



**PATIENT PRESENTING CLINICAL SIGNS**

Fuzz Lawrence History: painful mass in caudal abd, decreased appetite, FeLeuk positive meds: buprenorphine  
Abnormal PE/Chem/CBC/UA Results: elevated ALT, SDMA

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline *Urinary System*

**BREED**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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.

Domestic mediumhair

**SEX**

The left kidney is normal size (3.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Female, spayed

**AGE**

The right kidney is normal size (3.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

9 Yrs.

**WEIGHT**

*Adrenal Glands*

3.74 kg.

The left adrenal gland is normal in size (0.40 cm length; 0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

The right adrenal gland is normal in size (0.31 cm length; 0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

*Spleen*

**IMAGING PERFORMED BY**

The spleen is normal in size (0.82 cm in width at the level of the hilus) with a normal capsular contour. Using the high frequency probe, the parenchyma appears mottled. No focal lesions are observed. Splenic vasculature is normal.

Kelly Reshny, RVT

*Liver*

**HOSPITAL NAME**

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 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.

Wellington AH

**REFERRING VET**

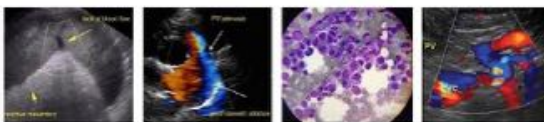
Dr. Dennis

*Gastrointestinal*

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is 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. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

**DATE**

4/26/22


**PATIENT**
***Pancreas***

Fuzz Lawrence

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.

**SPECIES**
***Free Abdomen***

Feline

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**BREED**

Other

Domestic mediumhair

**SEX**

A 1.38 x 0.89 ill-defined, hypoechoic nodule/lesion is observed in the caudal abdomen one still image and one video clip.

Female, spayed

**ULTRASONOGRAPHIC FINDINGS**
**AGE**

9 Yrs.

- Bowel pattern suggestive of inflammatory bowel disease. However, given the subtle changes, this may be a normal variant for this patient.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bilateral, chronic age-related renal changes.
- The origin/significance of the hypoechoic nodule is unclear. It may be artifactual (i.e., contracted bladder early in the study) or may represent a small tumor, granuloma, other.

**WEIGHT**

3.74 kg.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider thoracic radiographs to assess for occult disease in the chest.
- Given the elevated ALT, pre and post prandial serum bile acids and hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) may be warranted (if clotting status is appropriate).
- If a more conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis with broad spectrum antibiotics, hepatic antioxidants and nutritional support.
- Also consider a malabsorption panel including serum cobalamin, folate TLI and PLI. If the patient's clinical signs do not improve, hepatic +/- GI biopsies may be warranted.
- A recheck ultrasound is recommended in 2-3 weeks to reassess the caudal abdominal lesion. If still present, a fine needle aspirate can be considered.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Wellington AH

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Dr. Dennis

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**PATIENT**

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**SPECIES**

Feline

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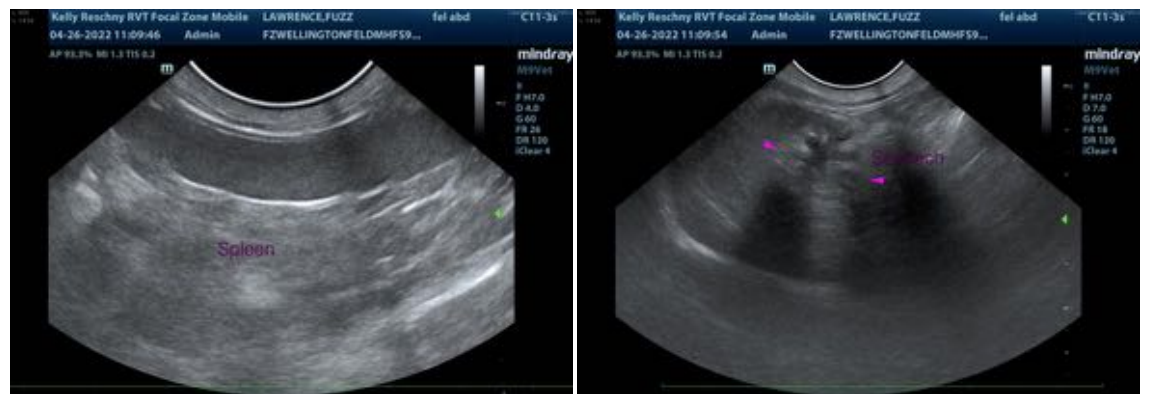
Wellington AH

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**PATIENT**

Fuzz Lawrence

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.

**SPECIES**

Feline

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.

**BREED**

Domestic mediumhair

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

Andrea.nicastro@sonopath.com

**SEX**

Female, spayed

**AGE**

9 Yrs.

**WEIGHT**

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