



**PATIENT PRESENTING CLINICAL SIGNS**

Millie Nell Presented for questionable painful abdomen, failure to groom - urine/fecal staining on the back end. ADR.

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

5.18.11

**WEIGHT**

N/A

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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DVM, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**HOSPITAL NAME**

Brighton AH

**REFERRING VET**

Mackenzie Ciccone

**INVOICE**

11657

**DATE**

9.19.2022

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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 2 cm, are normal.

The **left kidney** is normal size (3.79 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 hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (4.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The **left adrenal gland** is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The **spleen** is normal in size (0.85 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.

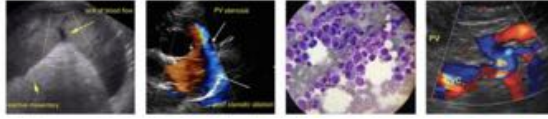
The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The **gastric lumen** is moderately distended with ingesta. 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 with a normal layering pattern and appropriate mural detail. Discrete masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**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.



**PATIENT**

Millie Nell

**Free Abdomen**

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. Two to three prominent **lymph nodes** are observed in the mid- to caudal abdomen, the largest measuring 0.97 cm in diameter. Surrounding mesentery is mildly hyperechoic.

**SPECIES**

Feline

**Other**

A brief **echocardiogram** reveals no evidence of pericardial effusion.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DMH

**Primary Findings**

**SEX**

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Emerging neoplasia (i.e., lymphoma) also cannot be completely excluded
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

Neutered Male

**AGE**

5.18.11

\*An obvious cause for the patient's clinical signs is not identified in this study.

**WEIGHT**

N/A

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If proteinuria is present on the urinalysis, a UPC is recommended.
- If the patient is exhibiting overt gastrointestinal signs (i.e., vomiting, diarrhea, weight loss, loss of appetite), consider further work-up (i.e., A fecal evaluation for ova and Giardia, malabsorption panel (serum cobalamin and folate, TLI and PLI), +/- GI biopsies).
- Consider a repeat ultrasound in 3-4 weeks to reassess the lymph nodes for growth.

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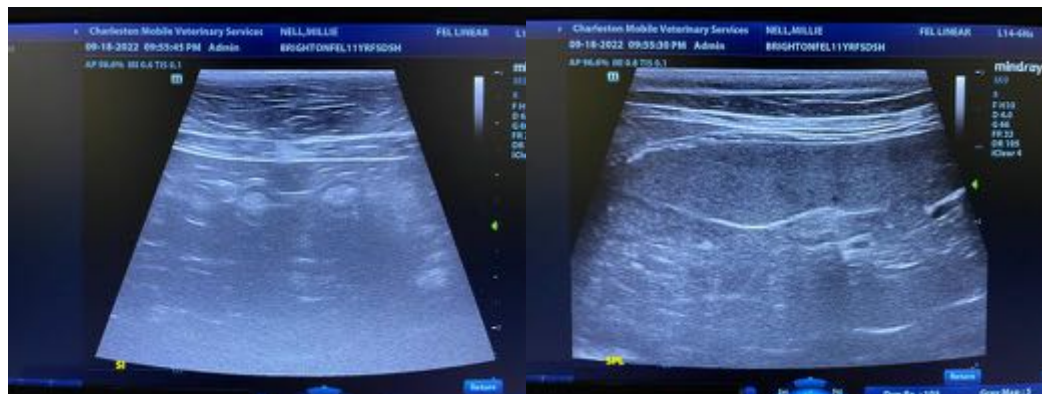
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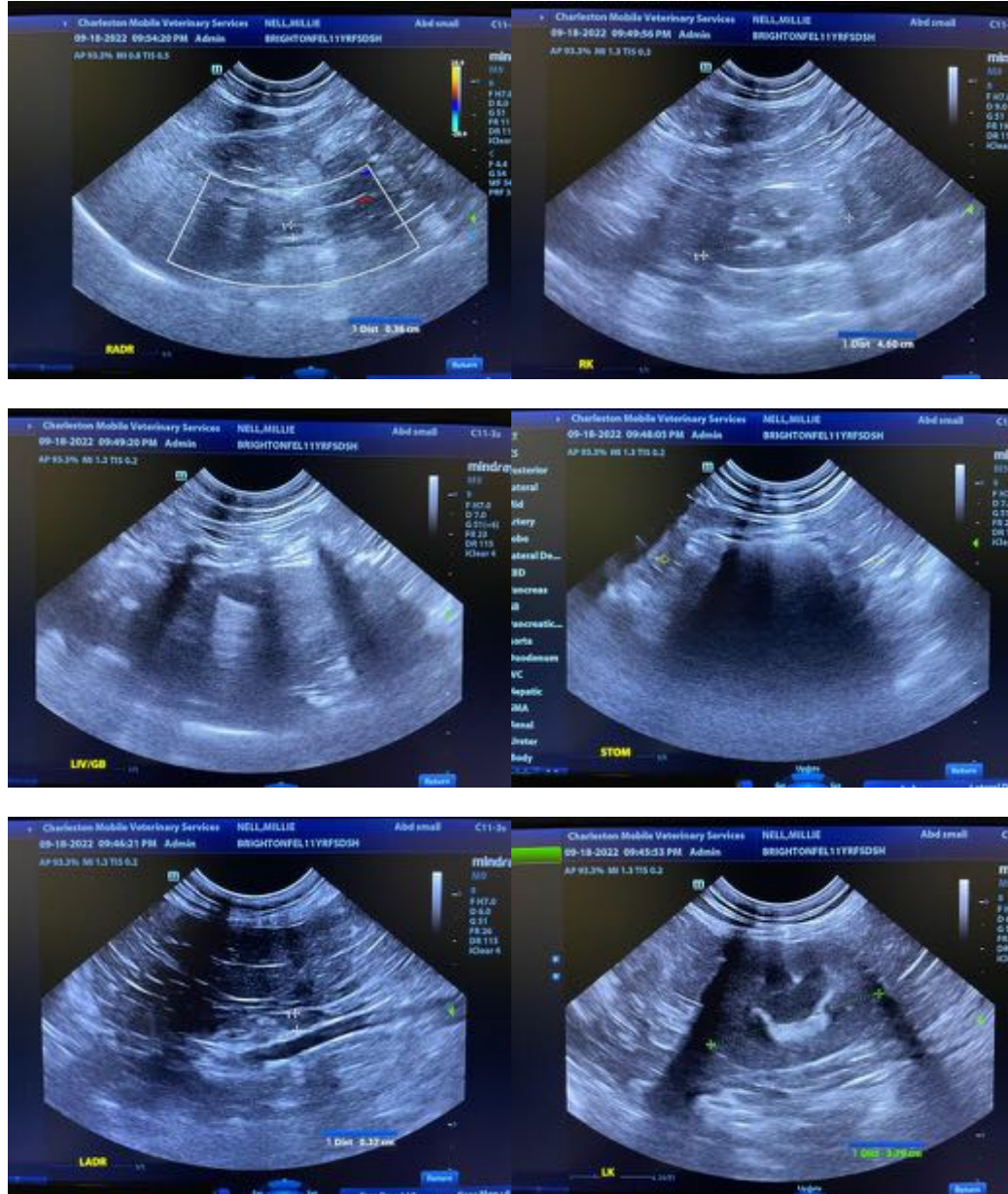
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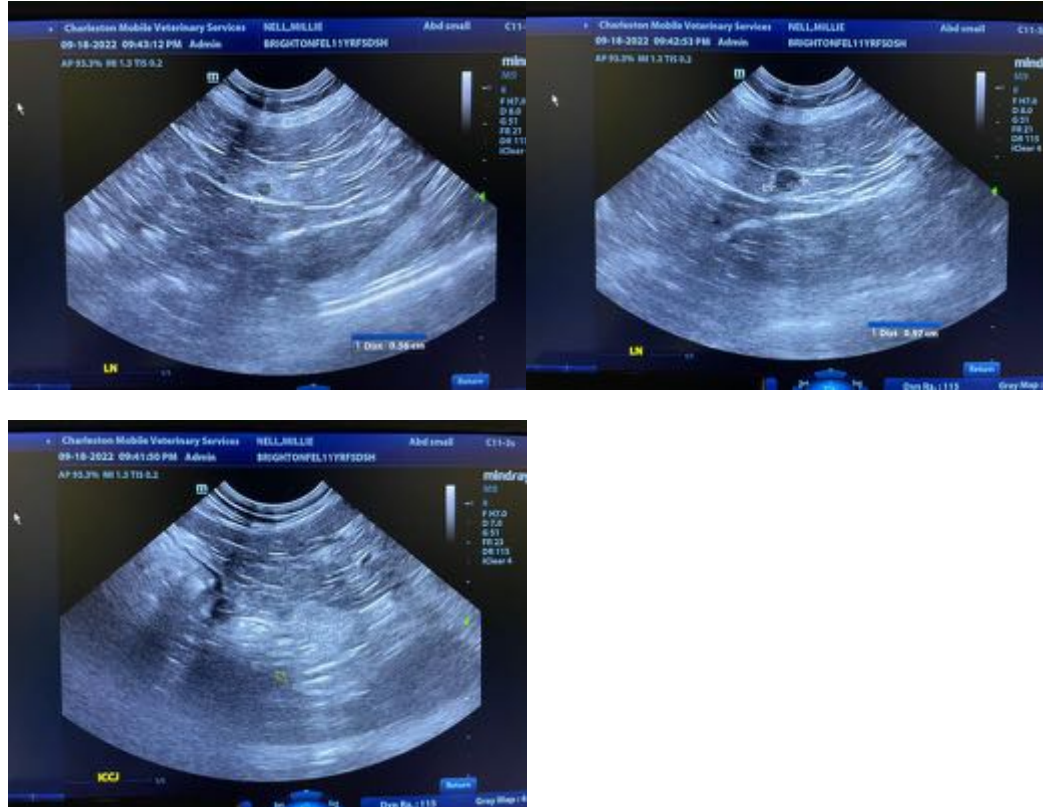
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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