



PATIENT

Mandy Romano

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female spayed

AGE

9 Years

WEIGHT

10.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vasquez, CVT

HOSPITAL NAME

Oakland Animal
Hospital

REFERRING VET

Dr. Chabora

INVOICE

11879kk

DATE

9/23/21

PRESENTING CLINICAL SIGNS

History: Suspect intestinal lymphoma.

Current med: Pred. liquid BID.

Abnormal PE/Chem/CBC/UA Results: 25K WBC 9/13/21, elevated lymphocytes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of aggregated, echogenic debris is observed within the lumen. 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 (3.59 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.88 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.57 cm length; 0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.79 cm length; 0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (0.92 cm in width at the level of the hilus) with slight scalloping of the medial 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. The portal vein to caudal vena cava ratio is approximately 1:1. 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 stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 not dilated. The small intestinal wall



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thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

The pancreas is diffusely prominent to enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter). The surrounding mesentery is hyperechoic. There is evidence of peripancreatic effusion.

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Free Abdomen

Trace free fluid is observed. Two prominent mid-abdominal lymph nodes are visualized. The largest measuring 0.67 cm in length.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are most consistent with acute or acute-on-chronic pancreatitis with regional peritonitis. Pancreatic neoplasia is possible but considered less likely.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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Secondary Findings:

- Bilateral, age-related renal changes,
- Urinary bladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.
2. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
3. A malabsorption panel including serum cobalamin, folate, PLI and TLI is also recommended to assess for concurrent gastrointestinal disease.

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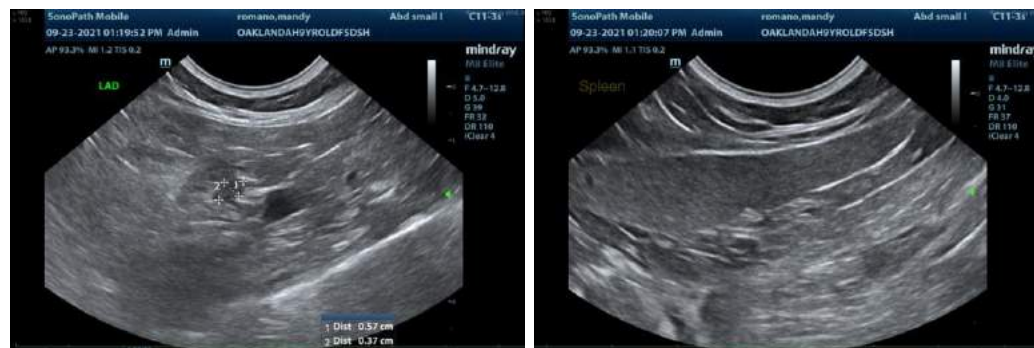
Dr. Chabora

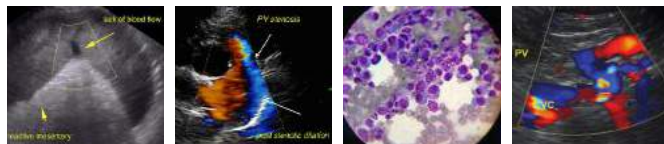
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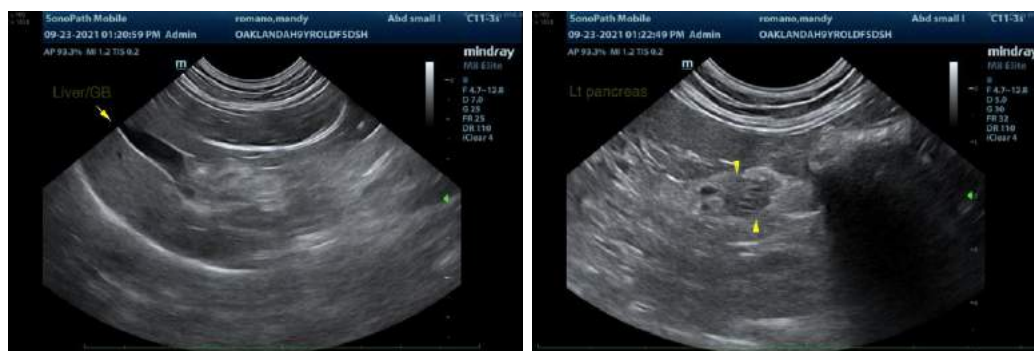
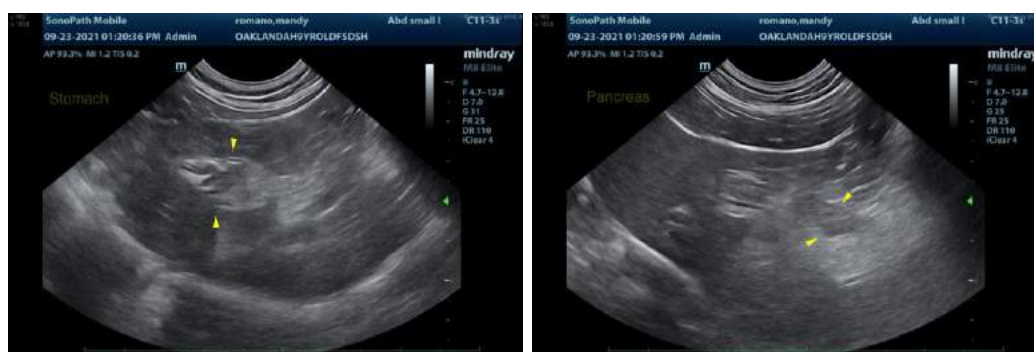
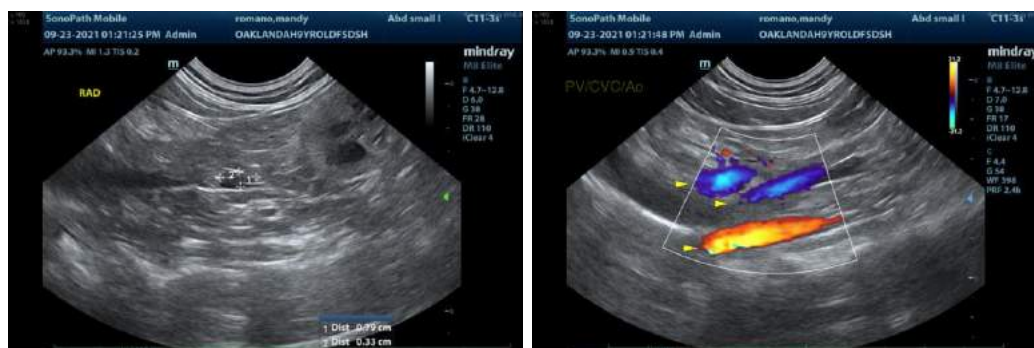
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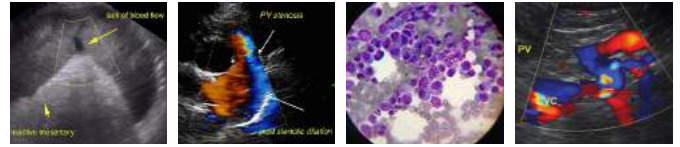
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com