



PATIENT

Atticus Spendley

PRESENTING CLINICAL SIGNS

History: Large abdomen mass. Bloodwork shoes PCV = 27%, rest WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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 masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Neutered Male

The **left kidney** is normal size (4.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

8 years, 2 mos

The **right kidney** is normal size (4.21 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

15 lbs

Adrenal Glands

The **left adrenal gland** is normal size (0.26 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 seen.

Spleen

The **spleen** is normal in size (0.60 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 portal vein to caudal vena cava ratio is approximately 1: 1.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 0.32 cm) with apparent retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio, with a >1:1 ration in some segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

REFERRING VET

Dr. Zeliff

INVOICE

11462

Pancreas

The right limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

DATE

8.18.22

Free Abdomen

Trace free fluid is observed.

Lymph nodes

(See "Other" category)

Other

A >5.00 cm irregular, heterogenous mass effect is observed in the midabdominal region. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Irregular, mid-abdominal mass effect, the origin of which is unclear. It is suspected to be arising from lymph nodes. However, a mesenteric or other origin cannot be excluded. Neoplasia (i.e., round cell tumor) is suspected, with a lower possibility of a benign process (i.e., pyogranulomatous, lymphadenitis). Adjacent peritonitis is present.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

Secondary Findings

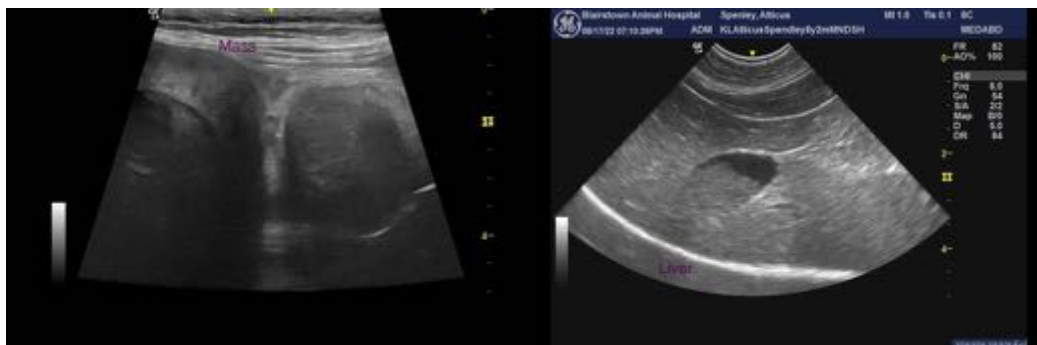
- Bilateral, nonspecific, age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

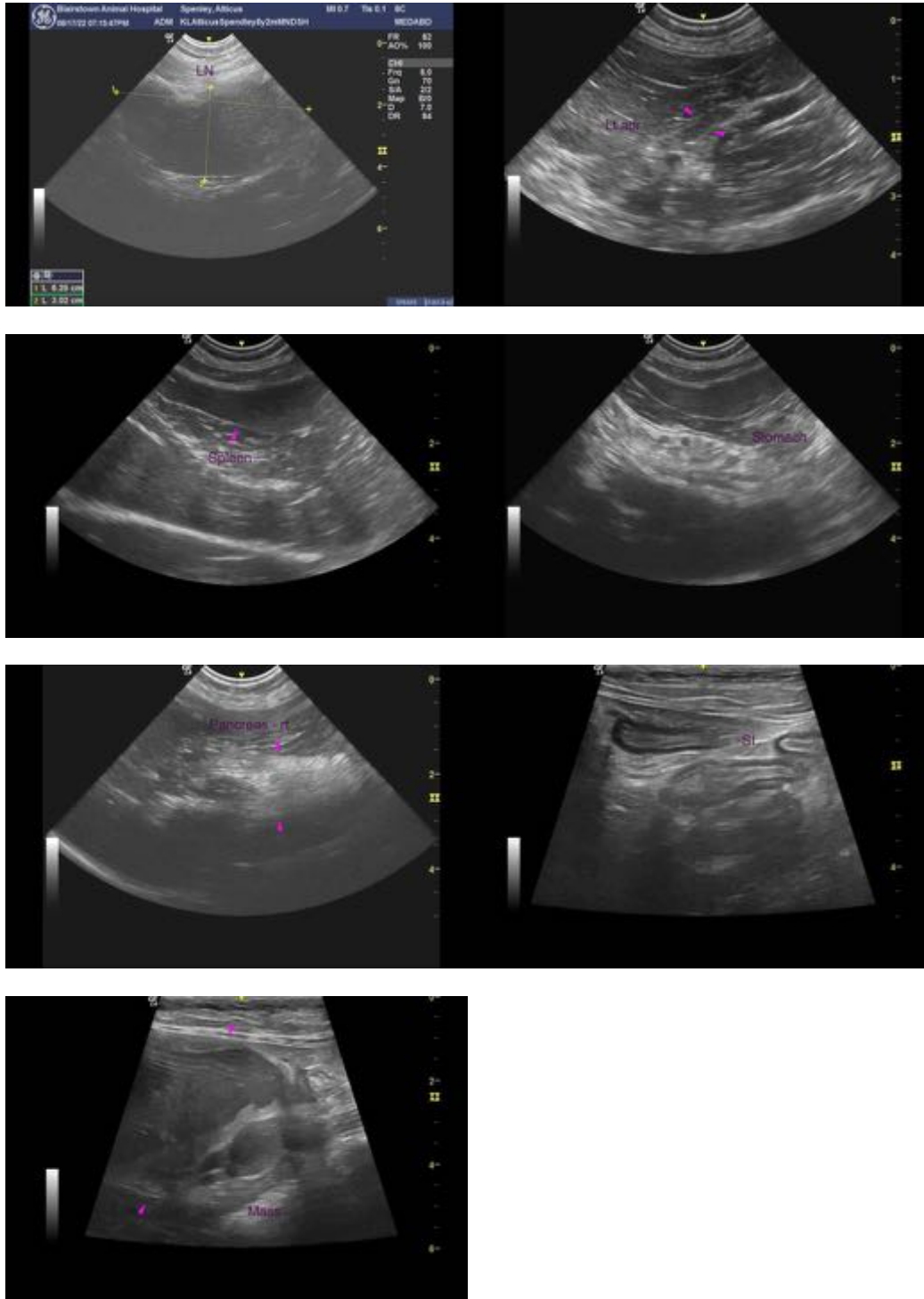
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

A fine-needle aspirate of the midabdominal mass is recommended, if clotting status is appropriate. A 25-gauge needle should be used.

Given the bowel changes, also consider a GI panel (send to Texas A&M).





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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