



**PATIENT**

Gizmo Keinhofer

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Male Neutered

**AGE**

11 Years

**WEIGHT**

19 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

North Haledon  
Veterinary Care

**REFERRING VET**

Dr. Mansfield

**INVOICE  
11929kk**

**DATE  
9/30/21**

**PRESENTING CLINICAL SIGNS**

History: Caudal abdominal mass, straining to defecate. No current meds.

Abnormal PE/Chem/CBC/UA Results: RBC: 4.5, HCT 26%.

**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 lumen is moderately 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 (5.70 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Moderate pyelectasia is present (0.38 cm) in the longitudinal plane. There is no evidence of nephroliths or hydronephrosis. Renal vasculature is normal. A small amount of subcapsular fluid is visible at the caudolateral aspect.

The right kidney is normal size (4.78 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydronephrosis. Renal vasculature is normal. A 1.10 x 0.77 cm hypoechoic nodule is arising from the caudomedial aspect.

*Adrenal Glands*

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

*Spleen*

The spleen is normal in size (1.05 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 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 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.

*Pancreas*

The left limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic and slightly mottled in appearance. No distinct focal lesions are



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observed. The pancreatic duct is not overtly dilated.

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## Free Abdomen

Trace free fluid is observed in the retroperitoneal space.

## Lymph Node

See "Other".

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## Other

A > 10 cm irregular, hypoechoic to heterogeneous, multi-lobulated mass is observed in the mid to caudal abdomen. It extends from the level of the kidneys to the urinary bladder. A large vessel courses through the center of the mass. Surrounding mesentery is hyperechoic.

## SEX

Male Neutered

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- The origin of the large abdominal mass is unclear. It may be arising from lymph nodes, mesentery, and other. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is suspected with a lower possibility of a severe inflammatory process. Regional peritonitis and retroperitonitis are present. A fine needle aspirate was performed during the sonogram without incident.

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### Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral, age-related renal changes with left pyelectasia and subcapsular fluid. The nodule on the right kidney may represent a metastatic lesion, inflammatory focus, fluid accumulation, or other.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If cytology results from the abdominal mass are inconclusive, a surgical biopsy may be necessary to get a definitive diagnosis.

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## REFERRING VET

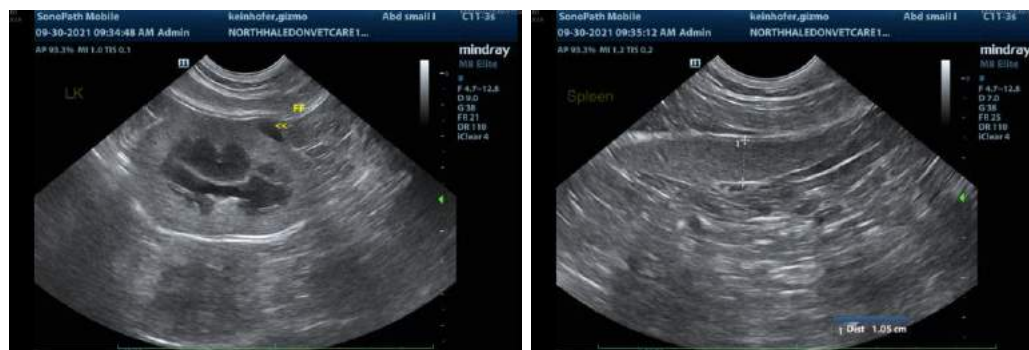
Dr. Mansfield

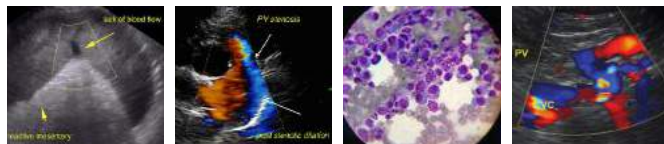
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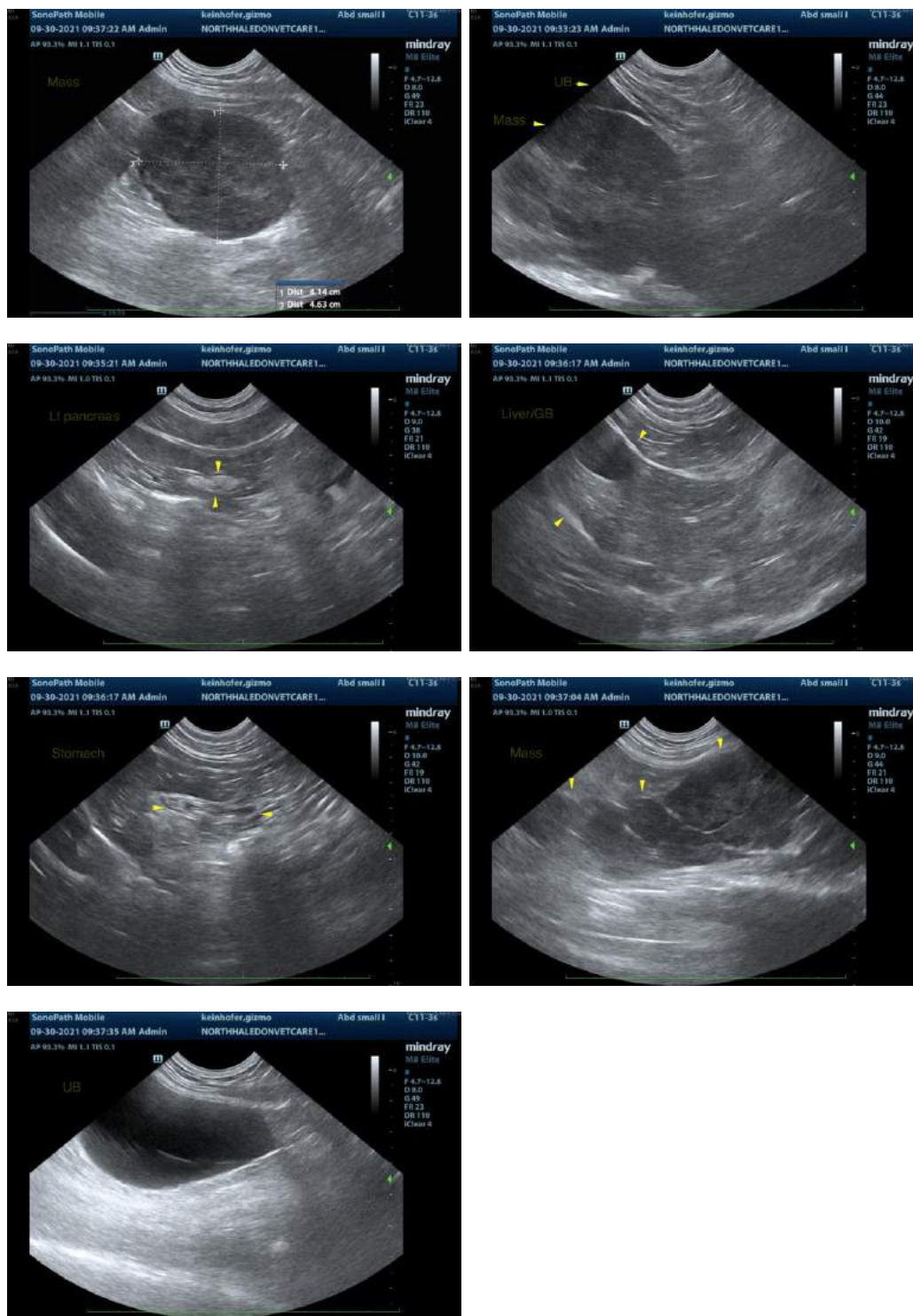
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Andrea.nicastro@sonopath.com

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