



PATIENT PRESENTING CLINICAL SIGNS

Smudge Leake 4-day history of vomiting does occasionally get into things. Does like to eat plants owner unsure what plants they have. Possible cranial abdominal mass on radiographs. Bloodwork unremarkable.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic shorthair

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly 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 proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Male, neutered

The left kidney is normal size (4.19 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

7/1/13

The right kidney is normal size (4.58 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

12.5 lbs.

Adrenal Glands

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

The left adrenal gland is normal in size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is prominent in size (1.09 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

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A 3.63 cm hyperechoic to heterogeneous multi-septated cystic mass is arising from the caudal aspect. The lesion causes capsular expansion. The mesentery effacing the serosal surface of the mass is slightly hyperechoic. In the remainder of the liver, the margins are curvilinear. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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The gastric lumen is mildly fluid 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. There is submucosal thickening in several

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segments. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the liver mass. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The cystic hepatic mass is most consistent with a biliary cystadenoma. Biliary cystadenocarcinoma is also a possibility. However, these are more rare. It is unclear whether this lesion is contributing to the patient's vomiting issue. This is potentially possible due to its location adjacent to the stomach.
- Bowel pattern suggestive of inflammatory bowel disease. This may be contributing to the patient's vomiting episodes.

Secondary Findings:

- Bilateral, chronic age-related renal changes.
- The prominent spleen may be a normal variant for this large breed cat. Other differentials include lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulations, splenitis or less likely, emerging lymphoma or other round cell neoplasia.
- Minor bilateral age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Symptomatic care for acute gastroenteritis is recommended. If the patient's clinical signs do not improve within 48-72 hours of medical management, further workup (i.e., fecal evaluation for ova and Giardia, malabsorption panel including serum cobalamin, folate, TLI and PLI, +/- an abdominal exploratory with excisional biopsy of the liver mass as well as gastrointestinal biopsies) may be warranted. If the patient is to undergo anesthesia, three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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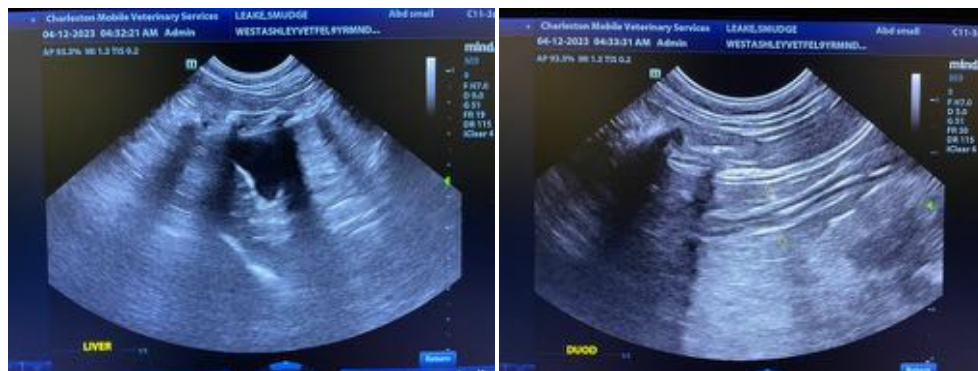
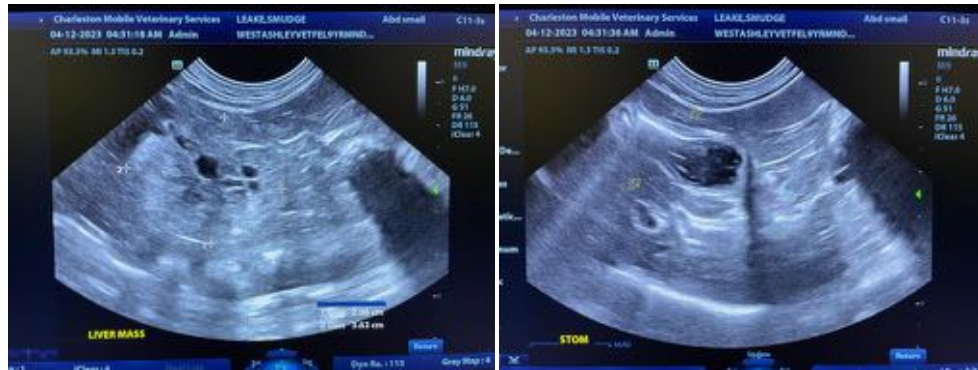
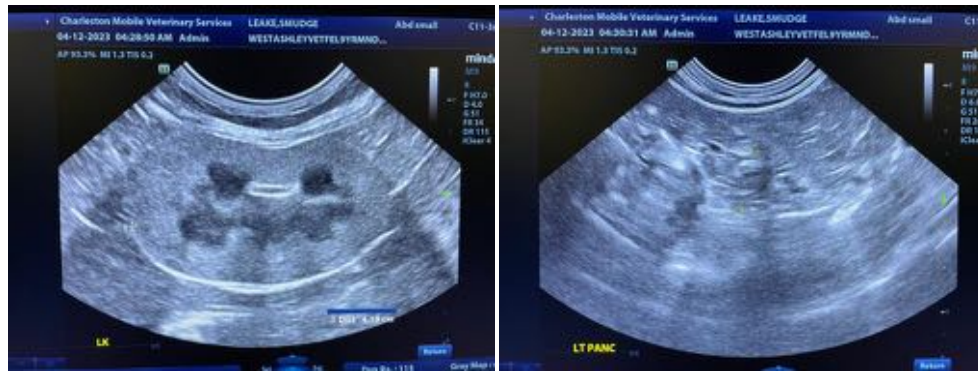
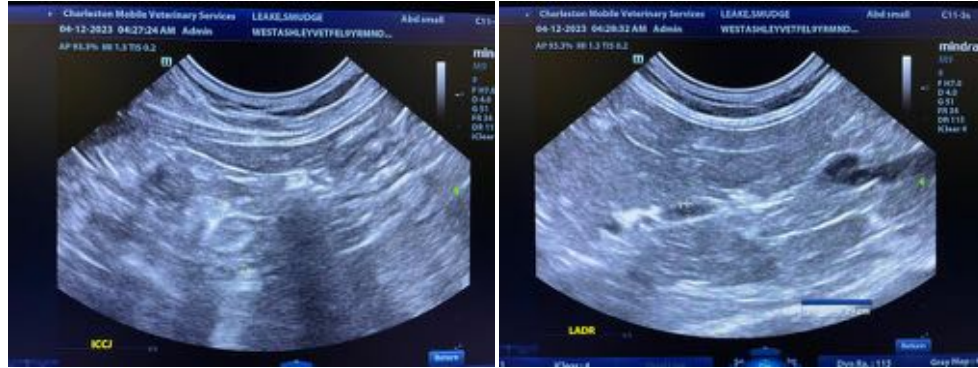
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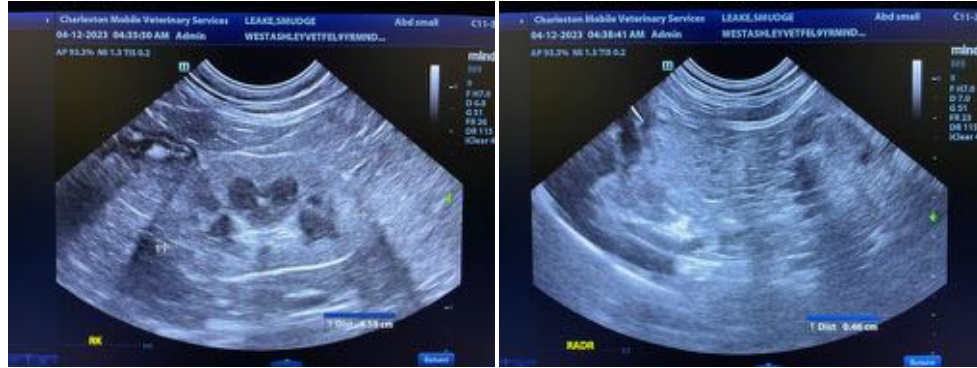
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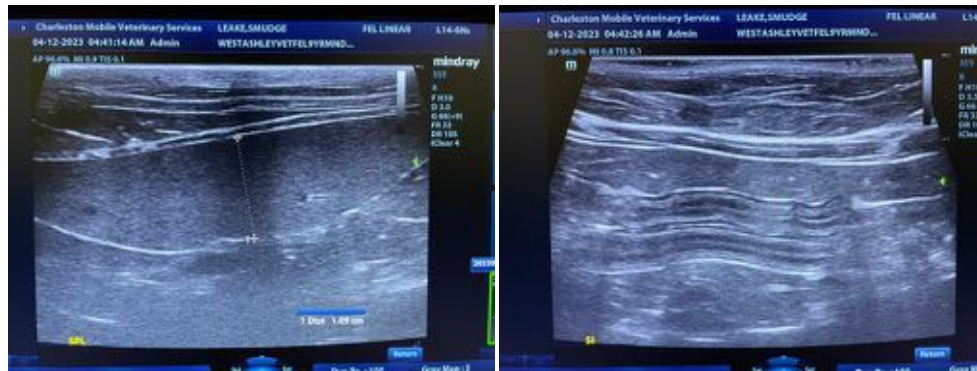
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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