



**PATIENT**

Clementine Cimellaro

**PRESENTING CLINICAL SIGNS**

History: Lethargy and not eating BW Friday- SDMA slightly high, otherwise normal

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Domestic shorthair

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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.

**SEX**

Female, spayed

The left kidney is normal size (3.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

17 Yrs.

The right kidney is normal size (3.60 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

5.38 kg.

*Adrenal Glands*

The region of the left adrenal gland is evaluated. No obvious pathology is seen.

**INTERPRETED BY**

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

The right adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (0.81 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.

**IMAGING PERFORMED BY**

Hess

*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. An approximately 3.7 cm hyperechoic to slightly heterogeneous subtly cystic mass is observed on the right side. In addition, a 0.88 cm hypoechoic nodule is also seen on the right. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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.

**HOSPITAL NAME**

Petmedic Urgent Care  
VC

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Dr. Fowler

*Gastrointestinal*

The gastric lumen is mildly to moderately distended with ingesta and soft shadowing material. 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 to moderately thickened (up to 0.31 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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***Pancreas***

Clementine Cimellaro

The left limb of the pancreas is prominent to enlarged with slightly irregular peripheral contours. The parenchyma was hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

**SPECIES**

Feline

***Free Abdomen***

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**BREED**

Domestic shorthair

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Female, spayed

**Primary Findings:**

- The pancreatic changes are consistent with moderate acute or chronic active pancreatitis.
- The right hepatic mass could be consistent with a benign process (i.e., biliary cystadenoma). Alternatively, a malignancy cannot be completely excluded. The hypoechoic hepatic nodule could be consistent with an inflammatory focus, granuloma, emerging tumor or an area of lymphoid hyperplasia.

**AGE**

17 Yrs.

**Secondary Findings:**

- Bilateral, non-specific degenerative renal changes.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma. The soft shadowing material within the gastric lumen could be consistent with normal ingesta and/or foreign material (i.e., hair).

**WEIGHT**

5.38 kg.

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(*Small Animal Internal  
Medicine*)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.
- Consider a fine needle aspirate of the hepatic mass, if accessible and if clotting status is appropriate. If the area is not accessible or if cytology results are inconclusive, consider surgical biopsy/removal. Three-view thoracic radiographs and clotting times (PT/PTT) should be performed prior to anesthesia.
- Given the pancreatic and bowel changes, a malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended.

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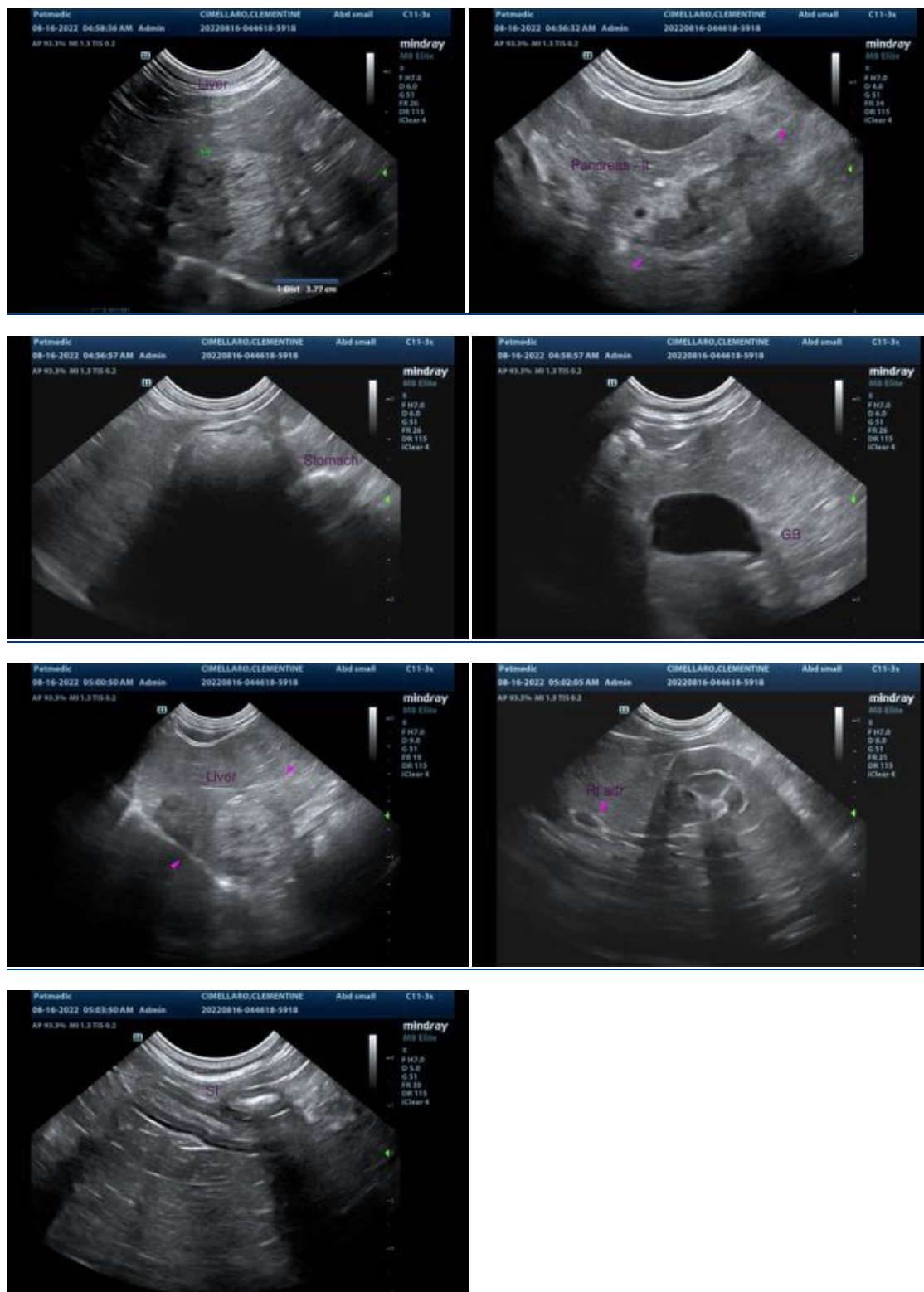
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

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.

Clementine Cimellaro

**SPECIES**

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

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