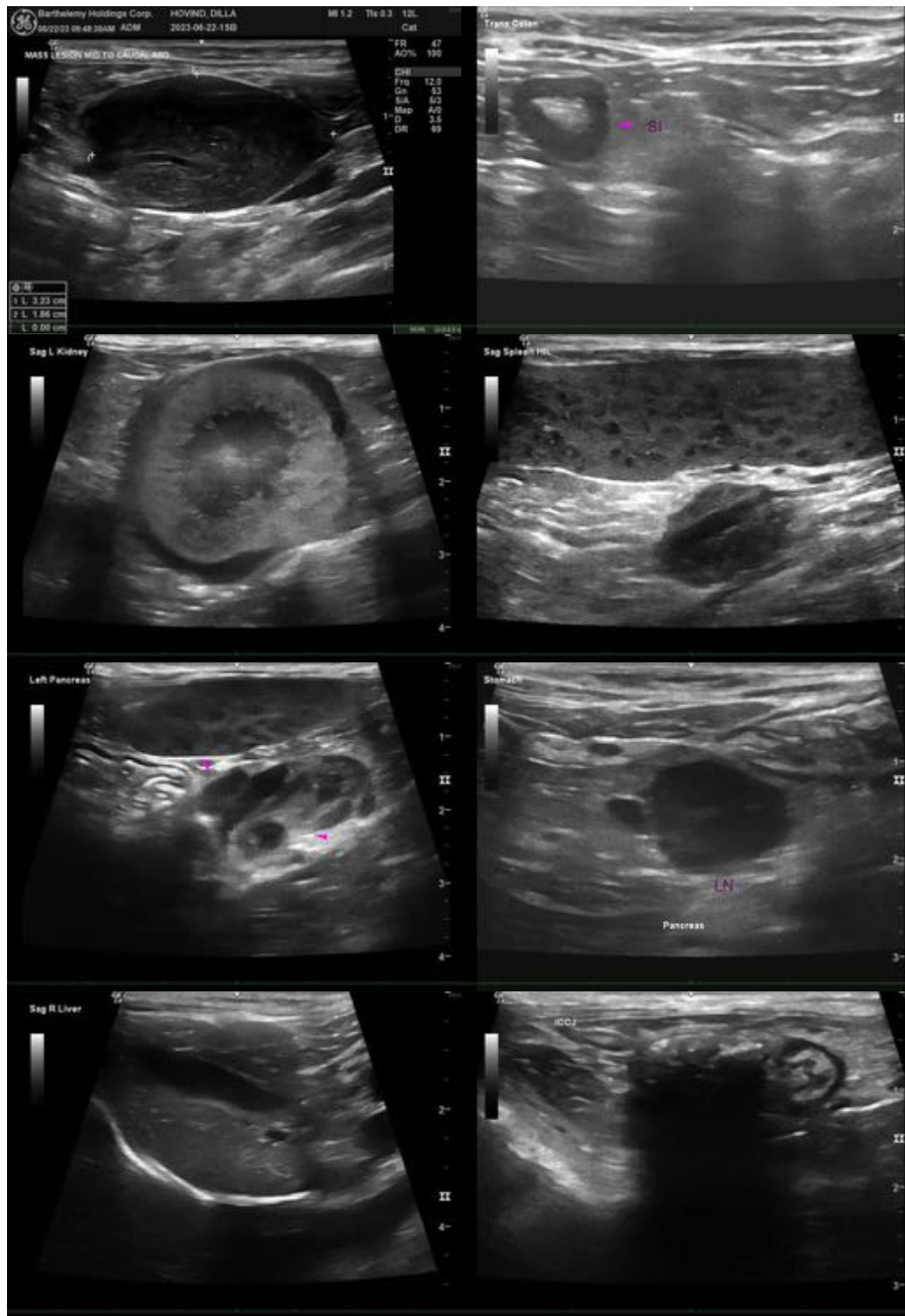
Dr Clara

**INVOICE**

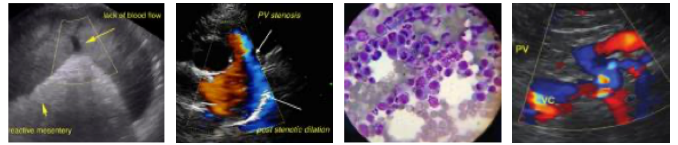
13453

**DATE**

6.22.23



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**

Dilla Hovind

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

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

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 years

**WEIGHT**

4.2 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**HOSPITAL NAME**

Wild Rose Cat Clinic

**REFERRING VET**

Dr Clara

**INVOICE**

13453

**DATE**

6.22.23