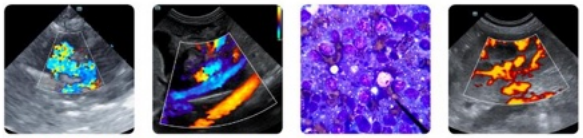



**PATIENT**

Gracie Wendt

**SPECIES**

Feline

**BREED**

Domesitc mediumhair

**SEX**

Female, spayed

**AGE**

10 Yrs. 1 month

**WEIGHT**

11.8 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**

Cats Meow

**REFERRING VET**

Dr. Gibson

**INVOICE**

13703

**DATE**

5/5/26

## PRESENTING CLINICAL SIGNS

Pt presented with a one week history of inappetence and vomiting. GGT elevated.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of 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 4 cm, are normal.

The left kidney is normal in size (3.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A few non-obstructive mineralized foci are visualized. There is no evidence of pyelectasia, or hydroureter. Renal vasculature is normal. There is questionable scant subcapsular effusion.

The right kidney is enlarged (4.59 cm in length) with an irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Several small non-obstructive mineralized foci are observed with no evidence of pyelectasia or hydroureter. Subcapsular fluid is present. Peri-renal fat is hyperechoic. Ill-defined tissue is also observed adjacent to the renal capsule. normal.

### *Adrenal Glands*

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

The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (0.77 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### *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 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.

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

### *Pancreas*

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The

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pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

***Lymph nodes***

The abdominal lymph nodes are normal/not visible.

***Free Abdomen***

The omentum throughout the abdomen is hyperechoic and irregular. Numerous irregular varying sized hypoechoic nodules are observed within the omentum. A moderate amount of free fluid is observed.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

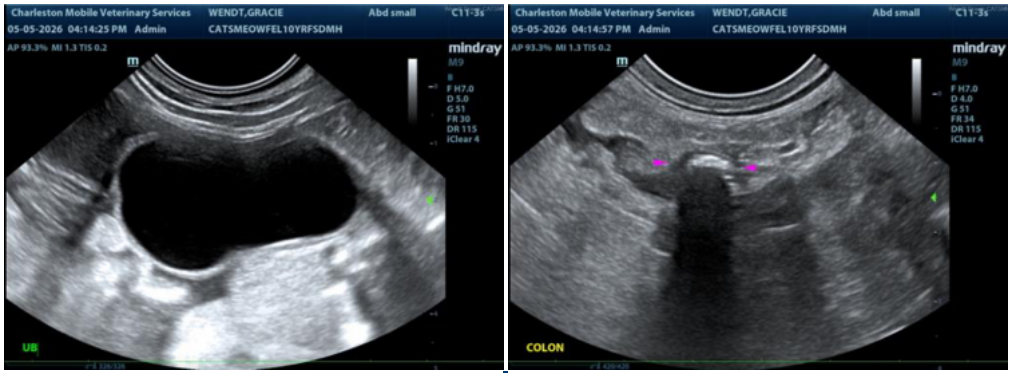
- The omental changes are most concerning for carcinomatosis. Other considerations include reactive omentum, sterile panniculitis, feline infectious peritonitis, other.
- The right renal changes are concerning for a neoplastic process (i.e., carcinoma, round cell tumor). However, inflammatory disease (i.e., interstitial nephritis, pyelonephritis, feline infectious peritonitis cannot be excluded). Both kidneys exhibit non-obstructive nephrocalcinosis and age-related changes.
- Ascites, likely secondary to omental and right renal pathology

**Secondary Findings:**

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the omental nodules +/- free fluid and right kidney (assuming normal clotting status). 25-gauge needles should be used.
3. Depending on the results of the above diagnostics, consultation with a board-certified oncologist may be indicated. If further testing is not pursued, palliative care is recommended.



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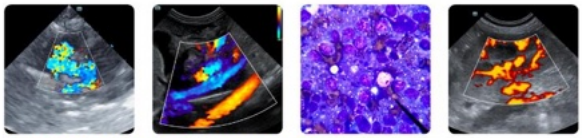

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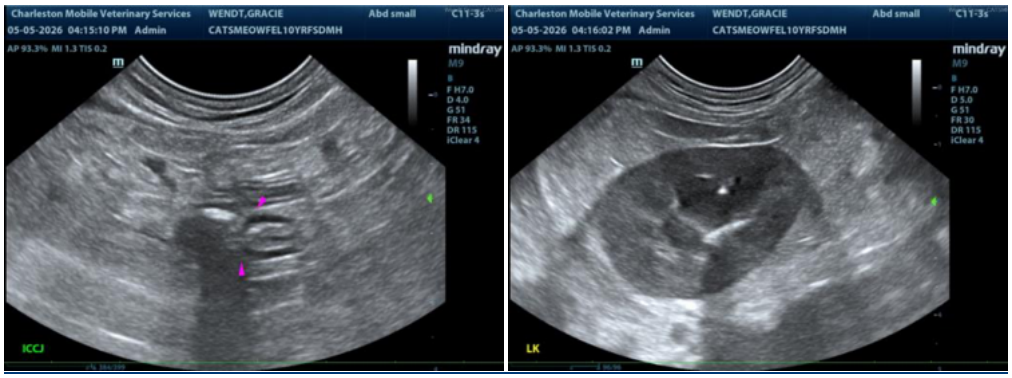


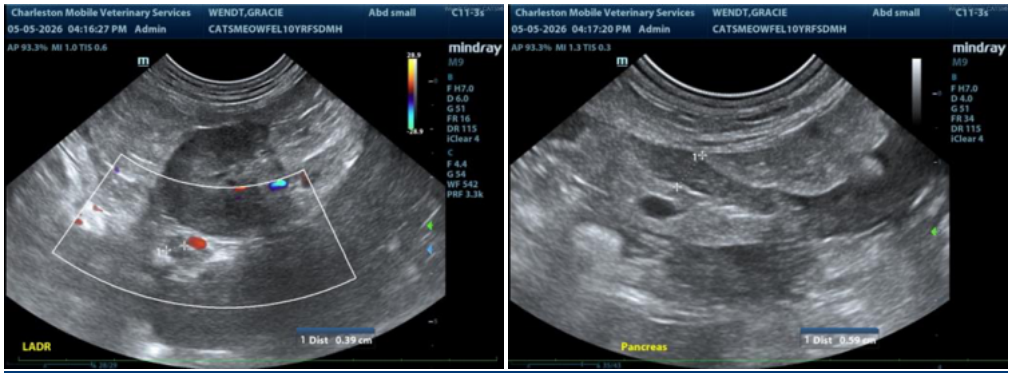


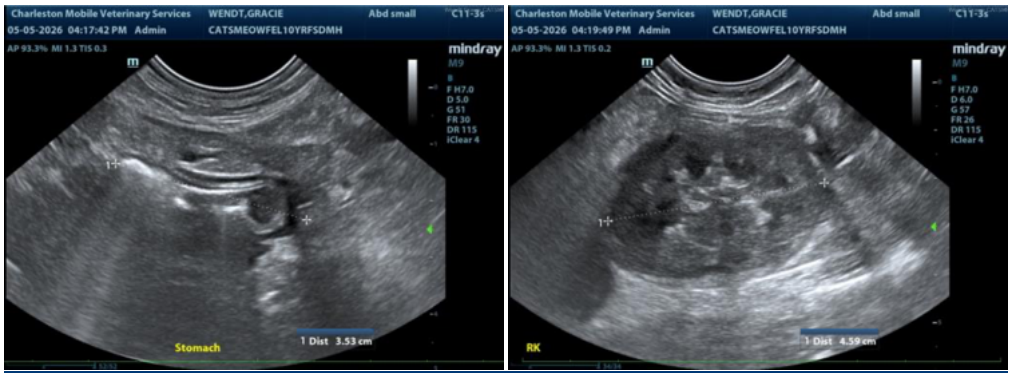


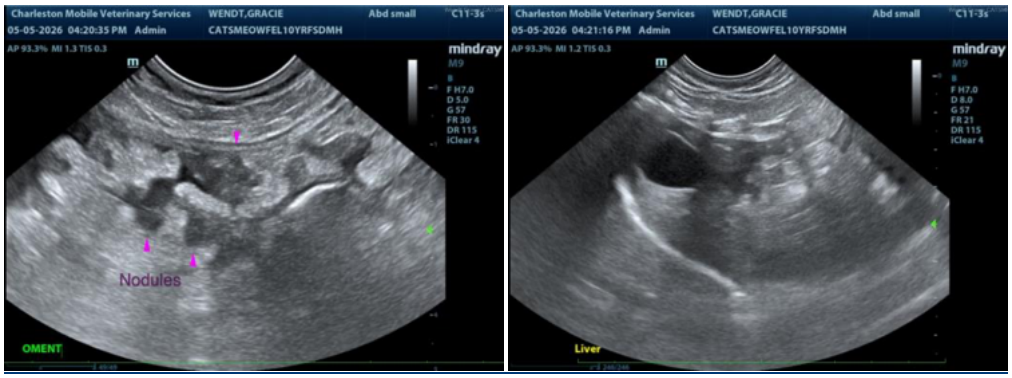

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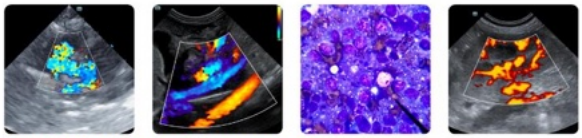

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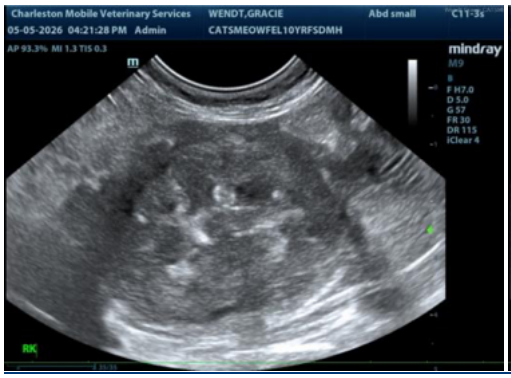


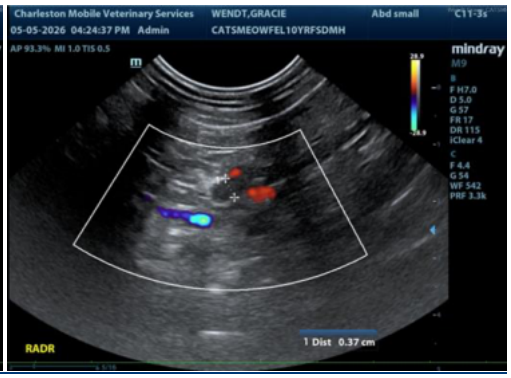


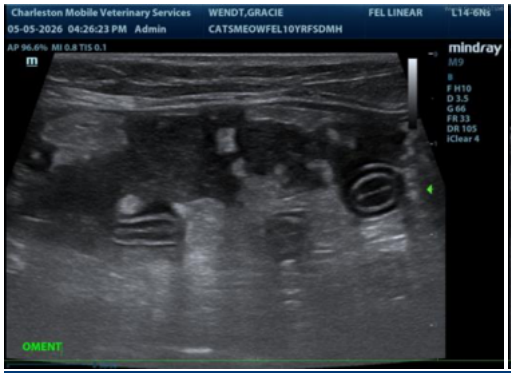


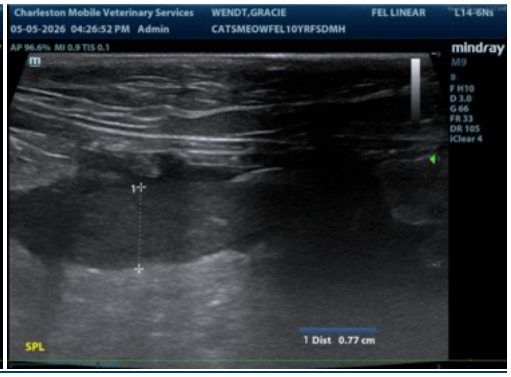


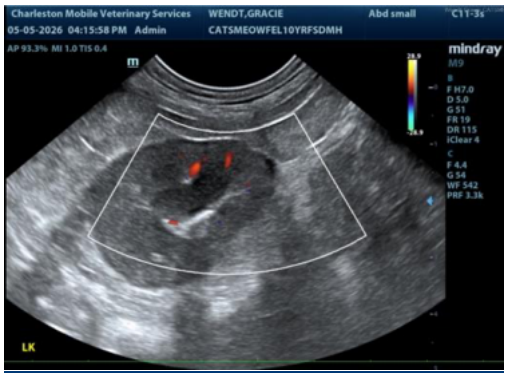


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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