



PATIENT

Karma Myers

PRESENTING CLINICAL SIGNS

History: excessive vomiting of clear fluid.
Baseline lab work relatively unremarkable.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

BREED

DSH

The left kidney is normal in size (3.92 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

SEX

Neutered Male

The right kidney is normal in size (4.21 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

2 years

Adrenal Glands

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

WEIGHT

NP

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is normal in size (0.81 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, the parenchyma is diffusely mottled with a "moth-eaten" appearance. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

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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. The portal vein to caudal vena cava ratio is approximately 1: 1.

HOSPITAL NAME

Brighton AH

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

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Dr. Ciccone

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in a few segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

INVOICE

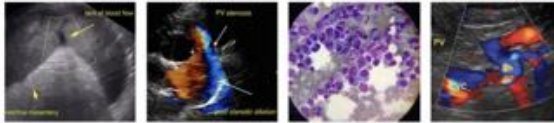
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Pancreas

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The left limb and base are normal to prominent in size with slightly irregular peripheral contours. The



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parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

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There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized (the largest measuring 1.16 cm in length). Surrounding mesentery is mildly hyperechoic.

Other

A brief visualized of the thorax reveals several B-lines.

BREED

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

Primary Findings

- The splenic parenchymal changes are concerning for infiltrative neoplasia. Lymphoma is the top differential. However, a benign process (i.e., lymphoid hyperplasia, antigenic stimulation, splenitis or extramedullary hematopoiesis) can be excluded.
- The mesenteric lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia, or emerging neoplasia (i.e., lymphoma). A benign process is favored.
- The pancreatic changes in the left limb are consistent with chronic pancreatitis.

AGE

2 years

WEIGHT

NP

Secondary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient.
- The suspected B-lines in the thorax are suggestive of pulmonary parenchymal disease.

*Ultrasound-guided fine-needle aspirates of the spleen were obtained at the end of this study without incident.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

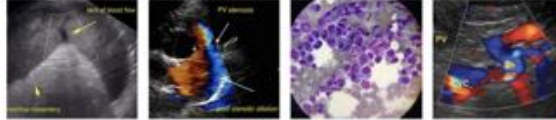
- Given the possible B-lines, three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Feline leukemia and FIV testing should also be considered (if not already performed)
- Depending on the results of the above diagnostics as well as the splenic cytology, further work-up may be warranted.
- In the meantime, symptomatic care for vomiting is recommended.

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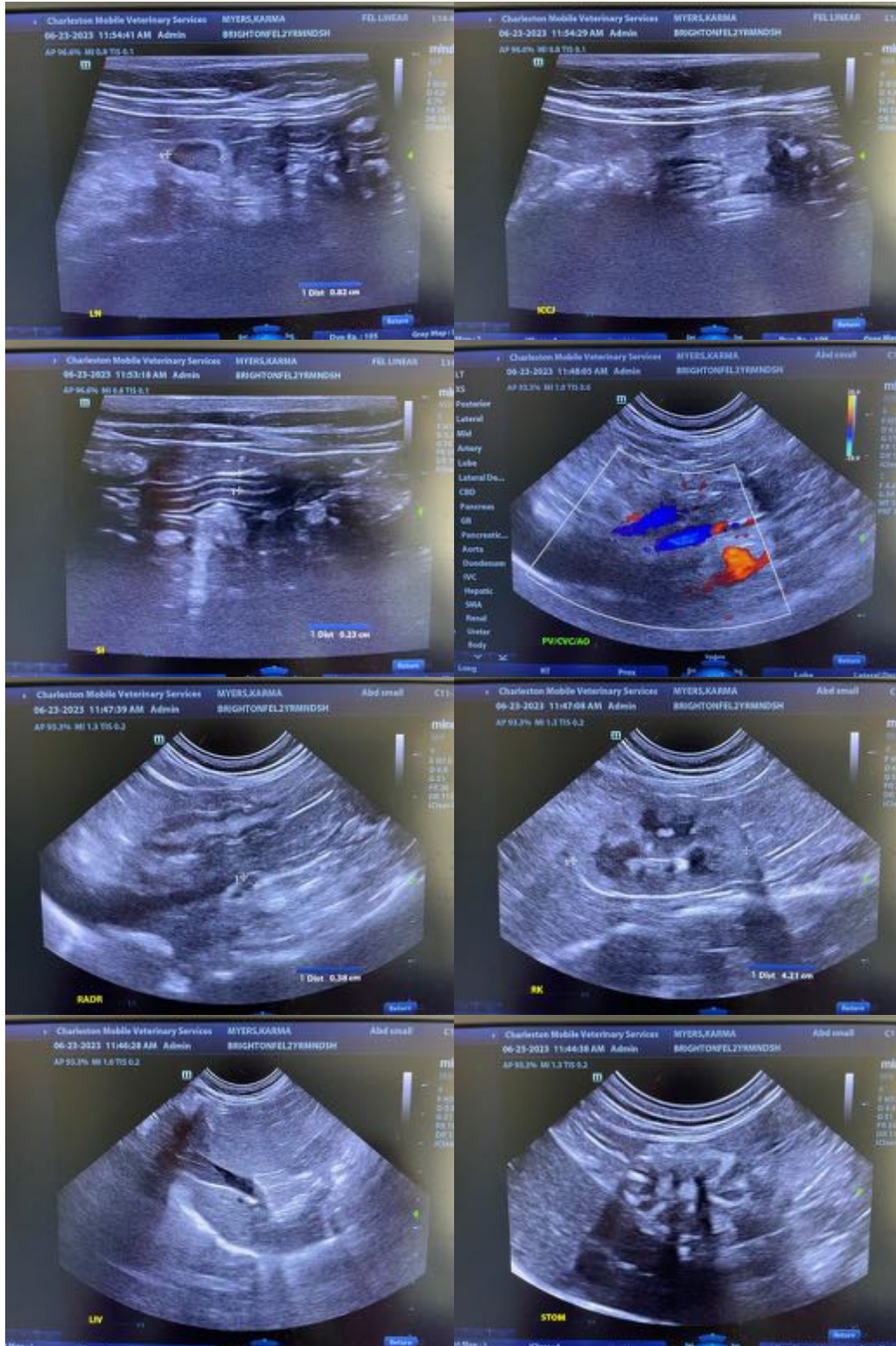
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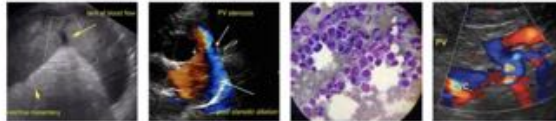
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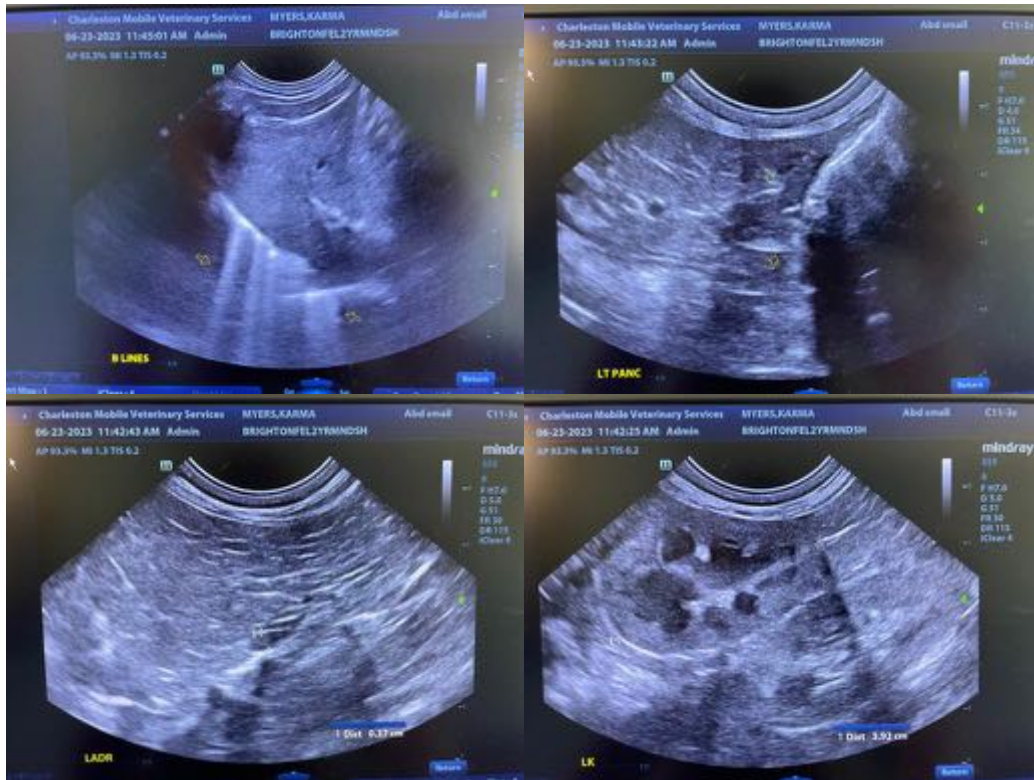
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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