



**PATIENT**

Phinneas Burton

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

13 Yrs.

**WEIGHT**

16 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Long Point AH

**REFERRING VET**

Dr. Burton

**INVOICE**

14777

**DATE**

3/22/23

**PRESENTING CLINICAL SIGNS**

The cat feels well. On routine annual labwork, the patient had severe hyperglobulinemia. On serum electrophoresis, a monoclonal gammopathy was found. Whole body radiographs reveals splenomegaly. Feline leukemia/FIV/FIP negative.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A mild to moderate amount of suspended echogenic debris is observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.61 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened, hyperechoic to the spleen and there is 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 (4.82 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened, hyperechoic to the spleen and there is moderate loss of 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 (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is enlarged (1.31 cm in width at the level of the hilus) with normal curvilinear peripheral contours. Using the high frequency probe, a light micronodular pattern is observed throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. 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. The duodenal papilla is normal in size (0.48 cm width).

*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 is normal to mildly thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail.



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There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

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***Pancreas***

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.

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***Free Abdomen***

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

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***Other***

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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\*Ultrasound guided fine needle aspirates of the spleen were obtained at the end of this study without incident.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The splenic parenchymal changes, in conjunction with the patient's clinical history are most concerning for infiltrative neoplasia (i.e., multiple myeloma, lymphoma). However, a benign process in the spleen (i.e., lymphoid hyperplasia or similar) cannot be completely excluded.

**Secondary Findings:**

- Bowel pattern consistent with inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
- Urinary bladder debris.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further recommendations should be based on splenic cytology results. If results are inconclusive, a bone marrow aspirate may be warranted to further assess for multiple myeloma.

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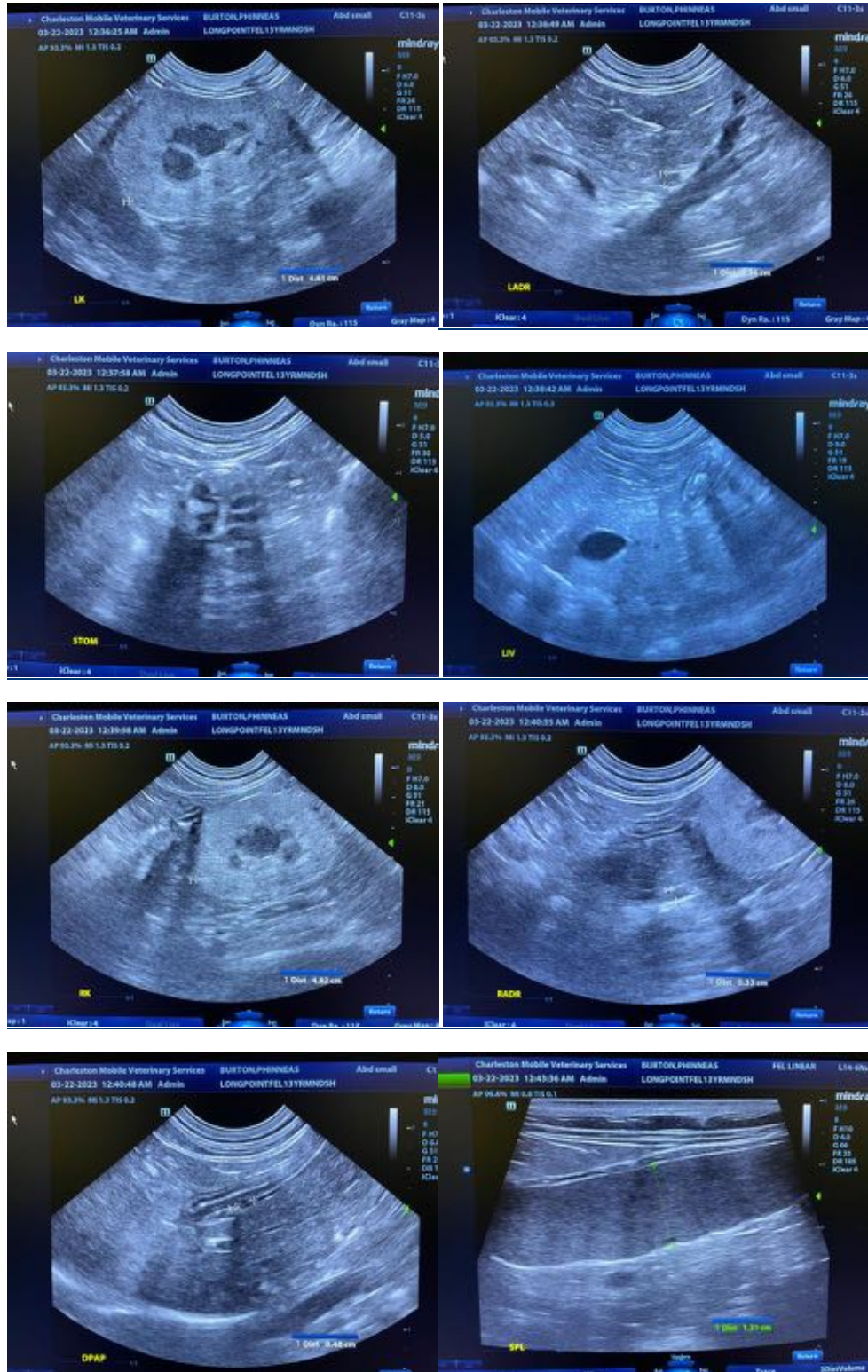
Dr. Burton

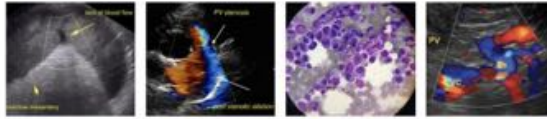
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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13 Yrs.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)

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