

PATIENT PRESENTING CLINICAL SIGNS

Shiva Cote History. Weight loss, stridor and hind-end weakness.
Full-body radiographs reveal an opacity cranial to the kidneys.
SPECIES The thoracic radiographs reveal a minor bronchial pattern.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A small-to-moderate 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.

SEX

Neutered Male

AGE

12 years

The left kidney is normal size (4.71 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and mildly thickened with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

NP

The right kidney is normal size (4.52 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and mildly thickened with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM (*Small
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Adrenal Glands

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

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The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

HOSPITAL NAME

Pet Vet AH
Mt Pleasant

Spleen

The spleen is subjectively normal in size (0.59 cm in width at the level of the hilus). The parenchyma is of appropriate echogenicity and echotexture. A 1.25 x 0.69 cm irregular, hypoechoic nodule is observed at the cranial aspect. The lesion appears to cause slight capsular expansion. The parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

REFERRING VET

Dr. Luke

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

INVOICE

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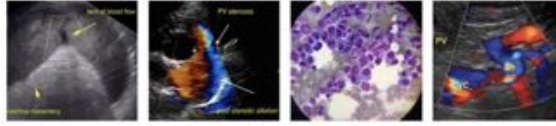
The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

DATE

7.28.23

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discrete masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



PATIENT *Pancreas*
(See "Other" category).

Shiva Cote

SPECIES *Free Abdomen*
There is no obvious evidence of free fluid.

Feline
BREED *Lymph Nodes*
(See "Other" category).

DSH
SEX *Other*
A 3.84 x 2.26 cm irregular heterogenous mass is observed in the left cranial- to midabdomen. The mesentery effacing the serosal surface is hyperechoic. Blood flow through the distal aorta and medial iliac arteries is normal.

Neutered Male

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

12 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT Primary Findings

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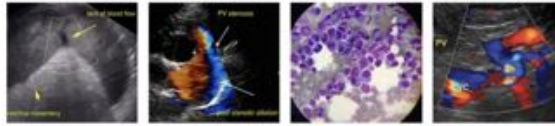
- Mass in the left cranial- to midabdomen, the origin of which is unclear. Possible origins include pancreas, lymph node, mesentery, other. A pancreatic origin is favored. Neoplasia (i.e., adenocarcinoma, round cell tumor, sarcoma) is suspected with a lower possibility of a focal inflammatory process. Mild adjacent peritonitis is present.
- The splenic nodule may represent a metastatic lesion, a primary splenic tumor, or a benign process (i.e., focus of lymphoid hyperplasia or similar).

Secondary Findings

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine-needle aspirates of the mass and splenic nodule can be considered (if clotting status is appropriate). A 25-gauge needle should be used. If the cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. If further diagnostics are not to be pursued, palliative care is recommended.



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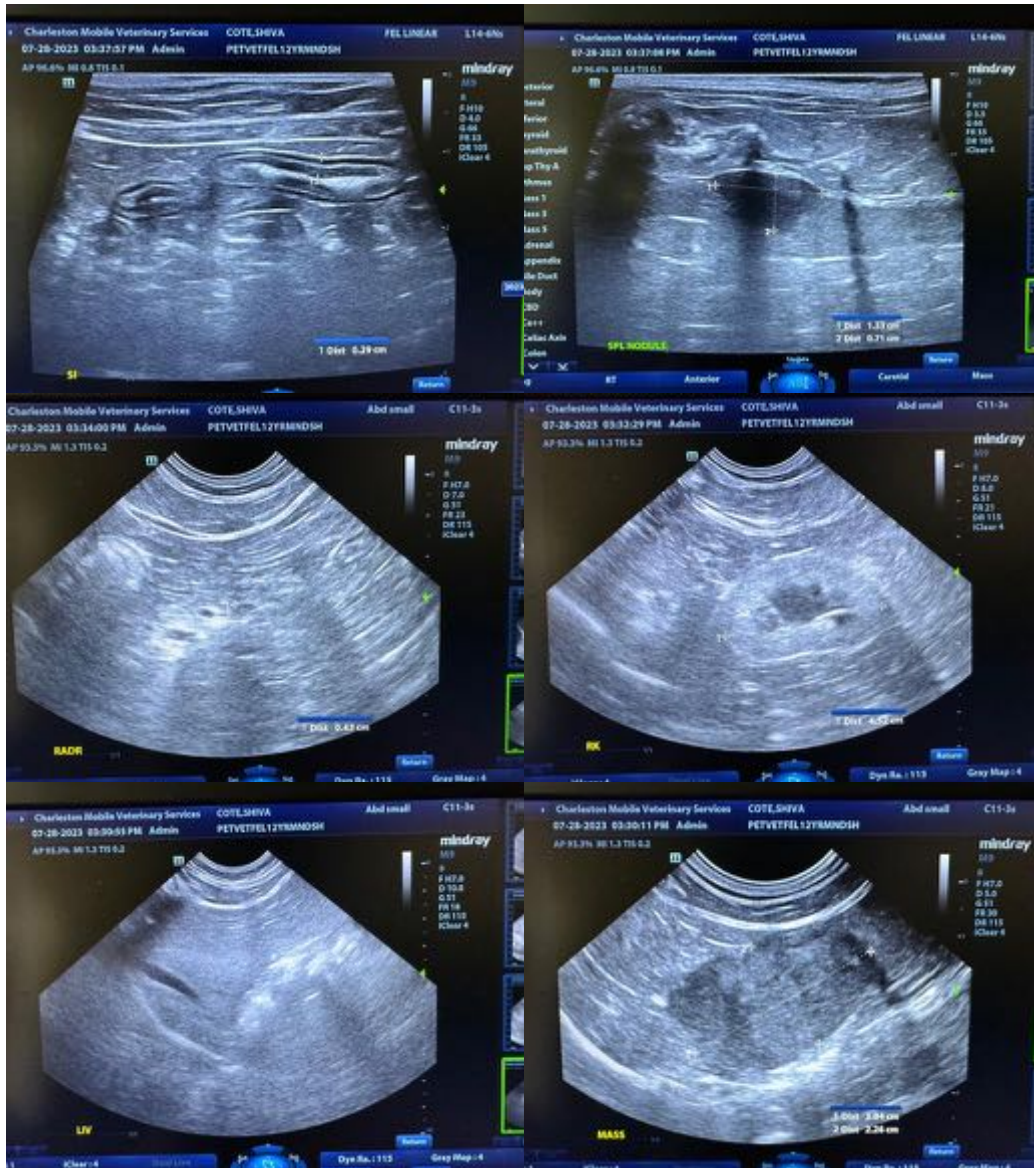
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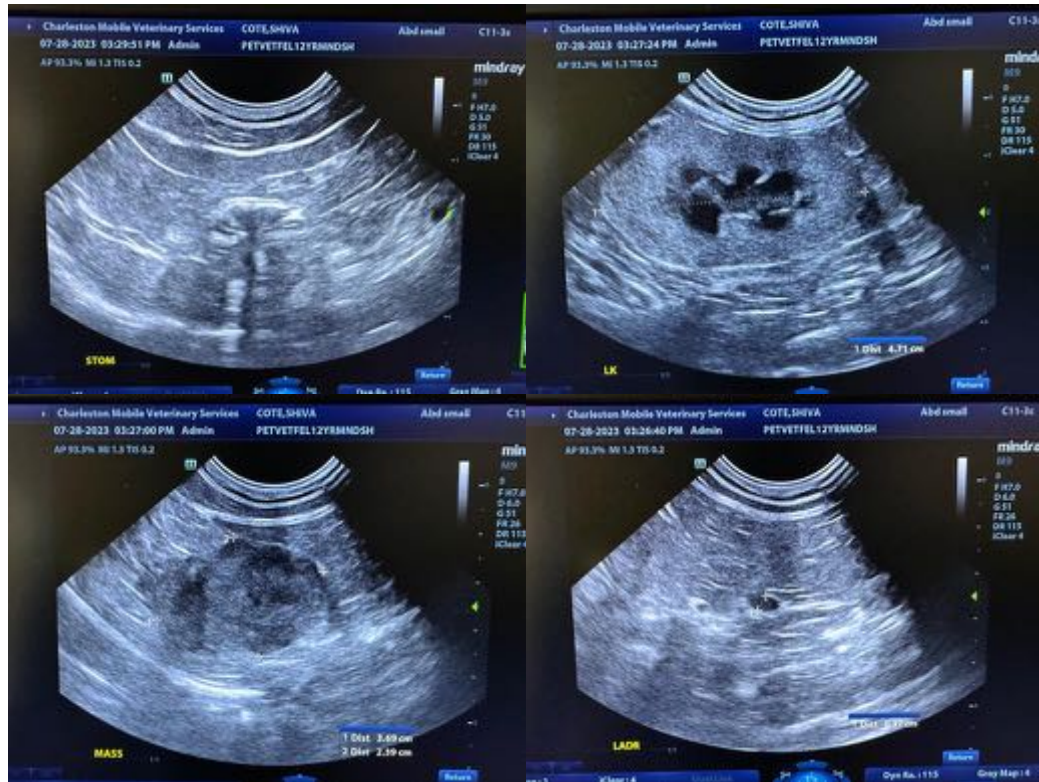
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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