


PATIENT

Buster Liston

PRESENTING CLINICAL SIGNS

History: losing weight, CBC WNL, mild hypoalbuminemia, AlkP 100, normal T4.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
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

The left kidney is normal size (4.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

SEX

Male, neutered

The right 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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

10 Yrs.

Adrenal Glands
WEIGHT

8.8 lbs.

The left adrenal gland is normal in size (0.43 cm length; 0.27 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 length; 0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.73 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.

**IMAGING
 PERFORMED BY**

Kelly Reshny, RVT

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 gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Wilson VS

REFERRING VET

Dr. Wilson

Gastrointestinal

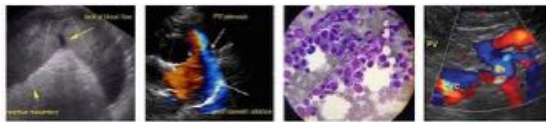
The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. A >4 cm segment of small intestine in the left mid-abdominal region is severely thickened (up to 0.79 cm) with suspected loss of the normal layering pattern. This segment is plicated in appearance. The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The colonic wall is normal.

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Pancreas

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The left limb is enlarged and irregular, bordering on a mass effect. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.21 cm in diameter).

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Free Abdomen

BREED

Domestic shorthair

The mesentery in the cranial to mid-abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

SEX

Male, neutered

- The thickened/plicated segment of small intestine could be consistent with infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, a linear foreign body cannot be completely excluded.

AGE

10 Yrs.

- The pancreatic changes could be consistent with severe pancreatitis or a neoplastic process.
- Peritonitis is present likely secondary to bowel and pancreatic pathology.

WEIGHT

8.8 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the left limb of the pancreas and abnormal segment of bowel. If cytologic evaluations are inconclusive, an abdominal exploratory with biopsy of the abnormal bowel and pancreas and assessment for a linear foreign body may be necessary to get a definitive diagnosis.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI should also be considered.

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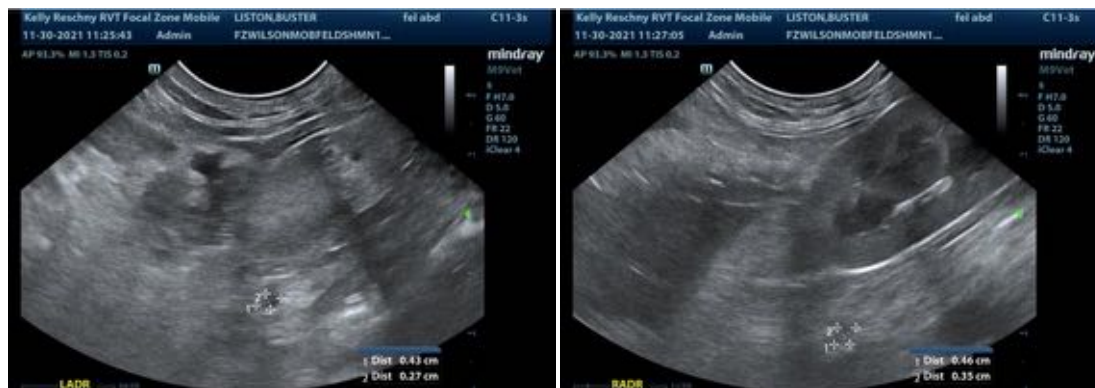
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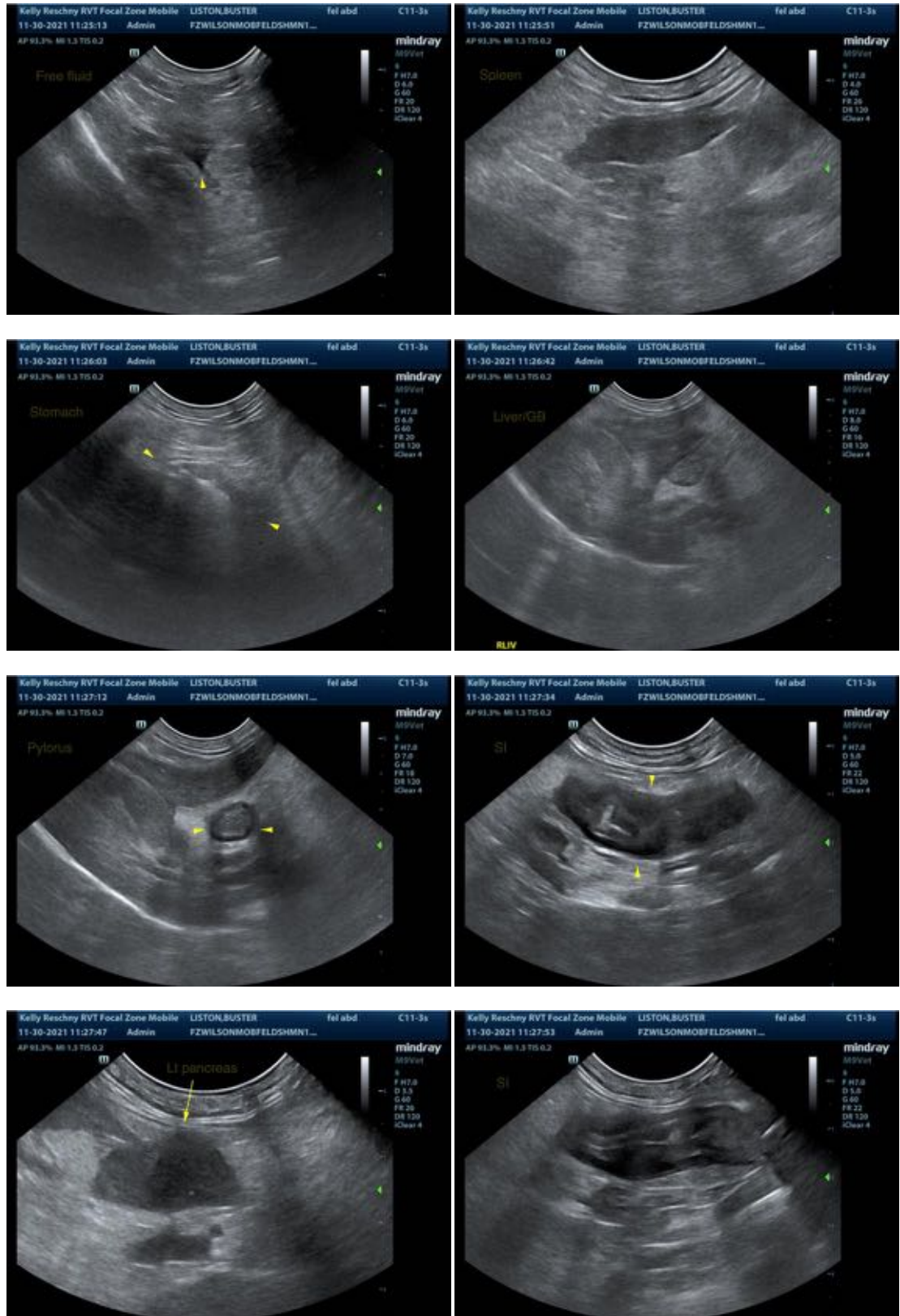
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

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