



## PATIENT PRESENTING CLINICAL SIGNS

**Luna Brannon** History: acute on chronic vomiting decreased appetite wheezing and increased respiratory effort  
 Abnormal PE/Chem/CBC/UA Results: palpable thickening/mass impression in cranial abdomen recent BW showed pancreatitis, otherwise chem/cbc/t4/ua wnl chest rads pending today

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

13 years

## WEIGHT

11 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christina Sitton

## HOSPITAL NAME

Sherwood Family PC

## REFERRING VET

Christina Sitton

## INVOICE

11558

## DATE

9.1.22

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant 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.

The **left 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.

The **right kidney** is normal size (3.81 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.

### Adrenal Glands

The **left adrenal gland** is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is upper limits of normal size (0.50 cm width), with a slightly rounded shape and glandular echogenicity and detail. Surrounding vasculature appears normal.

### Spleen

The **spleen** is normal in size (0.68 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

### Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A 0.41 cm hyperechoic nodule is observed at the cranial aspect. The remaining parenchyma appears homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. (See also "Other" category).

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

### Gastrointestinal

The **gastric lumen** is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal to mildly thickened (up to 0.72 cm) with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal.

### Pancreas

The left limb of the **pancreas** is enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter). Surrounding mesentery is hyperechoic (see also "Other" category).

### **Free Abdomen**

A small amount of free fluid is present.

### **Lymph nodes**

(See "Other" category)

### **Other**

An approximately 4.00 cm irregular, heterogenous mass-like lesion is observed in the right cranial abdomen. The lesion appears to have an outer wall with areas that appear to contain echogenic fluid. Surrounding mesentery is hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Right cranial abdominal mass effect, the origin of which is unclear. It may be arising from pancreas, liver, lymph node, mesentery, other. Differentials include neoplasia, abscess, abscessed tumor, other. Regional peritonitis is present.

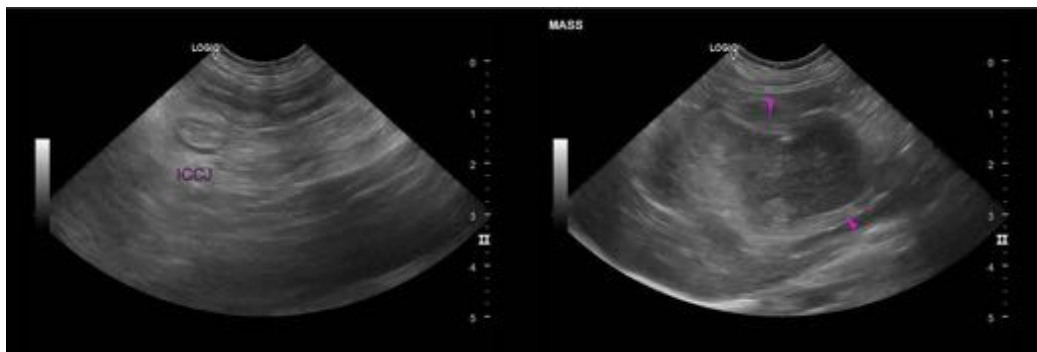
### **Secondary Findings**

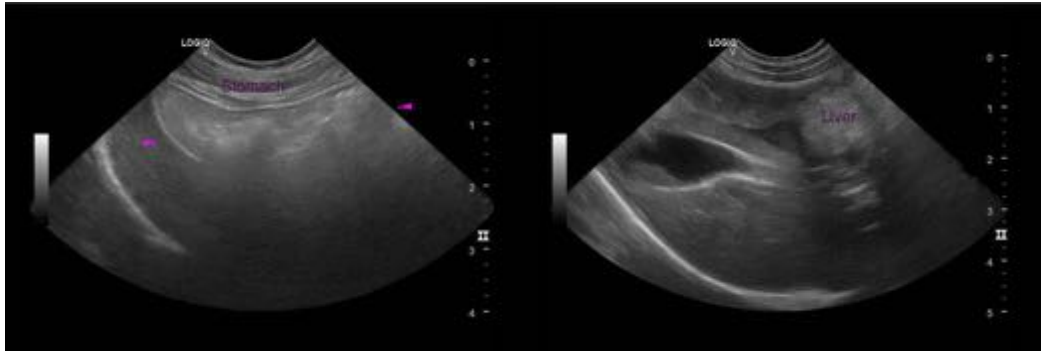
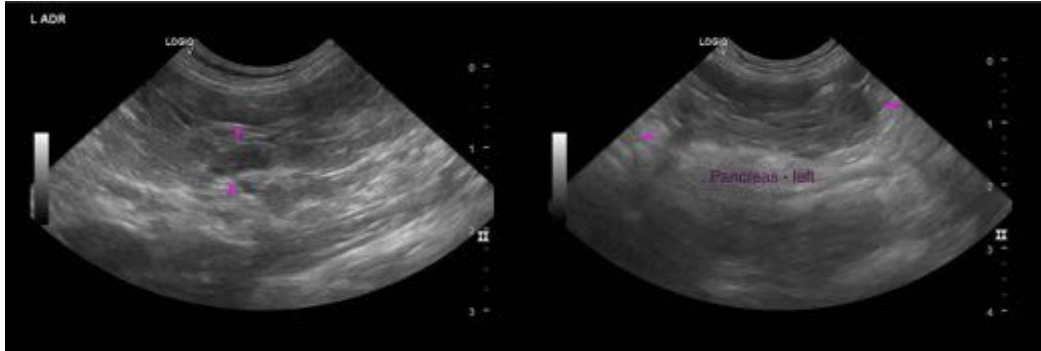
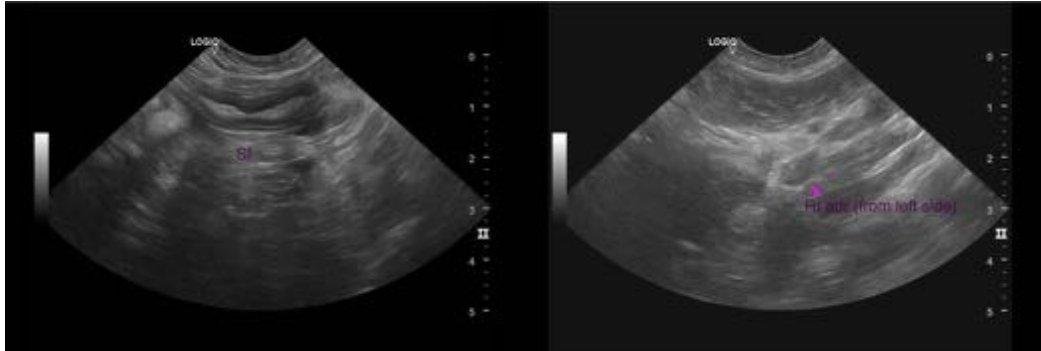
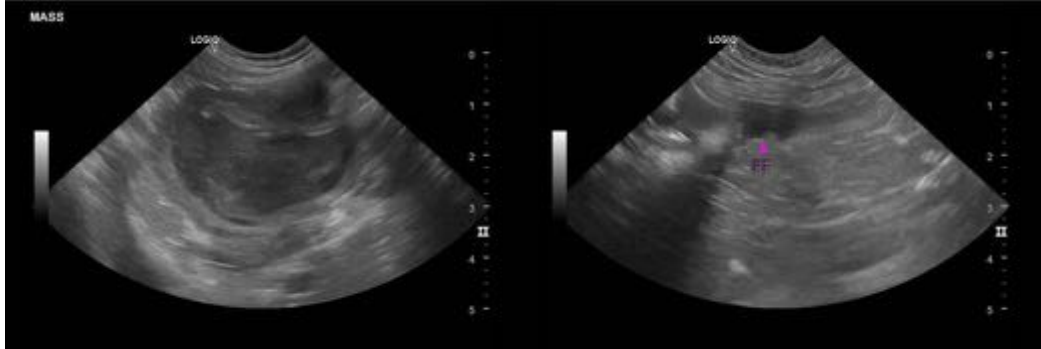
- The pancreatic changes in the left limb are consistent with chronic active pancreatitis with age-related remodeling, +/- fibrosis.
- Bilateral degenerative renal changes
- The hyperechoic hepatic nodule could be consistent with an inflammatory focus, granuloma, tumor, other.
- The small intestinal wall changes are suggestive of inflammatory bowel disease with some potential for emerging lymphoma.

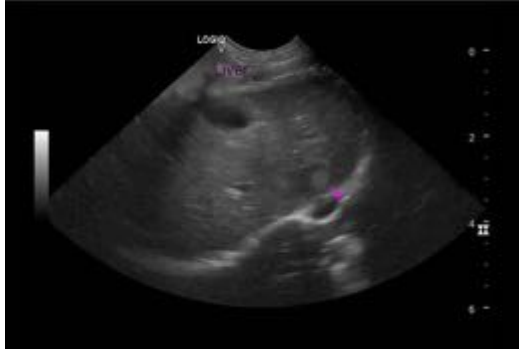
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. Aspiration of the mass can be considered before attempting surgery, if clotting status is appropriate.







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](mailto:info@SonoPath.com)