



**PATIENT**

Luna Solie

**SPECIES**

Feline

**BREED**

Domestic mediumhair

**SEX**

Female, spayed

**AGE**

15 Yrs.

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Remcho

**DATE**

5/1/23

**INVOICE**

14876

**PRESENTING CLINICAL SIGNS**

**History:** Weight loss, vomiting. HX of constipation. Peritoneal effusion noted with ultrasound scan  
**current Medications** oral cerenia, transdermal mirtazapine  
**Radiographic Findings** The study includes 3 projections of the thorax and 2 projections of the abdomen. **THORAX:** The cardiovascular structures, pulmonary vasculature, and parenchyma are normal. No tracheal abnormalities are identified. The cranial mediastinum, pleural space, and diaphragm are unremarkable. **ABDOMEN:** There is an increased soft tissue opacity and loss of serosal margin detail in the central abdomen in the lateral projection and ill-defined increased wispy areas of increased opacity best seen in the left abdomen in the VD projection. The liver extends mildly beyond the costal arch and caudally displaces the gastric axis. Where seen, the spleen, kidneys, and urinary bladder are normal. The stomach is non-distended and contains a small amount of gas but no other discernible luminal contents. Due to predominant soft tissue contents, the small intestines are not well-visualized in the lateral projection; no overt abnormalities are evident in the VD projection. There is dense fecal material in the rectum and descending colon. **MUSCULOSKELETAL:** There are moderate endplate sclerosis and spondylosis deformans at L7-S1. **Assessment:** Normal thorax. Reduced serosal margin detail in the central abdomen. **DDx:** Steatitis, peritonitis, or small volume peritoneal effusion. Mild generalized hepatomegaly. Among the potential etiologies are hepatitis, hepatopathy endocrinopathy, hyperplasia, and neoplasia. The small intestines are not well-visualized. Possible constipation. Moderate lumbosacral degenerative changes. **Primary Question/Differential to Be Answered in This Exam** cause of peritoneal effusion, search for abdominal mass  
**Abnormal PE/Chem/CBC/UA Results:** SDMA 18, ALT 14, ALP 7

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is borderline small in size (3.34 cm in length) with an irregular shape. The cortex is variably thickened and mildly heterogeneous in appearance and there is moderate loss of corticomedullary distinction. Trace pyelectasia is present. A cortical infarct is suspected at the caudal pole. There is no evidence of nephroliths or hydroureter. Renal perfusion appears reduced.

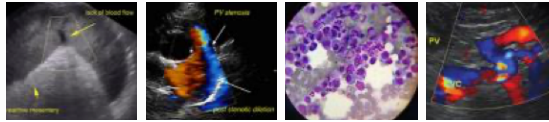
The right kidney is normal size (4.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*



**PATIENT**

Luna Solie

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. A few small ill-defined hyperechoic nodules/areas are observed throughout the organ. Splenic vasculature is normal.

*Liver*

**SPECIES**

Feline

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.

**BREED**

Domestic mediumhair

*Gastrointestinal*

**SEX**

Female, spayed

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**AGE**

15 Yrs.

*Pancreas*

**WEIGHT**

9 lbs.

The left limb of the pancreas is visible/prominent with normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is mildly dilated (0.28 cm in diameter).

**INTERPRETED BY**

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

*Free Abdomen*

The mesentery throughout the abdomen is hyperechoic to heterogeneous with ill-defined hypoechoic nodules, particularly in the left cranial to mid-abdominal region. A moderate to large amount of echogenic free fluid is present. The abdominal lymph nodes are normal/not visible.

**IMAGING PERFORMED BY**

Jenna Walsh

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

West Hills AH

**Primary Findings:**

- The mesenteric changes are concerning for carcinomatosis. However, reactive change cannot be completely excluded.

**REFERRING VET**

Dr. Remcho

**Secondary Findings:**

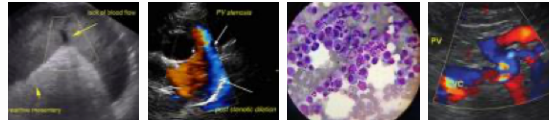
- The pancreatic changes are most consistent with chronic pancreatitis.
- The bowel pattern is suggestive of inflammatory bowel disease with some potential for emerging lymphoma.
- Bilateral chronic degenerative renal changes, more pronounced in the left kidney.

**DATE**

5/1/23

**INVOICE**

14876



**PATIENT**

Luna Solie

- The hyperechoic splenic lesions trend toward the benign (i.e., myelolipomas) with a lower possibility of emerging neoplasia (i.e., mast cell disease).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Feline

- Fine needle aspiration of the abdominal fluid and mesentery is recommended if clotting status is appropriate. 25 gauge needles should be used. If cytology results are inconclusive, biopsy of the mesentery may be necessary to get a definitive diagnosis.

**BREED**

Domestic mediumhair

- A malabsorption panel including serum cobalamin, folate, TLI and PLI can also be considered to assess for maldigestion/malabsorption and pancreatitis.

**SEX**

Female, spayed



**AGE**

15 Yrs.

**WEIGHT**

9 lbs.



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh



**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

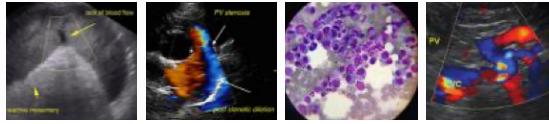
Dr. Remcho

**DATE**

5/1/23

**INVOICE**

14876



**PATIENT**

Luna Solie

**SPECIES**

Feline

**BREED**

Domestic mediumhair

**SEX**

Female, spayed

**AGE**

15 Yrs.

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Remcho

**DATE**

5/1/23

**INVOICE**

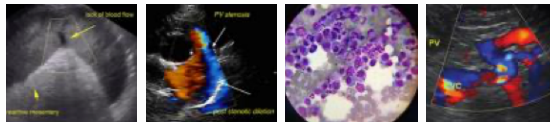
14876



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](mailto:info@SonoPath.com)



**PATIENT**

Luna Solie

**SPECIES**

Feline

**BREED**

Domestic mediumhair

**SEX**

Female, spayed

**AGE**

15 Yrs.

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Remcho

**DATE**

5/1/23

**INVOICE**

14876