



PATIENT	PRESENTING CLINICAL SIGNS
Feline Rescue Alma de Bahia	History: Patient presented as a rescue for exam and neuter. On examination it was noticed that the pt was already neutered, and also noticed a mass in the cranial abdomen. An abdominal ultrasound was done to further evaluate. FNA was done of the mass, but cytology was declined.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: PE: Mass on cranial abdominal mass BW: CBC RDW: 28.8 15.0 - 27.0 % FIV/FELK: neg/neg
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
DSH	The urinary bladder wall 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 1-2 cm, are normal.
SEX	
Neutered Male	The left kidney is normal size (4.09 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter
AGE	
6 years	The right kidney is normal size (3.83 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter
WEIGHT	
9.6 lbs	Adrenal Glands
	The left adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
INTERPRETED BY	
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	The right adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
IMAGING PERFORMED BY	Spleen
Dr. G. Ferrer, DVM	The spleen is subjectively enlarged with irregular peripheral contours. A 2.81 x 1.42 cm hypoechoic to heterogenous mass is arising from the parenchyma. The lesion causes capsular expansion. The remaining splenic parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.
HOSPITAL NAME	Liver
Paseos VC	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.
REFERRING VET	
Dr. Gabriel Ferrer	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.
INVOICE	Gastrointestinal
11576	The gastric lumen is minimally fluid-distended. The gastric wall in the region of the fundus is normal to mildly thickened (up to 0.55 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.
DATE	
9.1.22	

Pancreas

The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent, slightly rounded, mesenteric **lymph nodes** are visualized, the largest measuring 0.95 cm in length. Two prominent medial iliac lymph nodes are also seen, the largest measuring 1.11 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass. Neoplasia (i.e., round cell tumor, sarcoma) is considered likely with a lower possibility of a benign process (i.e., focus of extramedullary hematopoiesis, lymphoid hyperplasia, or similar).

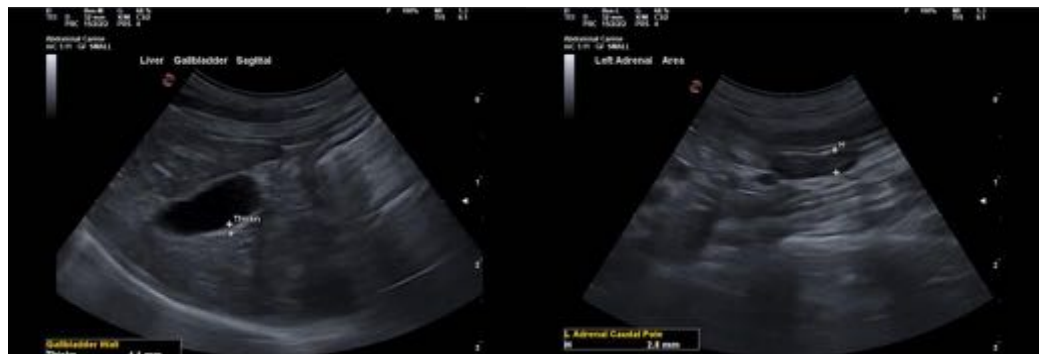
Secondary Findings

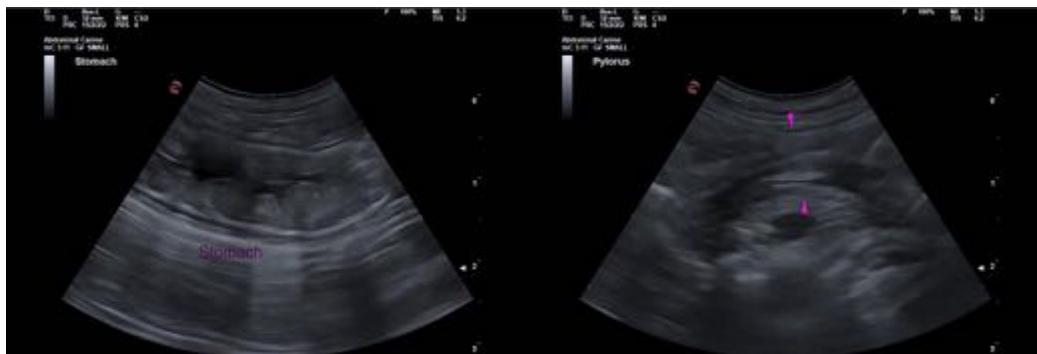
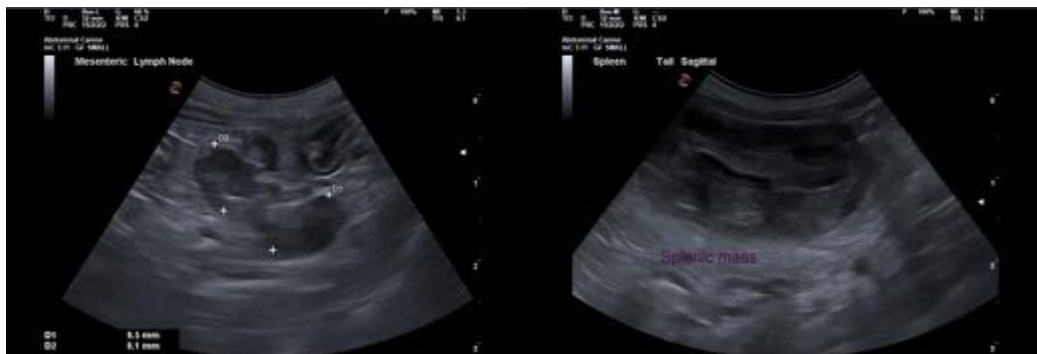
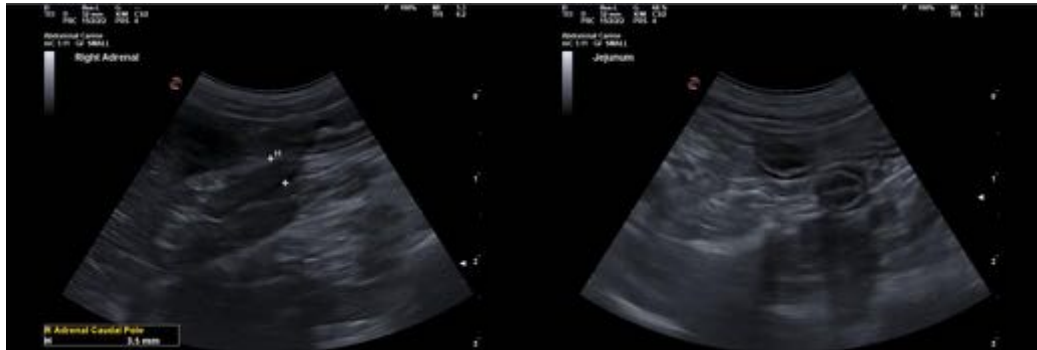
- Bilateral chronic age-related renal changes.
- The gastric wall thickening is most consistent with gastritis with a lower possibility of emerging neoplasia.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally cytology of the prominent lymph nodes and splenic mass would be submitted for evaluation. If cytologic evaluations are not pursued, consider empirical treatment for lymphoma with corticosteroids, as long as the client understands the risks of treatment without a definitive diagnosis.

Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if corticosteroids are to be initiated.





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