

**PATIENT**

Tosci Bessel

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

15 Yrs.

**WEIGHT**

2.51 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Bridgeland VC

**REFERRING VET**

Dr. Flath

**INVOICE**

15112

**DATE**

7/17/23

**PRESENTING CLINICAL SIGNS**

**History:** Weight loss over past 12 months but dramatic weight loss over past 2 months. Intermittent hyporexia and chronic Hx of vomiting. Hx of Bartonella as a kitten with successful treatment and no related clinical signs since

**Abnormal PE/Chem/CBC/UA Results:** Mild hypercalcemia. Ionized calcium pending. Abdominal mass palpated mid-cranial region.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (3.91 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal 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 region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

*Spleen*

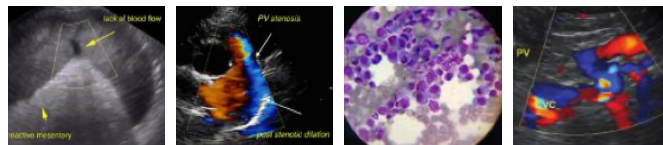
The spleen is normal in size (0.87 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled, bordering on "moth-eaten" appearance. No focal lesions are observed. Splenic vasculature is normal.

*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A few small hypoechoic nodules are visualized, the largest measuring 0.53 cm in its longest dimension. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder 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.

*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 to borderline thickened with retention of normal layering. A line of mucosal fibrosis is seen in some segments. The submucosal layer is also thickened in some regions. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



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## *Pancreas*

### **SPECIES**

The left limb and base are visible/prominent with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated. See also *Other*.

Feline

## *Free Abdomen*

### **BREED**

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Domestic shorthair

## *Other*

### **SEX**

An approximately 3 cm irregular heterogeneous vascular mass is observed in the cranial to mid-abdomen. A few prominent lymph nodes are visualized in the mid-abdominal region. Surrounding mesentery is hyperechoic.

Male, neutered

### **AGE**

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## **ULTRASONOGRAPHIC FINDINGS**

### **WEIGHT**

2.51 kg.

### **Primary Findings:**

- Cranial abdominal mass, the origin of which is unclear. It may be arising from pancreas, lymph node, mesentery, other. Neoplasia (i.e., lymphoma, carcinoma) is suspected with a lower possibility of a focal inflammatory process (i.e., pyogranulomatous). Adjacent peritonitis is present.
- The splenic parenchymal changes are also concerning for infiltrative neoplasia (i.e., lymphoma). However, a non-neoplastic process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar) cannot be excluded.

### **Secondary Findings:**

- The hypoechoic hepatic nodules may represent neoplasia (i.e., metastatic disease), inflammatory foci, granulomas, other.
- Bilateral chronic renal changes with non-obstructive nephrolithiasis.
- Urinary bladder debris.
- The abdominal lymphadenopathy may represent reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia.
- The pancreatic changes are suggestive of chronic pancreatitis.
- The small intestinal changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease).

### **INTERPRETED BY**

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### **INVOICE**

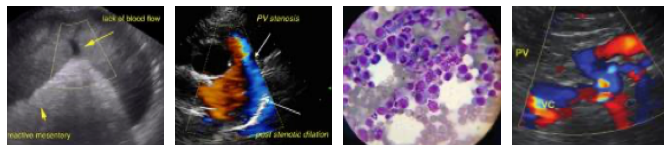
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## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If cytology results from the cranial to mid-abdominal mass and spleen are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.



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- Also consider a Texas GI panel including serum cobalamin, folate, TLI and PLI to assess for maldigestion/malabsorption and pancreatic disease.

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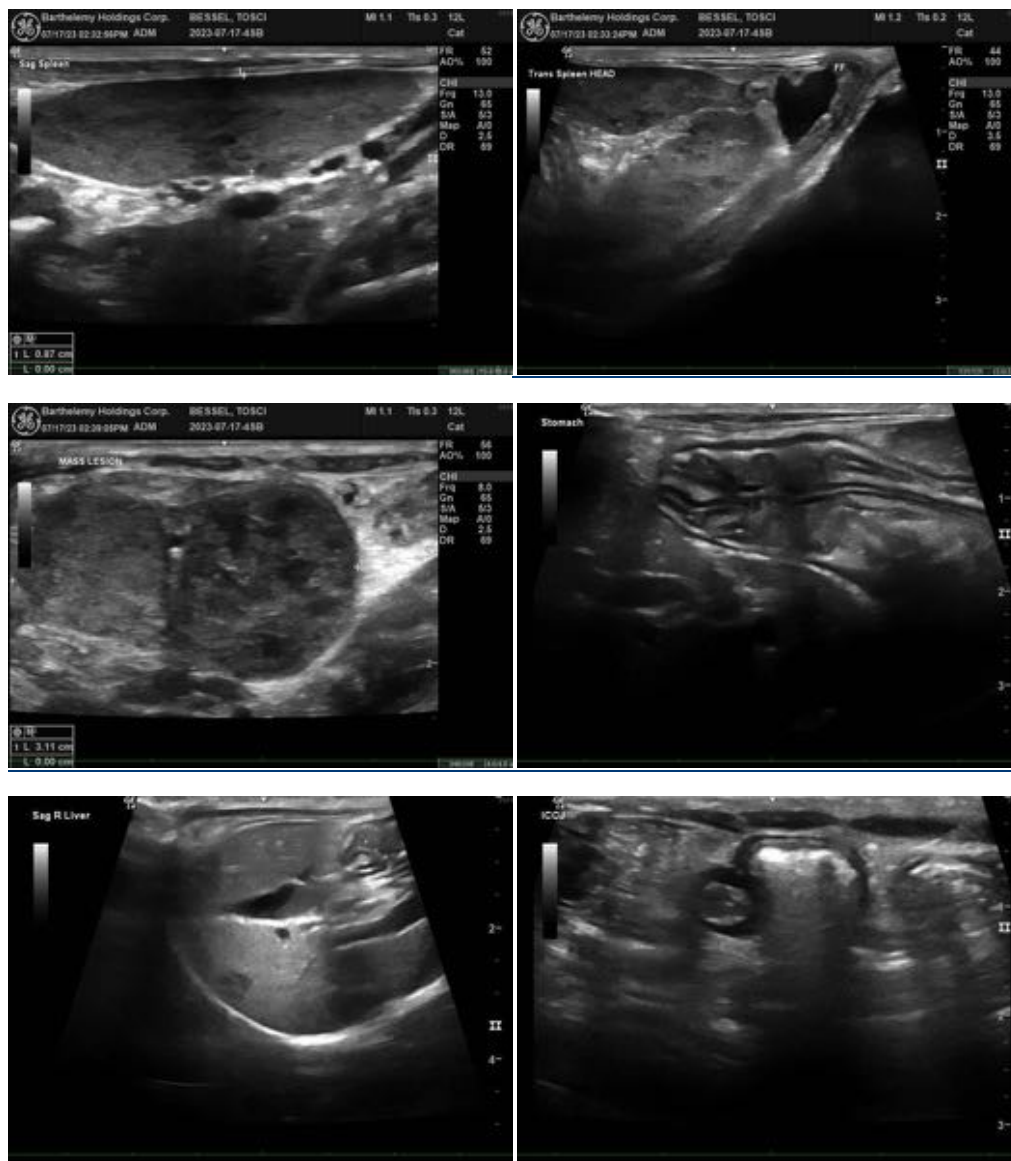
Dr. Flath

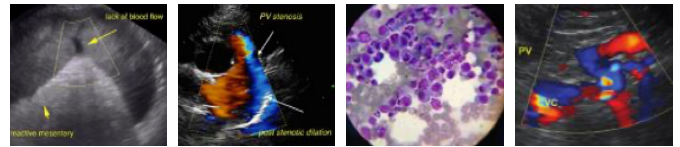
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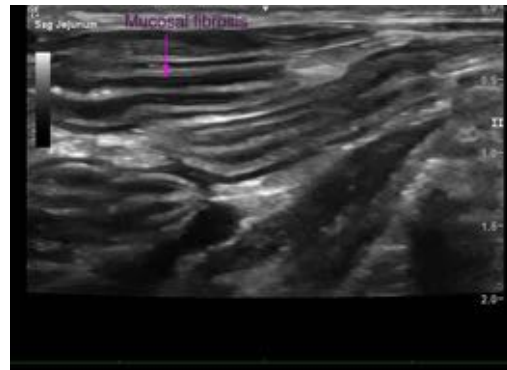
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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