

**DATE PRESENTING CLINICAL SIGNS**

9.22.2022 Hx of weight loss, anorexia, BCS 1.5/5, irregular, nodular mid-abdominal mass palpated.  
Current Medications: Mirtazapine.

**PATIENT**

Pete Rice Lab Results: See attached.  
BUN 48. Hematocrit 16. Platelets 77,000.  
Radiographs: Concern for mid abdominal space occupying mass and possible free fluid d/t loss of detail ventral cranial abdomen.

**SPECIES**

Feline Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9/15/2011

**WEIGHT**

6.9lbs

**INTERPRETED BY**

Andrea Nicastro,  
DMV, Diplomate  
DACVIM (Small  
Animal  
Internal Medicine)

**HOSPITAL NAME**

Bayside Animal  
Medical Center

**REFERRING VET**

Dr. Beigel

**INVOICE**

11686

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (3.45 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The **right kidney** is normal size (3.56 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

**Adrenal Glands**

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

**Spleen**

The **spleen** is enlarged with swollen, irregular peripheral contours. A >3.00 cm isoechoic mass effect is observed approximately mid-spleen. The parenchyma is otherwise homogenous. Splenic vasculature is normal with no evidence of thrombosis.

**Liver**

The **liver** is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen, with a few, small, ill-defined hypoechoic nodules/areas. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, mostly adhered 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 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.

### ***Pancreas***

The left limb is prominent in size with slightly irregular peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

### ***Free Abdomen***

A moderate amount of free fluid is present. The mesentery throughout the abdomen is hyperechoic. The abdominal **lymph nodes** are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

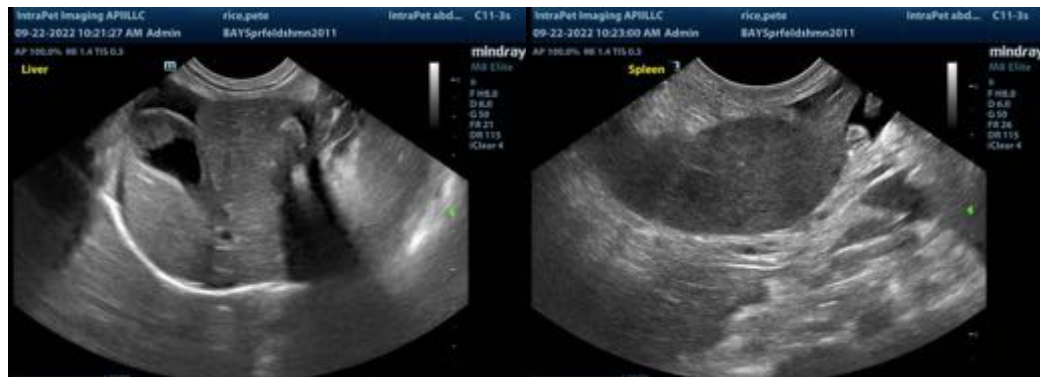
- The splenic changes are more concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of benign pathology.
- The hepatic parenchymal changes are nonspecific and may be secondary to infiltrative neoplasia, inflammatory disease, hepatic lipidosis, age-related remodeling and/or other hepatopathy.
- Diffuse peritonitis is present, likely secondary to splenic +/- hepatic pathology.

### **Secondary Findings**

- The pancreatic changes could be consistent with age-related remodeling, +/- concurrent pancreatitis.
- Bilateral degenerative renal changes with dystrophic mineralization

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

Fine-needle aspirates of the spleen, free fluid, +/- liver are recommended if clotting status is appropriate. Twenty-five gauge-needles should be used. If cytology results are inconclusive, surgical biopsies or other advanced testing may be necessary to get a definitive diagnosis. Three-view thoracic radiographs are also recommended to evaluate cardiopulmonary status.





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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