



**PATIENT**

Lola Olivar

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Louise Mandeville

**HOSPITAL NAME**

BetterVet

**REFERRING VET**

Dr. Louise Mandeville

**INVOICE**

11256

**DATE**

7.22.22

**PRESENTING CLINICAL SIGNS**

History: double mammary chain removal 2 mos. ago due to adenocarcinoma, has now recurred. Staging ultrasound performed prior to seeing oncologist. Chest x-rays next week, Respiratory rate has increased.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately 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 2 cm, are normal.

The **left kidney** is normal size (3.36 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.

The **right kidney** is normal size (3.42 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 **left adrenal gland** is normal size (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**Spleen**

The **spleen** is prominent in size (1.04 cm in width at the level of the hilus) with a slightly swollen medial contour. There is appropriate echogenicity and echotexture. One to two, small, ill-defined hyperechoic nodules/areas 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** 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.

**Gastrointestinal**

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid-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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**Pancreas**

The left limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The



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pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**Free Abdomen**

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

- There is no obvious evidence of metastatic disease in the abdomen.

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**Secondary Findings**

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia). The hyperechoic splenic nodules/areas trends toward the benign (i.e., myelolipomas) with a lower possibility of emerging neoplasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor, bilateral age-related renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A fine-needle aspirate of the spleen can be considered (if clotting status is appropriate) to further assess for round cell neoplasia, although this is considered a less likely differential compared to more benign processes.

Further diagnostics and treatments should be based on the oncologist's recommendations.

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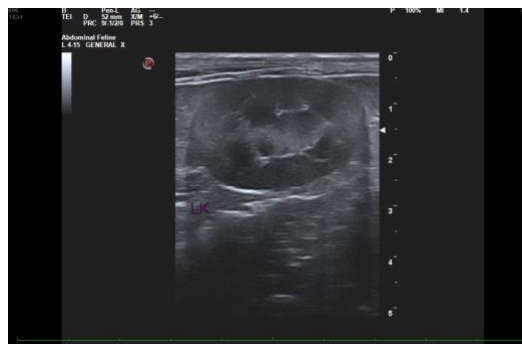
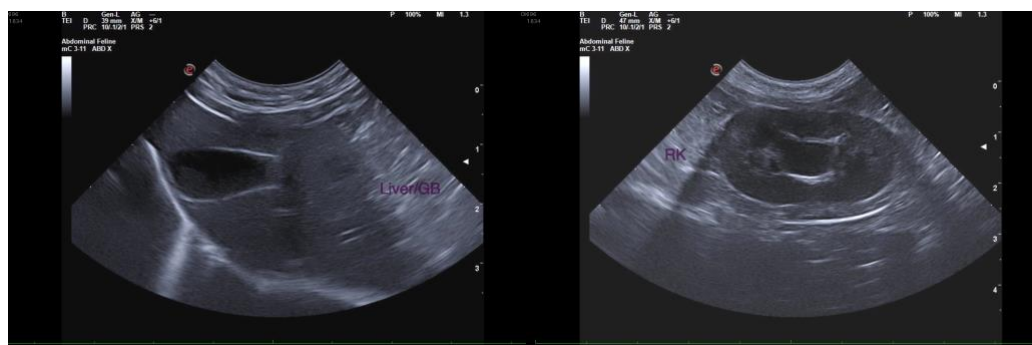
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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