PATIENT

Oliver Burgin

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

11/1/2006

WEIGHT

6 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

Pawleys VH

REFERRING VET

Dr. Kiningham

INVOICE

13643

DATE

3/25/326

PRESENTING CLINICAL SIGNS

Oliver presented with weight loss, ascites and elevated liver enzymes ALT = 475, AST = 179, ALP = 277 and total Bilirubin = 4.0. I'm suspecting neoplasia. His chem panel has been historically normal as recently as June 2025. He's an indoor pet. Whole body radiographs performed after this study revealed cardiomegaly and a small amount of pleural effusion.
CBC - low RBC (6.14), HCT (26.4), HGB (9.1), Eosinophils (112), Chem panel - elevated SDMA (16), ALT (475), AST (179), ALP (277), low Cl (112), normal TT4 = 2.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.93 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.49 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is 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 size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is enlarged (up to 1.33 cm in width at the level of the hilus) with swollen, slightly scalloped peripheral contours. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no obvious evidence of thrombosis.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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 gall bladder lumen is moderately distended. The wall is mildly thickened (up to 0.32 cm) and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measures 0.24 cm in width distally. The duodenal papilla is normal in size (0.21 cm in 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 thickness

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

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. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

1-2 prominent mesenteric lymph nodes are visualized, one of the nodes measuring 1.96 x 0.46 cm.

Free Abdomen

The mesentery throughout the abdomen is mildly hyperechoic. A moderate to large amount of slightly echogenic free fluid is observed.

Other

The caudal vena cava is subjectively dilated.

A brief visualization of the heart reveals suspected left atrial enlargement, intermittent arrhythmia and scant pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- The splenic changes could be consistent with infiltrative neoplasia (i.e., lymphoma, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, passive congestion, other.
- Ascites. Considerations include increased hydrostatic pressure (i.e., secondary to congestive heart failure), low oncotic pressure (if applicable), increased hydrostatic pressure, other.
- Prominent mesenteric lymph nodes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia (i.e., lymphoma), other.
- The brief evaluation of the heart is concerning for possible congestive heart failure.

Secondary Findings:

- Bilateral nonspecific, age-related renal changes
- Minor pancreatic parenchymal remodeling in the left limb
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's long term clinical history is recommended.

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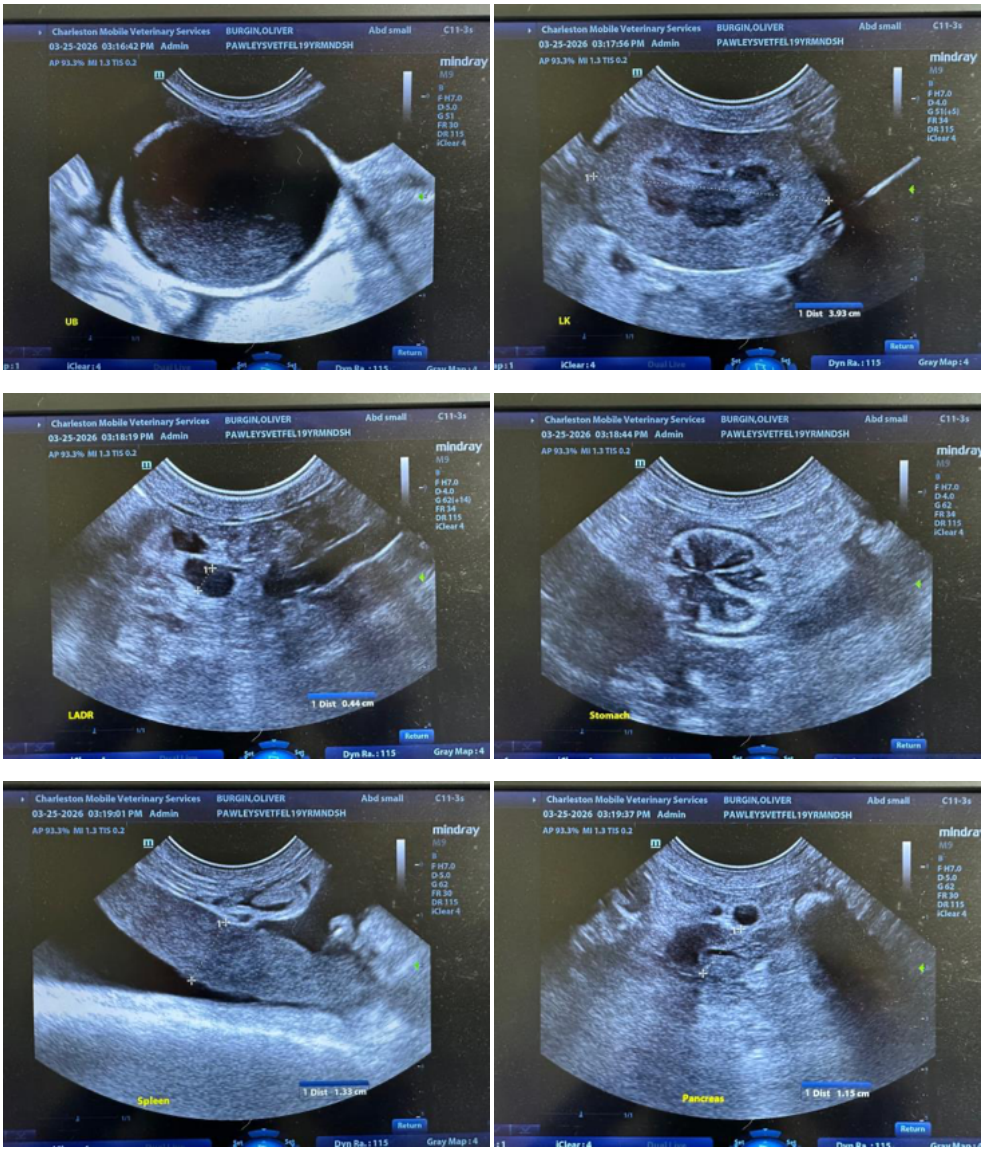
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. If an aggressive workup is desired, consider submission of the abdominal fluid for cytologic evaluation. If inconclusive, hepatic and splenic aspirates can be considered (assuming normal clotting status). 25-gauge needles should be used.
2. Regarding the cardiac changes, a full echocardiogram, ECG and baseline blood pressure measurement can be considered.
3. If further testing is not pursued, palliative care is recommended.



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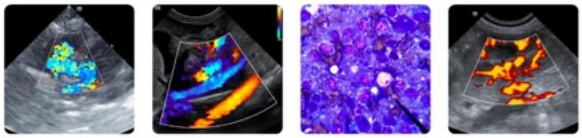

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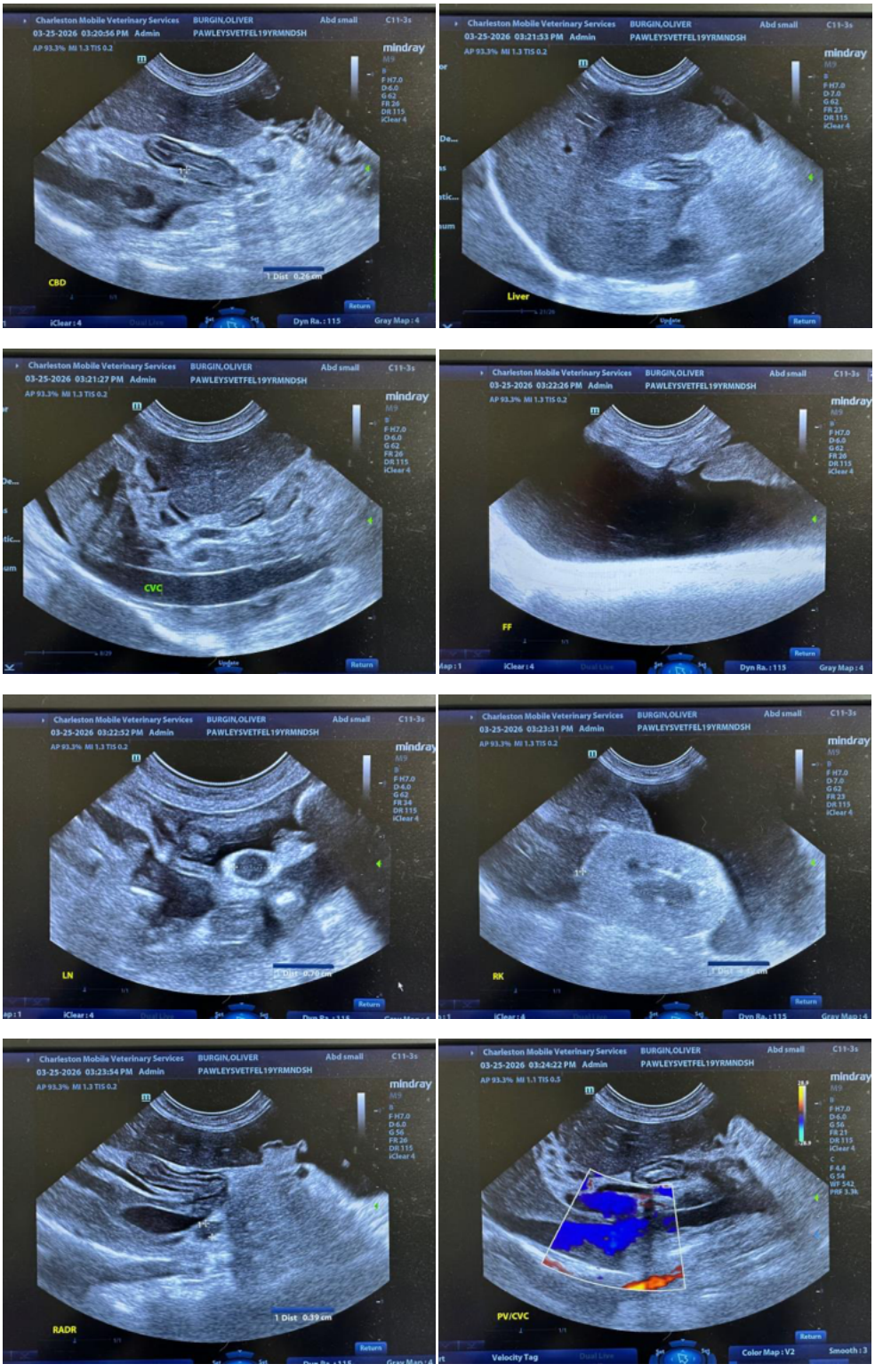

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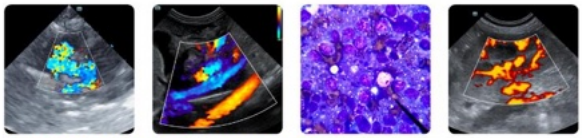

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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