

**PATIENT**

Chandler Binford

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

17.93 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Cone

**INVOICE**

11238

**DATE**

7.20.22

**PRESENTING CLINICAL SIGNS**

History: Declining appetite and several episodes of random vomiting. Physical exam overall normal. Patient is overweight and mildly fractious.

Abnormal PE/Chem/CBC/UA Results: Amylase 1554 (n=100-1200), PSL 77 (n=8-26), eosinophils 1204 (n=0-1000), basophils 602 (n=0-150)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The **left kidney** is normal size (4.61 cm in length); normal shape and architecture with 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.

The **right kidney** is normal size (4.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The region of the **adrenal glands** is evaluated. No obvious pathology is observed.

**Spleen**

The **spleen** is normal in size (1.10 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 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.

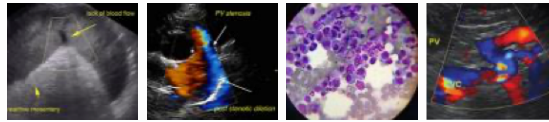
The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The **gastric lumen** is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestine is diffusely thickened (up to 0.29 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. At least one bowel segment is moderately thickened (up to 0.61 cm) with questionable retention of the normal layering pattern. The colonic wall is mildly thickened (up to 0.22 cm). (See also "Other" category).

**Pancreas**

(See also "Other" category).



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**Free Abdomen**

The mesentery in the cranial to midabdomen is hyperechoic. Trace free fluid is observed. A few enlarged, rounded, hypoechoic mesenteric **lymph nodes** are visualized, the largest measuring 2.45 cm in length. (See also "Other" category).

**Other**

A brief echocardiogram reveals no evidence of pericardial effusion.

An approximately 2.50 cm irregular, hypoechoic, heterogenous mass is observed in the cranial to mid-abdomen. Surrounding mesentery is hyperechoic.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Cranial to mid-abdominal mass, the origin of which is unclear. It may be arising from bowel, lymph node, pancreas, mesentery, other. Neoplasia (i.e., lymphoma, other) is suspected with a lower possibility of benign pathology.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia. A neoplastic process is favored.
- The peritonitis is likely secondary to the mass effect and lymph node pathology
- The diffuse small intestinal changes could be consistent with inflammatory bowel disease or emerging lymphoma.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

If accessible, fine-needle aspirates of the abdominal mass and mesenteric lymph nodes are recommended (if clotting status is appropriate). A 25 gauge-needle should be used. If cytology results are inconclusive or if lesions are not accessible, an abdominal exploratory with biopsies can be considered.

A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended.





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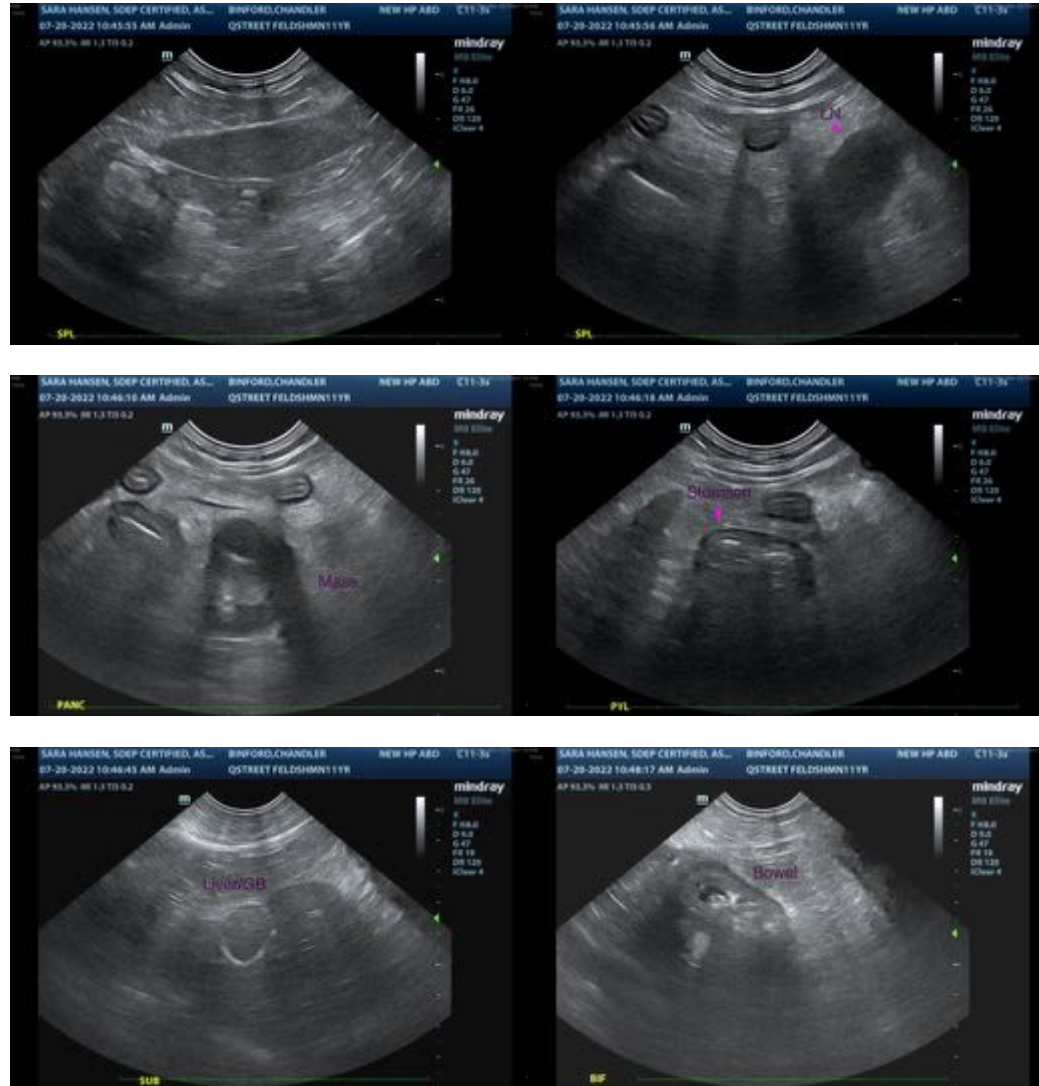
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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