



PATIENT

Bebe St. Clair

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 years

WEIGHT

9.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Mountain AH

REFERRING VET

Dr. Woodward

INVOICE

11323

DATE

8.3.22

PRESENTING CLINICAL SIGNS

History: decreasing appetite and water intake few weeks - weight loss - lethargic - BCS 3/9 - diffuse reduction muscle mass - markedly enlarged left kidney on palpation meds: cerenia
Abnormal PE/Chem/CBC/UA Results: rads: left renomegaly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A 1.23 cm cystic calculus (versus aggregation of mineralized sand) is observed within the lumen, along with a small amount of aggregated, echogenic, suspended debris. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (4.18 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.20 cm in the longitudinal plane). A nonobstructive mineralized focus is observed near the pelvis. There is no evidence hydroureter. A 6.10 cm perinephric pseudocyst is surrounding the lateral aspect of the kidney. Echogenic debris is suspended within the cystic fluid. A small amount of hyperechoic mesentery is adhered to the surface of the cyst.

The **right kidney** is normal size (4.11 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. Mild pyelectasia is present (0.21 cm in the longitudinal plane). is no evidence of pyelectasia infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The **right adrenal gland** is normal size (0.44 cm length; 0.30 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. A 0.50 cm ill-defined hypoechoic nodule is visualized. Within the nodule, a pinpoint hyperechoic focus is seen. 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.

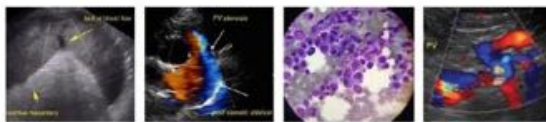
The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The visible portion of the **stomach** is unremarkable. Within the small intestine, a 1.79 x 1.50 cm irregular, hypoechoic mass is observed. The wall in this region is severely thickened (up to 0.89 cm) with a loss of the normal layering pattern. The mesentery effacing the serosal surface is mildly hyperechoic. The remainder of the small intestinal is normal in thickness with a normal layering pattern and appropriate mural detail. There is no evidence of an obstructive pattern.

Pancreas

(See "Other" category).



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Free Abdomen

A small to moderate amount of free fluid is present. The mesentery in the left cranial to midabdomen is hyperechoic and nodular in appearance.

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Lymph nodes

(See "Other" category).

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An approximately 2.00 cm echogenic mass is observed in the region of the left limb of the **pancreas**. Surrounding the mass, the mesentery is reactive. There are ill-defined hypoechoic nodules/areas within the mesentery.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Small intestinal mass. Neoplasia (i.e., adenocarcinoma, lymphoma) is suspected, with a lower possibility of a focal inflammatory process (i.e., pyogranulomatous).
- The origin of the mass in the left cranial quadrant is unclear. It may be arising from the pancreas, mesentery, lymph nodes, other. Again, there is concern for neoplasia with a lower possibility of an inflammatory process.
- Left perinephric pseudocyst with bilateral chronic age-related renal changes, pyelectasia and right nonobstructive nephrolithiasis
- The splenic nodule may represent a metastatic disease lesion. Alternatively, a benign process (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar) is also possible.
- The mesenteric changes in the left cranial to midabdomen could be consistent with neoplasia (i.e., carcinomatosis or reactive change). A neoplastic process is somewhat favored.

Secondary Findings

- Urinary bladder stone versus aggregated, mineralized sand

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Consider fine-needle aspirates of the bowel mass and the mass in the left cranial quadrant (if clotting status is appropriate). If cytology results are inconclusive or if the lesions are not accessible, an abdominal exploratory with biopsies may be necessary to get a definitive diagnosis. If pursued, consider a cystotomy with stone/sand removal submission for analysis and culture.

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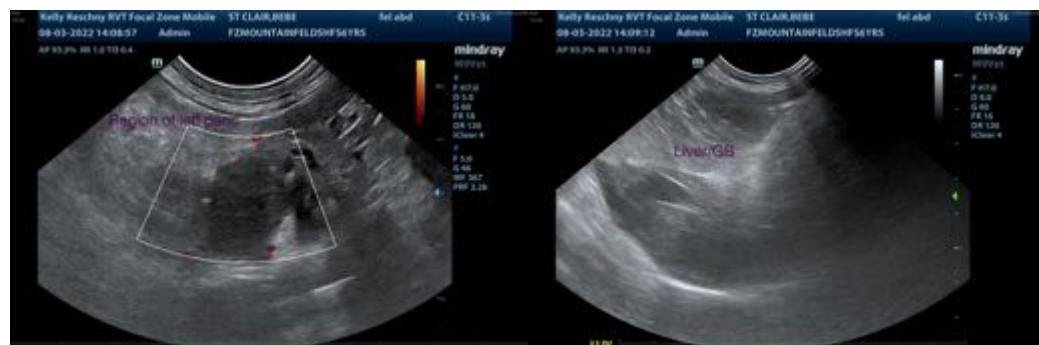
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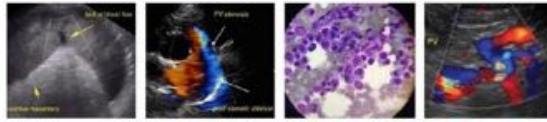
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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