



PATIENT

Mitts Campbell

SPECIES

Feline

BREED

Russian Blue

SEX

Female Spayed

AGE

4/24/2015

WEIGHT

5.24

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

West Ashley VC

REFERRING VET

Dr Tierney

INVOICE

23116

DATE

6-4-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: About a one-month-history of weight loss and vomiting. Patient has a severe stomatitis. Bloodwork, including a thyroid level, was normal.

Assessment:

- Vomiting and weight loss with a good appetite - hyperthyroidism is the primary differential.
- Chronic upper respiratory disease, suspect feline herpesvirus with a secondary bacterial infection.
- Grade III-IV/VI heart murmur.
- Severe dental disease.

Lab-work values: unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is 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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.93 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. A few, small, nonobstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.41 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.55 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 swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogenous in appearance, with a microcystic pattern throughout the parenchyma. A 4.4 x 3.6 cm heterogenous, cystic, expansile mass is observed on the right side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are tortuous and mildly dilated. There is no obvious evidence of an intraluminal obstruction. The duodenal papilla is normal-in-size (0.19 cm in width).



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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 most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

In the mid- to caudal abdomen, a 1.6 x 0.8 cm cystic structure is visualized.

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, right, cystic hepatic mass. Top differentials include biliary cystadenoma and biliary cystadenocarcinoma. Biliary cystadenomas are more common in cats compared to biliary cystadenocarcinomas. The diffuse hepatic parenchymal changes could be consistent with polycystic liver disease and/or other hepatic pathology (i.e., an inflammatory hepatopathy, infiltrative neoplasia, other).
- The small intestinal wall changes could be consistent with inflammatory bowel disease, normal variation in an older feline patient, or emerging lymphoma.

Secondary Findings

- Bilateral nonspecific age-related renal changes with nonobstructive nephrocalcinosis
- The origin of the cystic structure in the mid- to caudal abdomen is unclear. It may represent a cystic lymph node, a cyst within the mesentery, other. Its significance is unclear.

*It is unclear whether the patient's current clinical signs are associated with the hepatic mass or if this is an incidental finding. Histopathology would be necessary to get a definitive diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further evaluate for causes of weight loss and vomiting, consider the following:

1. Three-view thoracic radiographs
2. GI panel including serum cobalamin and folate, TLI and PLI
3. Fecal evaluation for ova and Giardia



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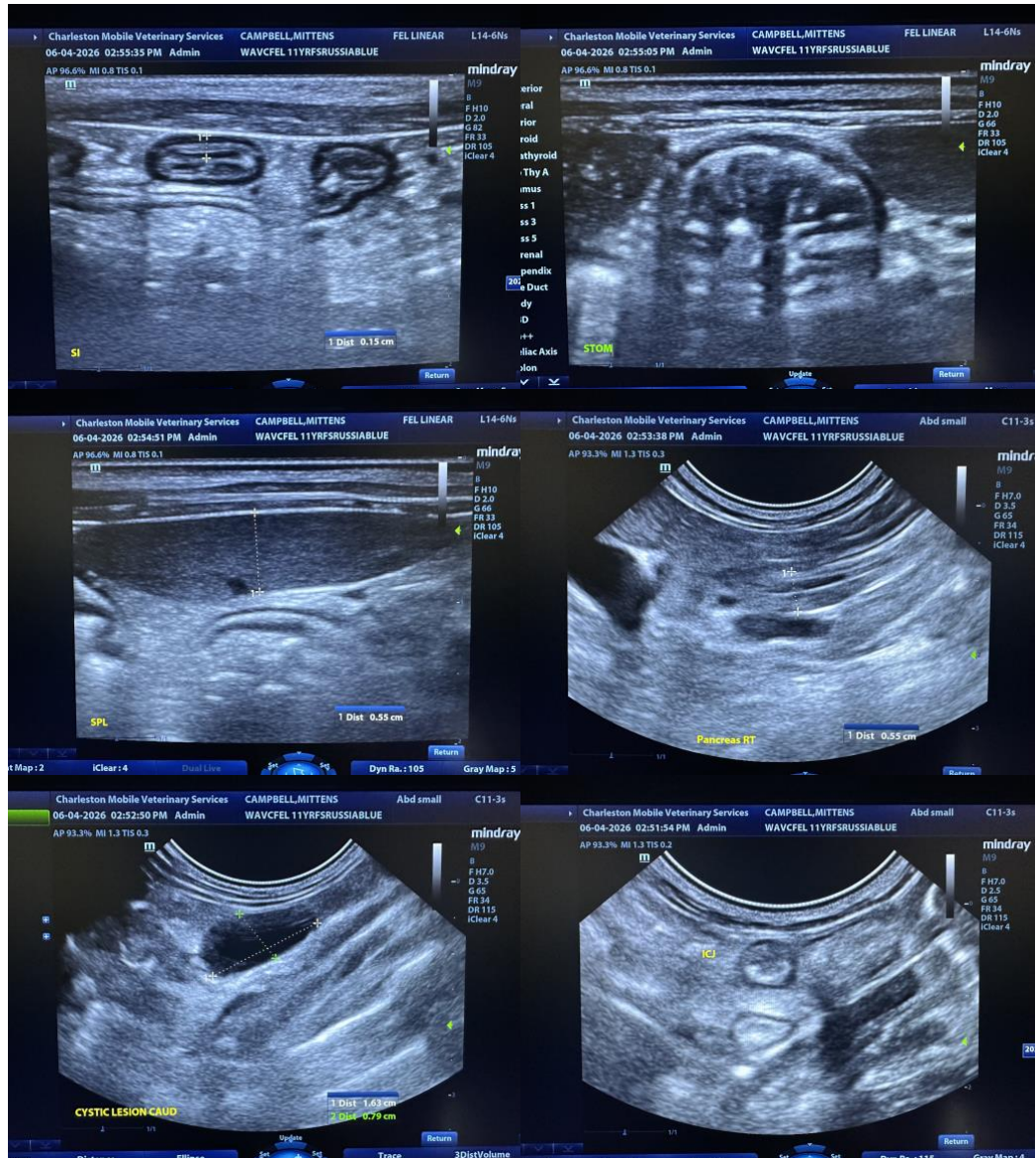
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4. Depending on the results of the above diagnostics, further work-up may be indicated.





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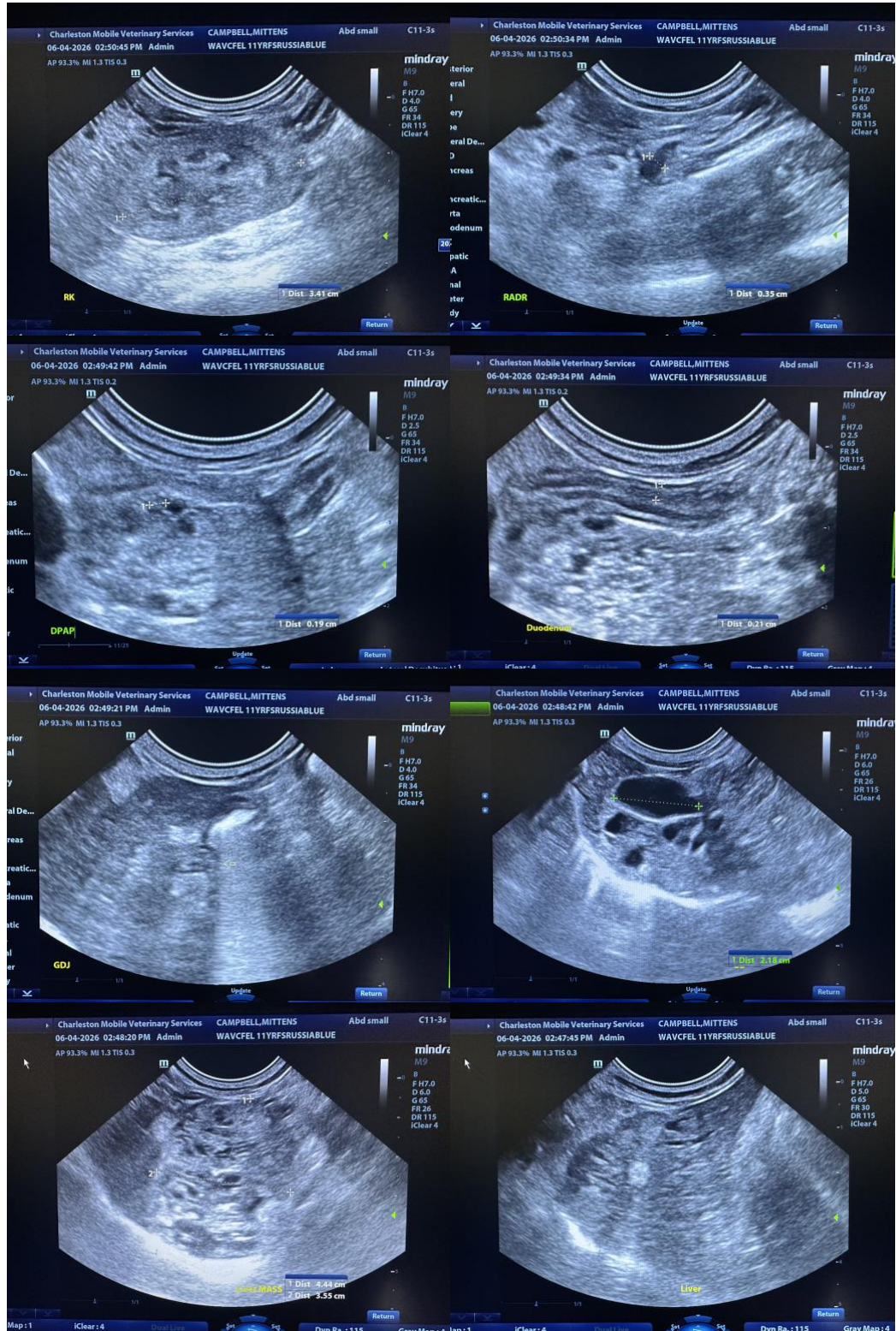
Dr Tierney

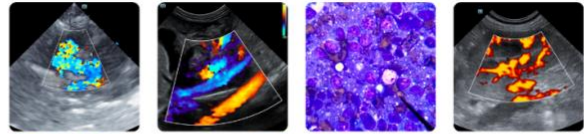
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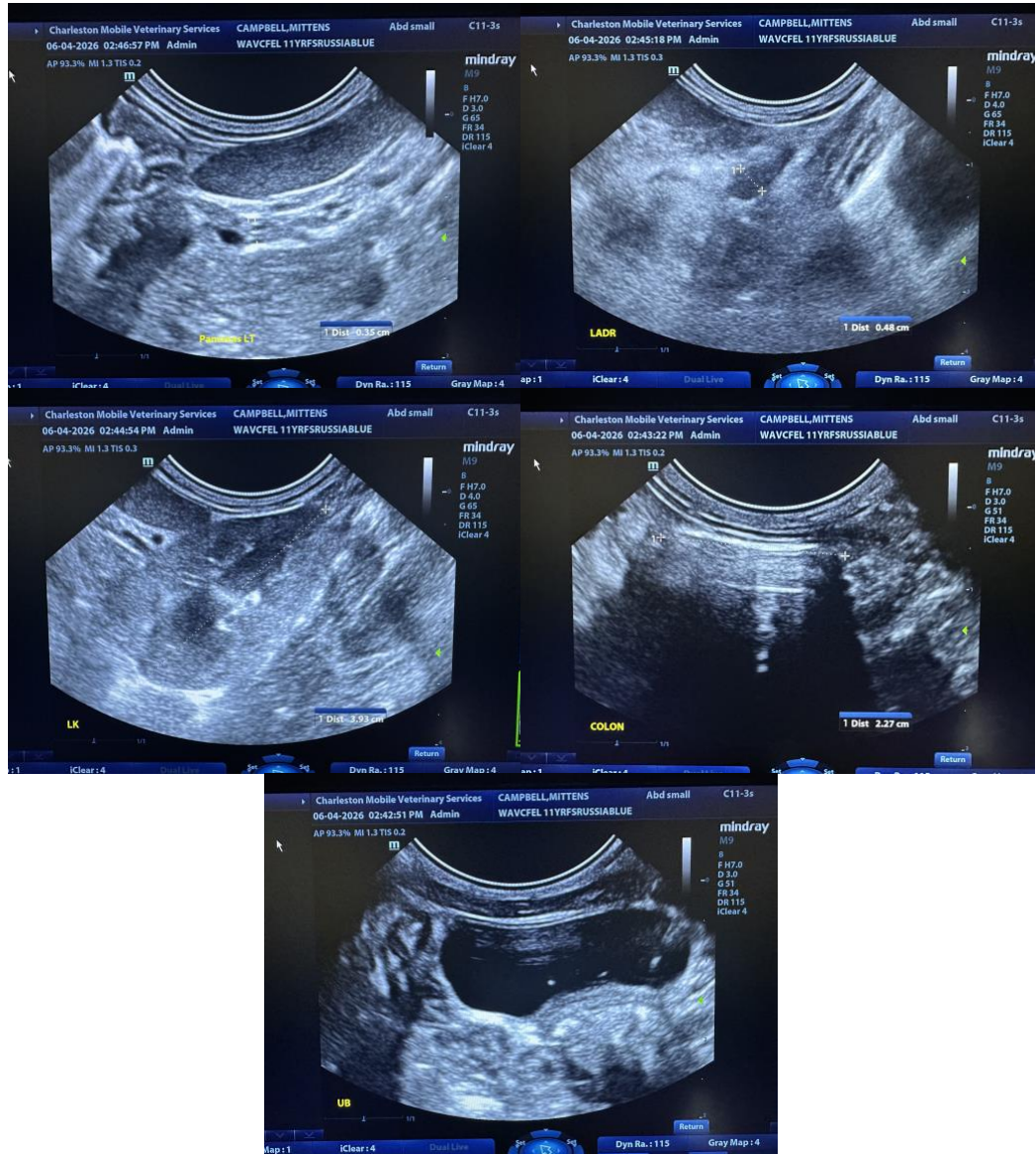
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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