


PATIENT PRESENTING CLINICAL SIGNS

Peach Norouz History: Large inguinal mass approx. 6cm, suspect hernia. Concern for intestinal contents in suspect area. A walnut sized abdominal mass is felt in the mid abdomen. Owner opted for US over rads. No meds

SPECIES Abnormal PE/Chem/CBC/UA Results: n/a

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

BREED

Sphynx

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.

SEX

Female Spayed

The left kidney is normal size (3.13 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

5 Years

The right kidney is normal size (3.48 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.

WEIGHT

2.97 kgs.

Adrenal Glands

The left adrenal gland is normal size (0.20 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.26 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 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 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. Luminal contents are 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 mildly distended with ingesta. 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 with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. There is also thickening of the

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 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

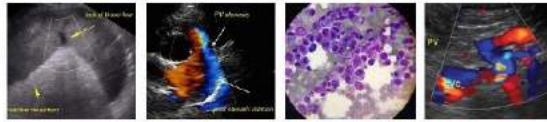
Preston Animal Clinic

REFERRING VET

Dr. Gerritsen

INVOICE
 11850kk

DATE
 9/17/21



PATIENT

Peach Norouz

submucosal layer in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

SPECIES

Feline

Pancreas

The left limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Sphynx

Free Abdomen

Trace free fluid is observed. One to two prominent mesenteric lymph nodes are visualized with the largest measuring 0.73 cm in length.

SEX

Female Spayed

Other

A large inguinal hernia is visualized. There is no obvious evidence of herniation of abdominal organs into the hernia.

AGE

5 Years

ULTRASONOGRAPHIC FINDINGS

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- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Inguinal hernia – does not appear to contain abdominal contents.
- The trace ascites is likely secondary to the presence of the hernia and/or bowel pathology.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Abdominal radiographs, including the inguinal hernia, are recommended to further determine if bowel contents are present within the hernia. These should be repeated just prior to surgery.
2. If the patient is exhibiting gastrointestinal signs, more advanced work up may be warranted.

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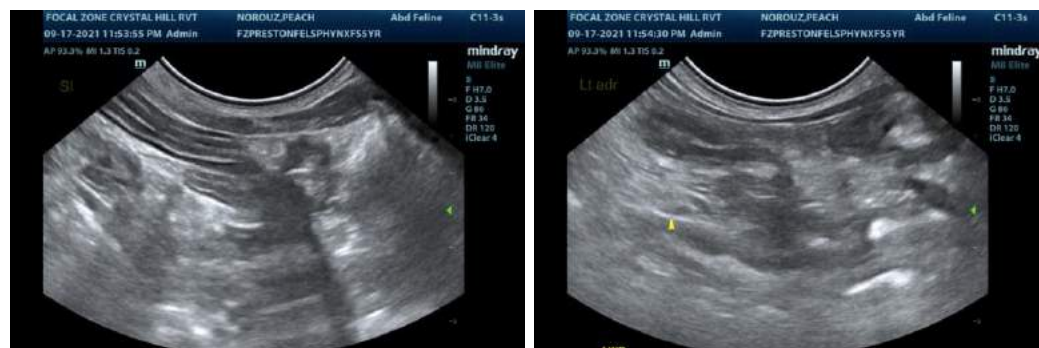
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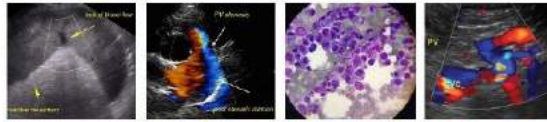
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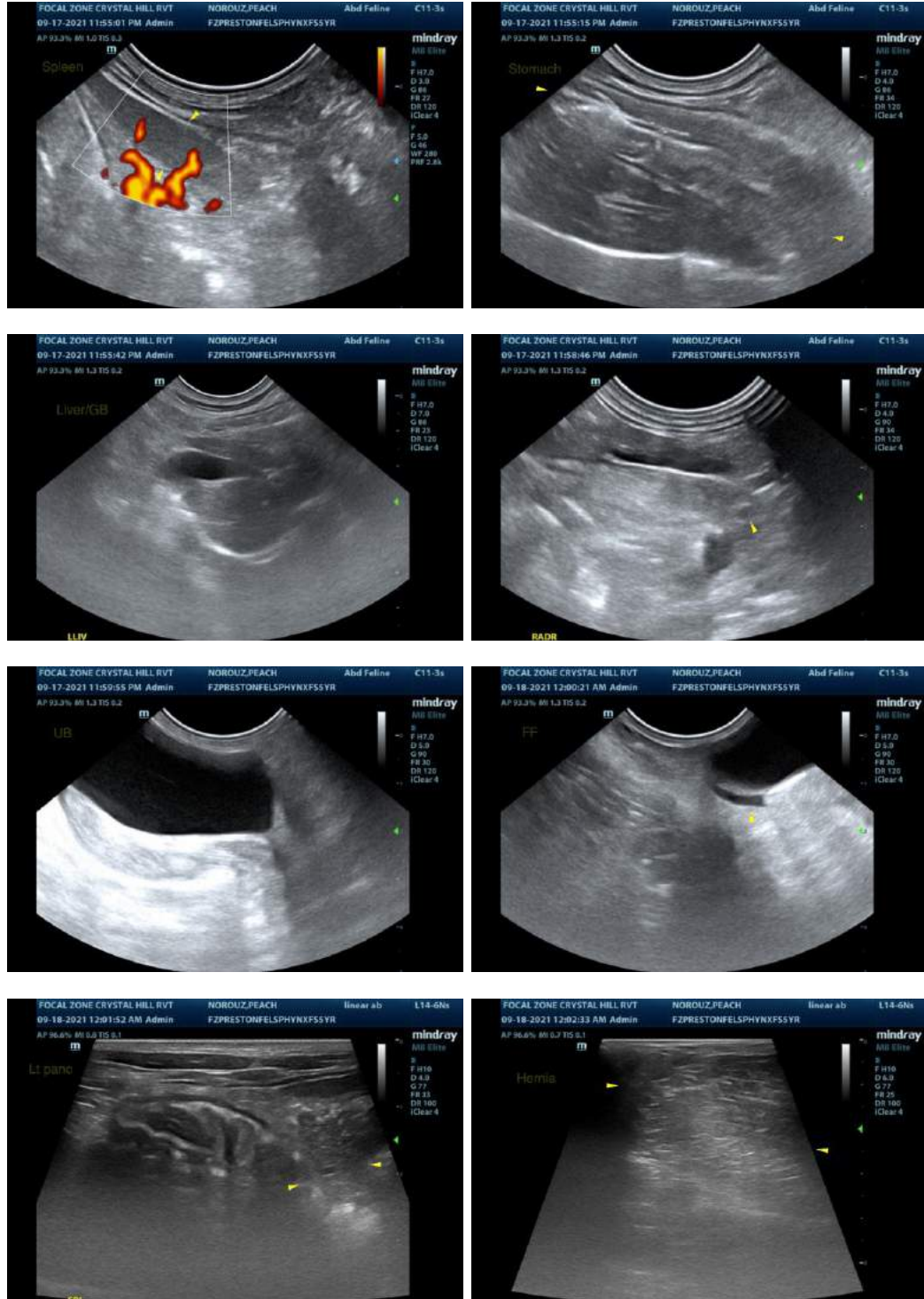
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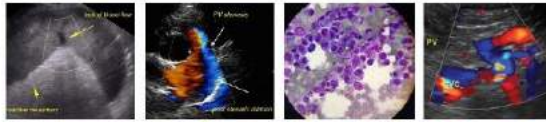
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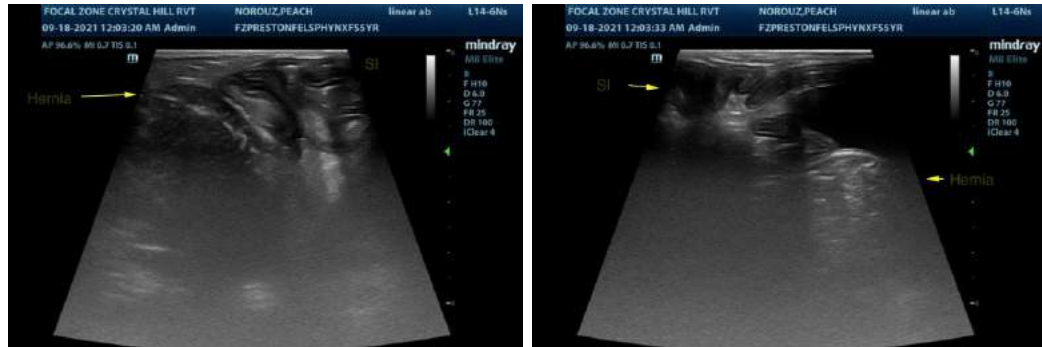
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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