

PATIENT

Kaia Sievers

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

15 Yrs.

WEIGHT

5.46 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

8/11/21

INVOICE

11866

PRESENTING CLINICAL SIGNS

History: severe weight loss - per owner dehydration anorexia Current Medications cerenia and mirtazapine
Abnormal PE/Chem/CBC/UA Results: sdma 56 bun 36 crea - normal no urine probnp - abnormal please see the bw results

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. A scant amount of echogenic debris is suspended 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 (3.04 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is heterogeneous in appearance and there is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. At least 2 nephroliths are visualized. Mild pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.56 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. The cortex is slightly heterogeneous in appearance. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is subjectively enlarged with irregular, bulging peripheral contours. The parenchyma is of normal echogenicity and diffusely homogeneous. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. A moderate amount of gravity dependent debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated (0.21 cm in diameter at the level of the duodenal papilla). There is no obvious evidence of obstruction.

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



PATIENT

Kaia Sievers

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

15 Yrs.

WEIGHT

5.46 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

8/11/21

INVOICE

11866

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 and thickening of the submucosal layer in most segments. At the ileocecal colic junction, the proximal colonic wall is thickened (up to 0.45 cm) with a subtle mass effect. In this region surrounding mesentery is hyperechoic. The wall of the descending colon is also variably thickened (up to 0.46 cm) with questionable retention of the normal layering pattern. There is no obvious evidence of obstruction.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.14 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. Several prominent to enlarged lymph nodes are observed adjacent to the ileocecal colic junction. In addition, 1-2 prominent lymph nodes are observed in the left and right cranial quadrants.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected mass effect at the ileocecal colic junction with descending colonic wall thickening. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected with a lower possibility of a severe inflammatory process. The small intestinal wall changes could be consistent with an emerging lymphoma or inflammatory bowel disease.
- The abdominal lymphadenopathy could be secondary to neoplastic infiltration, reactive lymphadenitis or lymphoid hyperplasia.
- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of benign pathology.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

Secondary Findings:

- 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.
- Age-related renal pathology with dystrophic mineralization and left non-obstructive nephroliths.



PATIENT

Kaia Sievers

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

15 Yrs.

WEIGHT

5.46 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

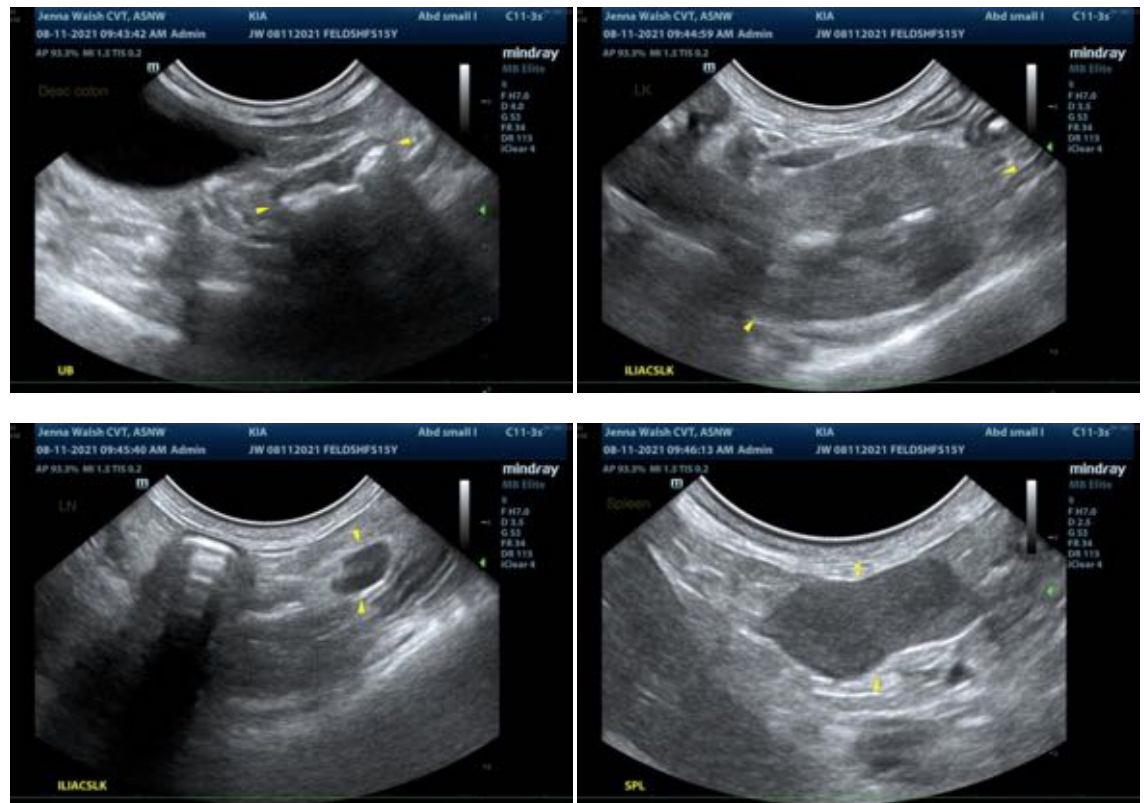
8/11/21

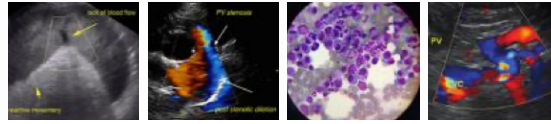
INVOICE

11866

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, a fine needle aspirate of the proximal colonic wall is recommended with care to avoid penetrating the colonic lumen. Clotting status should be assessed prior to the procedure and a 25-gauge needle should be used for aspiration. A splenic aspirate is also recommended. If cytologic evaluations are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- A malabsorption panel is also recommended.





PATIENT

Kaia Sievers

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

15 Yrs.

WEIGHT

5.46 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

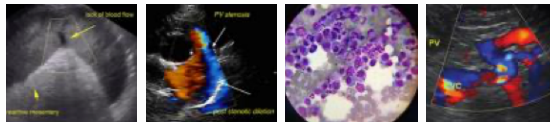
DATE

8/11/21

INVOICE

11866





PATIENT

Kaia Sievers

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

15 Yrs.

WEIGHT

5.46 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

8/11/21

INVOICE

11866



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