



PATIENT

Cole Pfeil

PRESENTING CLINICAL SIGNS

History: Intermittent V/D. Increased appetite. Weight loss.

Abnormal PE/Chem/CBC/UA Results: N/R

SPECIES

Feline

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 suspended 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.

BREED

Domestic Shorthair

SEX

Male Neutered

The left kidney is normal size (4.13 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.

AGE

12 Years

The right kidney is normal size (4.45 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.

WEIGHT

10.4 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.83 cm length; 0.47 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 (0.73 cm length; 0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Jessica Miller

Spleen

The spleen is normal in size (0.86 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.

HOSPITAL NAME

Parsippany AH

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A few, ill-defined, hypoechoic nodules/areas are observed within the hepatic parenchyma. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Dulude

Gastrointestinal

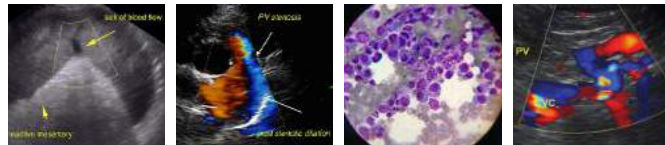
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A 2.89 x 1.95 cm irregular, hypoechoic, small intestinal mass is visualized. The wall in this region is severely thickened (up to 1.01 cm) with loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. In the remaining small intestinal segments, the wall is normal to mildly thickened (up to 0.40 cm) with a normal layering pattern. There is disruption in

INVOICE

11895kk

DATE

9/24/21



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the normal 1:3 muscularis to mucosal ratio and thickening of the submucosal layer in most segments. The ileocolic junction and colonic wall are normal. The colonic lumen contains granular appearing fecal material. There is no obvious evidence of an obstruction.

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Pancreas

The pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Domestic Shorthair

Free Abdomen

Trace free fluid is observed. The mesenteric lymph nodes are severely enlarged, creating a mass-effect. The parenchyma is hypoechoic to heterogeneous with some cavitated areas. Surrounding mesentery is hyperechoic.

SEX

Male Neutered

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

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- Small intestinal mass. Neoplasia (i.e., round cell tumor, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present.

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- The severe mesenteric lymphadenopathy is most consistent with infiltrative neoplasia. Although, reactive lymphadenitis and lymphoid hyperplasia cannot be completely excluded.

Secondary Findings:

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- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bilateral, age-related renal changes.
- Urinary bladder debris.

IMAGING PERFORMED BY

Jessica Miller

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1. Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
2. Fine needle aspirates of the bowel mass and abdominal lymph nodes are recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.

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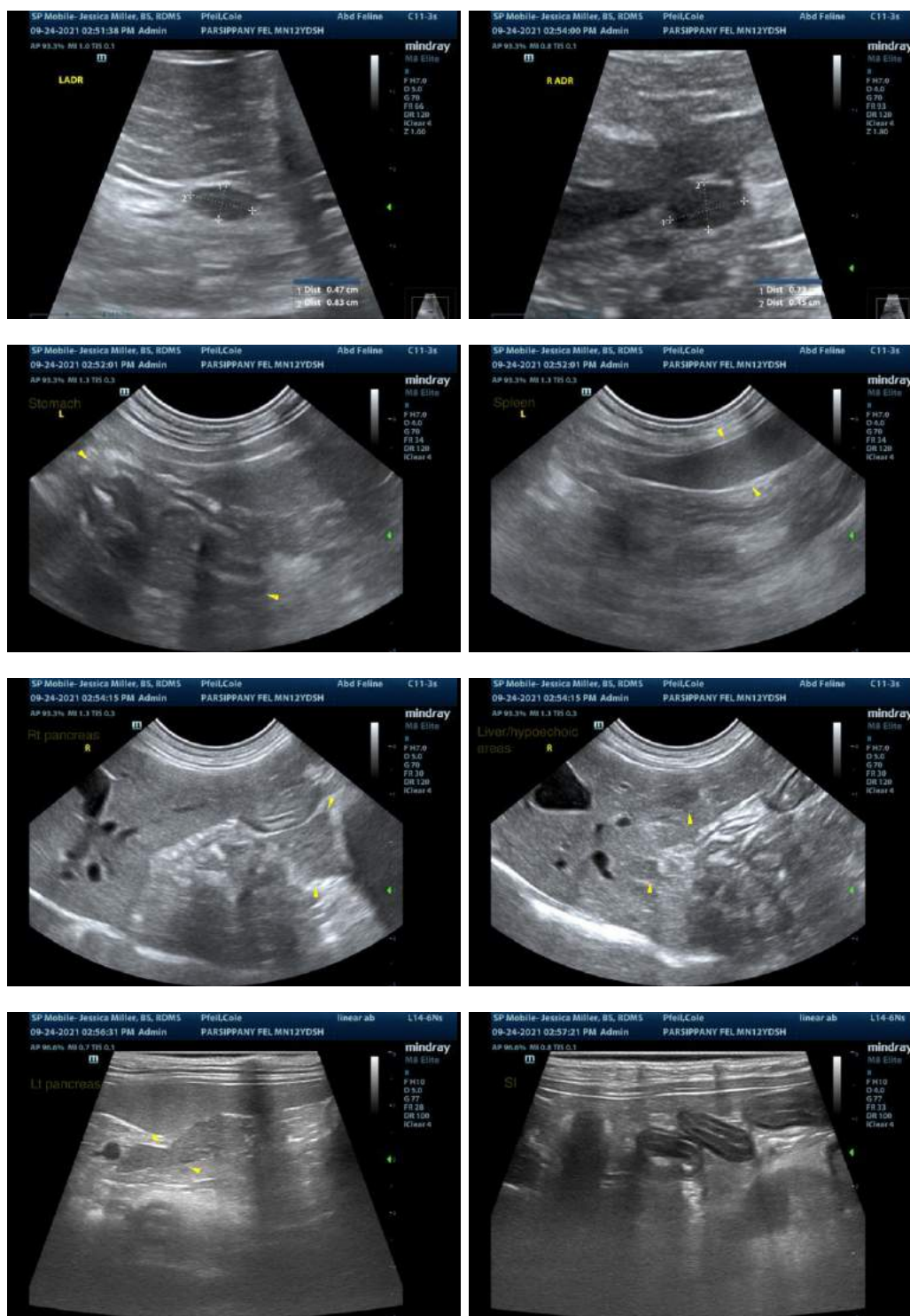
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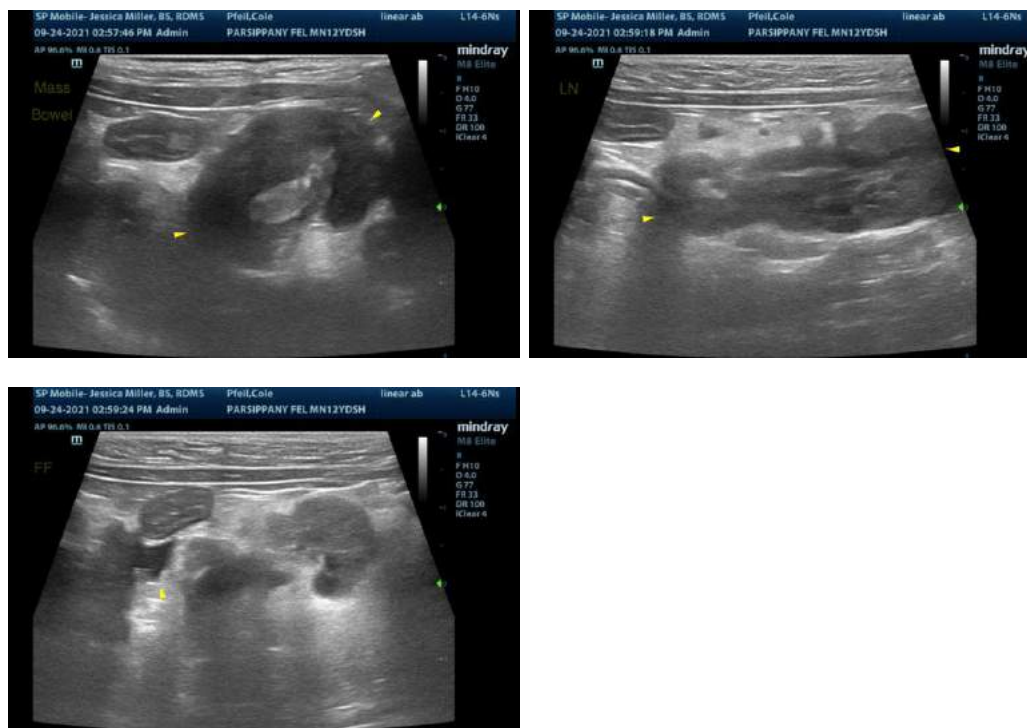
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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