


**PATIENT PRESENTING CLINICAL SIGNS**

Willow MacLeod History: Poor appetite, hard stools, uncomfortable with abdominal palpation, possible mass about 4cm palpated mid abdomen. On Cerenia and Tramadol.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline *Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**BREED**

Domestic shorthair

**SEX**

Male, neutered

The left kidney is normal size (4.46 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A cortical infarct is suspected at the cranial aspect. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

**AGE**

15 Yrs.

The right kidney is normal in size (3.31 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A cortical infarct is suspected at the craniomedial aspect. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

**WEIGHT**

9.8 lbs.

**Adrenal Glands**

The left adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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 Medicine)

The right adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Crystal Hill

**Spleen**

The spleen is subjectively normal in size (0.80 cm in width at the level of the hilus) with an irregular lateral contour. A 1.48 x 0.97 cm isoechoic nodule is observed at the lateral aspect. The lesion causes capsular expansion. The remaining parenchyma is subtly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

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**Liver**

The liver is subjectively prominent in size with irregular peripheral contours. Several varying sized cysts and cystic masses are observed throughout the organ, the largest measuring 4.43 cm in diameter. 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. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**REFERRING VET**

Dr. Kazienko

**Gastrointestinal**
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The gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern and appropriate mural detail. In the region of the pyloric antrum, the wall is borderline thickened (up to 0.52 cm) with apparent retention of the 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 0.29 cm) with a normal layering pattern and appropriate mural

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**PATIENT**

Willow MacLeod

detail. There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio or greater in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**SPECIES**

Feline

***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.

**BREED**

Domestic shorthair

***Free Abdomen***

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

**SEX**

Male, neutered

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

15 Yrs.

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The hepatic lesions are most consistent with biliary cystadenomas, biliary cystadenocarcinomas and/or benign hepatic cysts.
- Splenic nodule. Differentials include emerging neoplasia or benign pathology (i.e., focus of lymphoid hyperplasia or extramedullary hematopoiesis).
- Bilateral age-related renal changes with suspected cortical infarcts.

**WEIGHT**

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(*Small Animal Internal  
Medicine*)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the bowel changes, consider the following:
  1. A fecal evaluation for ova/Giardia
  2. GI panel including serum cobalamin, folate, TLI and PLI.
  3. +/- GI biopsies. Surgical biopsies would be ideal so that all segments of bowel can be accessed.
- Regarding the splenic nodule, a fine needle aspirate is recommended (if clotting status is appropriate). A 25-gauge needle should be used.
- Regarding the hepatic lesions, surgical removal is not an option due to their diffuse nature. However, given that they may be benign, the lesions may not be contributing to the patient's clinical signs.

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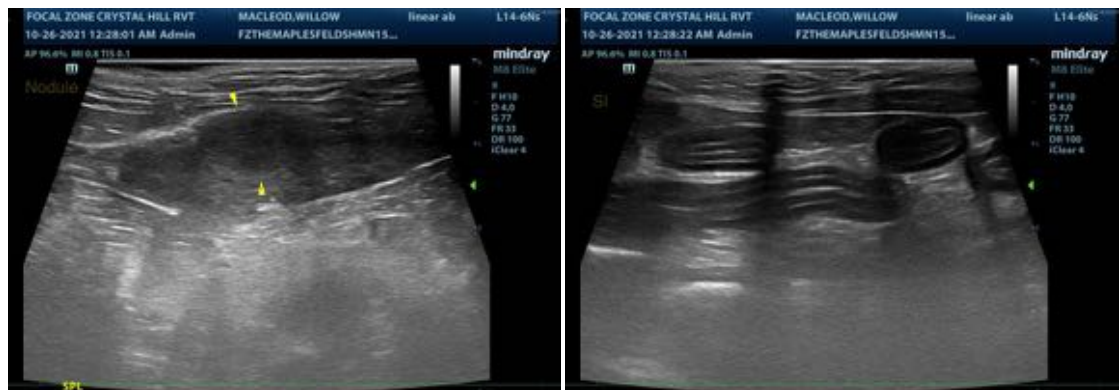
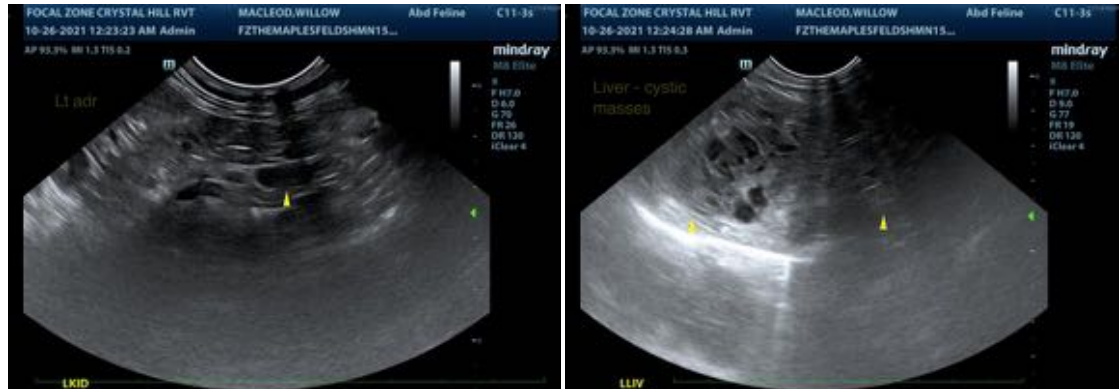
Dr. Kazienko

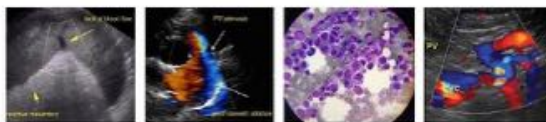
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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