



## PATIENT

Luke McBurney

## SPECIES

Feline

## BREED

Domestic shorthair

## SEX

Male, neutered

## AGE

8/18/2009

## WEIGHT

8.3 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

Flowerton AH

## REFERRING VET

Dr. Randinelli

## INVOICE

13782

## DATE

7/27/22

## PRESENTING CLINICAL SIGNS

Suspected mid-abdominal mass. Hx of weight loss and diarrhea since May. Ravenous appetite.

CBC neutrophilia, thrombocytosis.

Chemistry- Albumin 2.3, calcium 6.3, T4 normal, heartworm antibody negative,

USG 1.013 with an inactive sediment.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A few small foci of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.99 cm in length); normal shape and architecture with smooth peripheral margins. 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 hydronephrosis. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

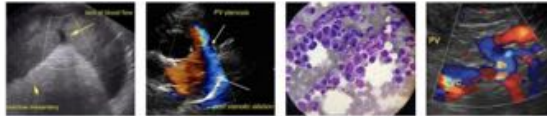
The right adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (0.62 cm in width at the level of the hilus) with normal peripheral contours. The parenchyma is hypoechoic and subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

### *Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein: caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.



**PATIENT**

Luke McBurney

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

8/18/2009

**WEIGHT**

8.3 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**

Flowerton AH

**REFERRING VET**

Dr. Randinelli

**INVOICE**

13782

**DATE**

7/27/22

**Gastrointestinal**

The gastric lumen is mildly fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme and soft shadowing material. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. No obstructive disease is noted. See also *Other*.

**Pancreas**

The pancreas is diffusely enlarged, particularly the left limb with irregular peripheral contours (bordering on a mass effect). The parenchyma is largely isoechoic relative to surrounding omental fat and diffusely mottled in appearance. The pancreatic duct is not overtly dilated.

**Free Abdomen**

Trace free fluid is observed.

**Lymph Nodes**

See *Other*

**Other**

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

A 5-5.5 cm irregular, heterogeneous vascular mass is observed in the cranial to mid-abdomen. The mesentery adjacent to the mass is mildly hyperechoic.

\*A fine needle aspirate of the cranial to mid-abdominal mass was performed at the end of the study.

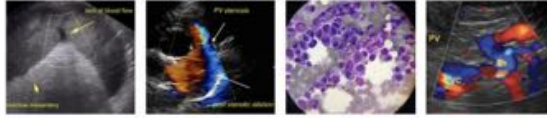
**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Cranial to mid-abdominal mass, the origin of which is unclear. It may be arising from lymph node, pancreas, mesentery, bowel, other. Neoplasia (i.e., lymphoma, adenocarcinoma, sarcoma) is suspected with a lower possibility of a benign process (i.e., inflammatory lesion). Adjacent peritonitis is present.
- The pancreatic changes could be consistent with infiltrative neoplasia (i.e., adenocarcinoma) or moderate to severe chronic pancreatitis.

**Secondary Findings:**

- Bilateral, minor chronic age-related renal changes.
- The splenic parenchymal changes are non-specific and trend toward the benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis). However, emerging neoplasia cannot be completely excluded.



**PATIENT**

Luke McBurney

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

8/18/2009

**WEIGHT**

8.3 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If cytology results from the abdominal mass are inconclusive, an abdominal exploratory with surgical biopsies may be necessary to get a definitive diagnosis. An abdominal CT scan would be useful in pre-surgical planning. If surgery is pursued, referral to a board certified surgeon is recommended.

**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**

Flowerton AH

**REFERRING VET**

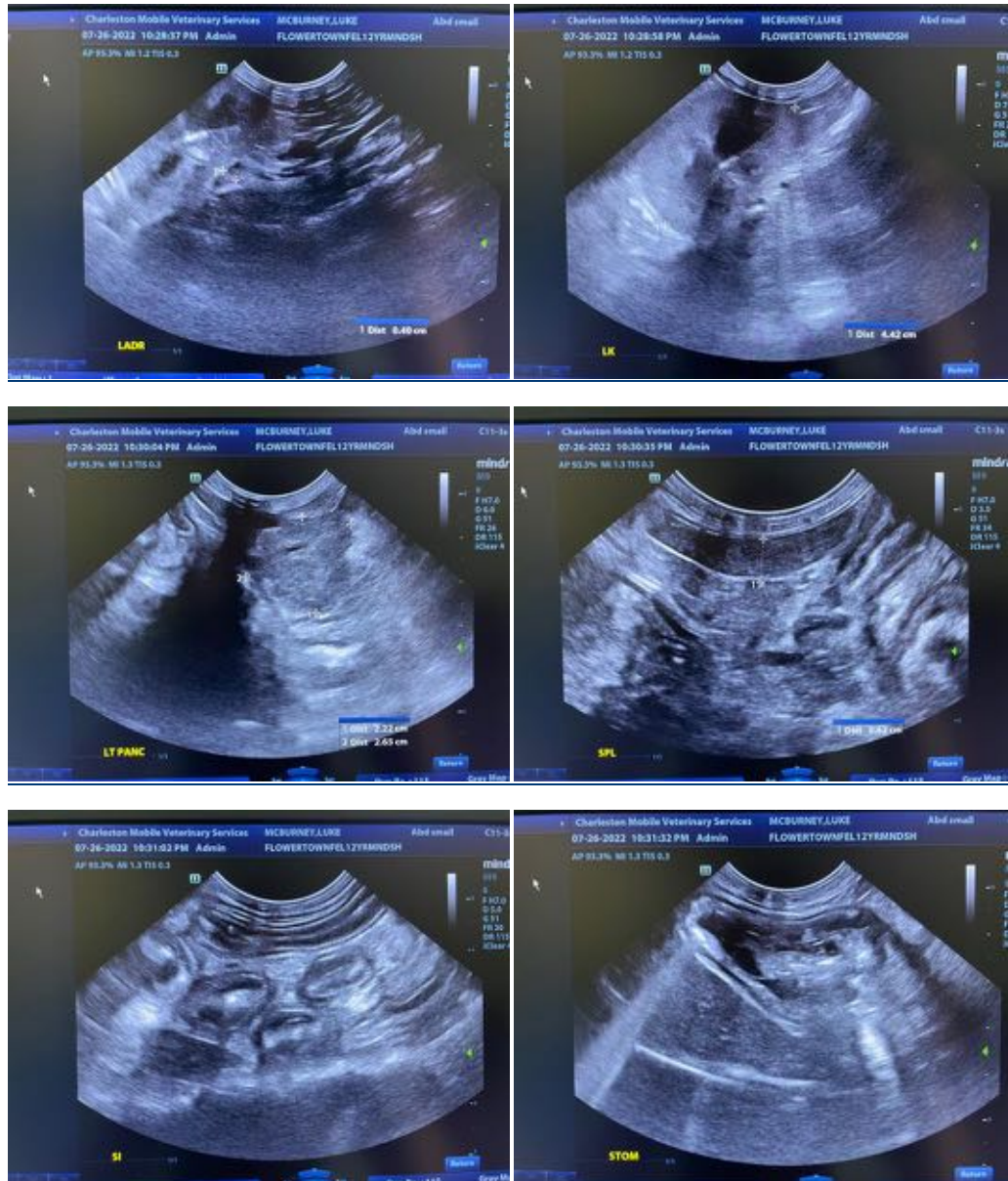
Dr. Randinelli

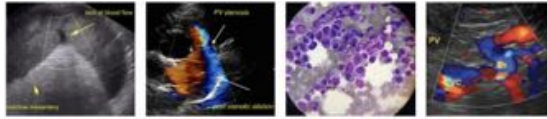
**INVOICE**

13782

**DATE**

7/27/22





**PATIENT**

Luke McBurney

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

8/18/2009

**WEIGHT**

8.3 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**

Flowerton AH

**REFERRING VET**

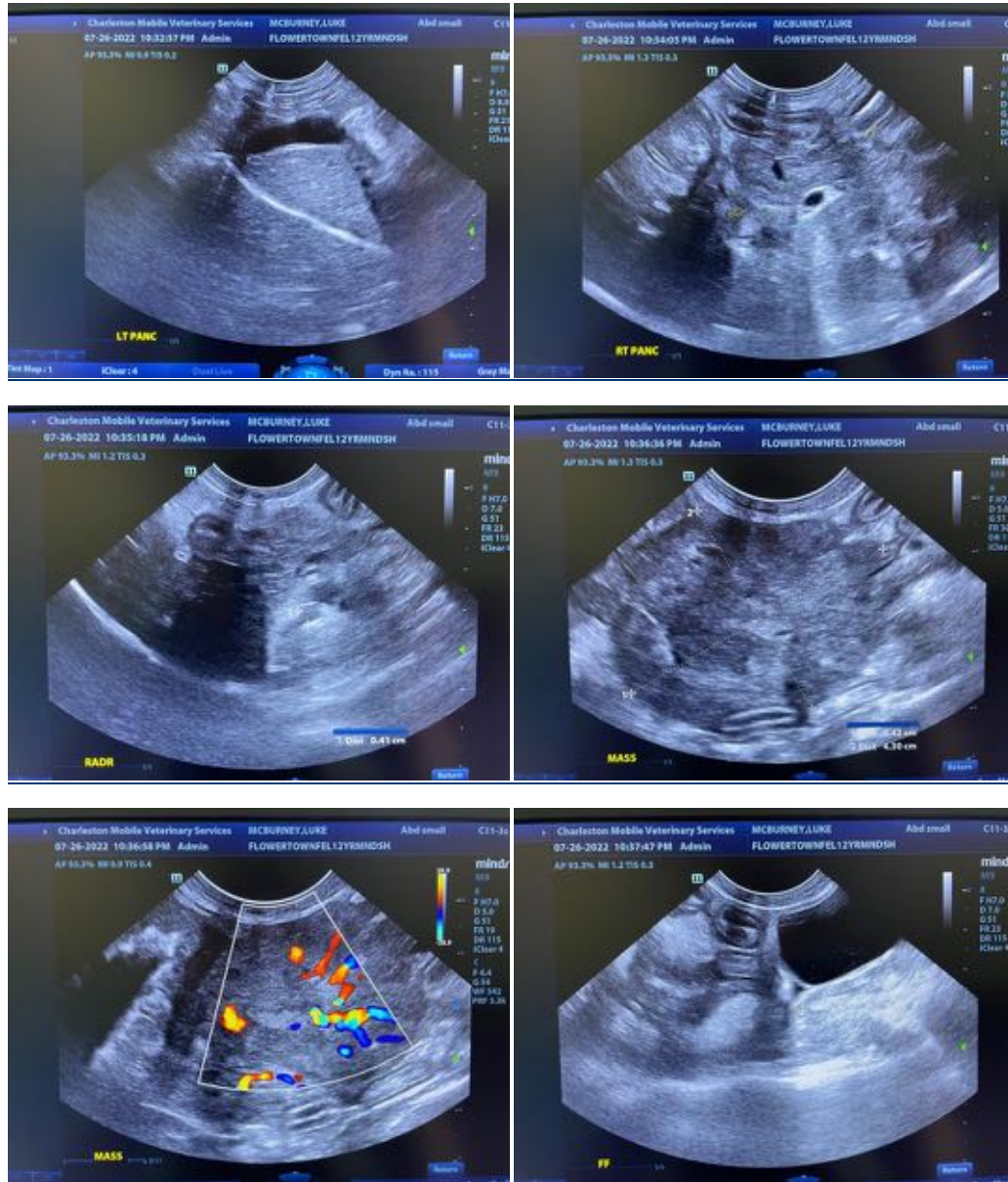
Dr. Randinelli

**INVOICE**

13782

**DATE**

7/27/22



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