

PATIENT

Inga Kramer

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

16 Yrs.

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Riverbrook AH

REFERRING VET

Dr. Browning

DATE

11/15/22

INVOICE

14224

PRESENTING CLINICAL SIGNS

History: Large abdomen. Presented for upper airway snorty noise.
Abnormal PE/Chem/CBC/UA Results: Hypercalcemia Rads small intestine seems displaced.

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 to 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 (3.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.09 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

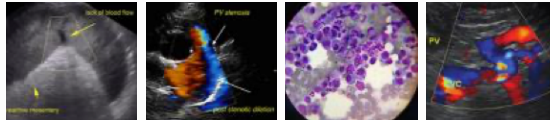
The spleen is normal in size (0.74 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

A 2.80 cm irregular, heterogeneous multi-septated cystic mass is observed in the left lateral lobe. The lesion causes capsular expansion. In the remainder of the liver, the margins are curvilinear and the parenchyma is isoechoic relative to the spleen and homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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



PATIENT

Inga Kramer

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

Pancreas

SPECIES

Feline

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.

BREED

Domestic shorthair

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

AGE

16 Yrs.

- Left cystic hepatic mass. Differentials include biliary cystadenoma, biliary cystadenocarcinoma, other neoplasia, inflammatory focus, other.

Secondary Findings:

WEIGHT

12 lbs.

- Bilateral, degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function, if not already performed.
- Given the presence of hypercalcemia, three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest. An ionized calcium/PTH/PTHrP should also be considered.
- Regarding the liver lesion, if a conservative approach is desired, consider a recheck ultrasound in 4-6 weeks to assess for progression. Alternatively, if an aggressive approach is desired, consider surgical removal with submission for histopathology.

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Riverbrook AH

REFERRING VET

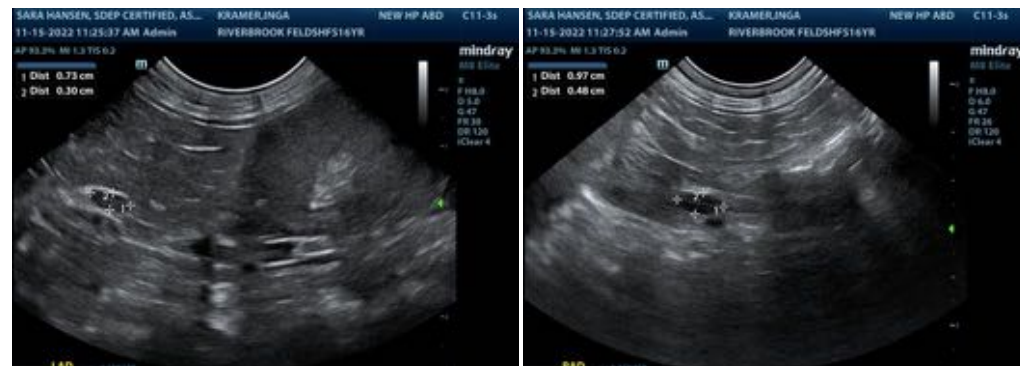
Dr. Browning

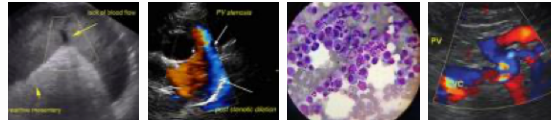
DATE

11/15/22

INVOICE

14224





PATIENT

Inga Kramer

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

16 Yrs.

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Riverbrook AH

REFERRING VET

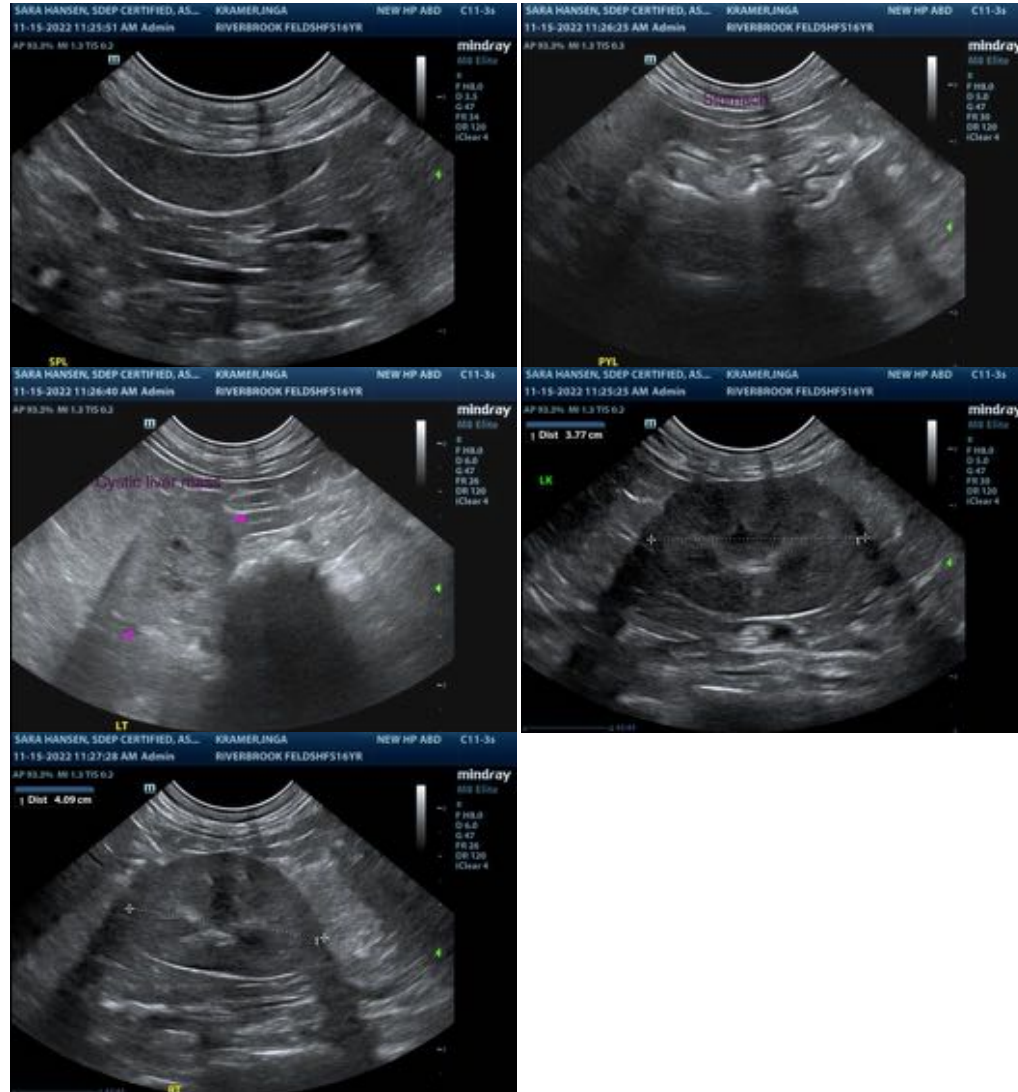
Dr. Browning

DATE

11/15/22

INVOICE

14224



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)
info@SonoPath.com



PATIENT

Inga Kramer

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

16 Yrs.

WEIGHT

12 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Riverbrook AH

REFERRING VET

Dr. Browning

DATE

11/15/22

INVOICE

14224