



PATIENT

Mini Hayes

PRESENTING CLINICAL SIGNS

Decreased appetite, nasal discharge, febrile, increased RR effort, crackles auscultated, depressed, anemic. Current meds: Orbax 22.7mg 1/2 T sid #7 dispensed on 1/13/23, Dex, Pred inj, Vit B and 100mls sqf administered on 1/16/23

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic shorthair

The urinary bladder is minimally distended. The wall is of appropriate thickness for the level of repletion. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is normal in size (4.11 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

13.5 Yrs.

The right kidney is normal size (4.14 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

7 lbs.

Adrenal Glands

The left adrenal gland is normal in size (0.34cm 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)

The right adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.88 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

Shari Reffi CVT

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 small amount of gravity-dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal.

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Lake Hopatcong

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Dr. Navarro

Gastrointestinal

The gastric lumen is not distended. 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 duodenal and jejunal walls are normal in thickness with a normal layering pattern and appropriate mural detail. At the ileoceocolic junction, the wall is thickened (up to 0.55 cm) with loss of the normal layering pattern. The mesentery adjacent to the ileoceocolic junction is hyperechoic. In the proximal ascending colonic lumen, adjacent to the ileoceocolic junction, a 1.00 cm irregular, echogenic focus is adhered to

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the mucosal surface. This structure is avascular. Several centimeters of colon are thickened with loss of the normal layering pattern. The distal colonic wall appears normal in thickness. The colonic lumen proximally is moderately fluid distended.

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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 obvious evidence of free fluid.

SEX

Female, spayed

A few prominent to enlarged hypoechoic slightly rounded lymph nodes are observed at the ileocecolic junction, the largest measuring 2.19 cm in length. In addition, a 1.53 cm slightly rounded hypoechoic lymph node is observed in the mid to caudal abdomen. The mesentery surrounding the nodes is hyperechoic.

AGE

13.5 Yrs.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

WEIGHT

7 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The ascending colonic wall changes are concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) with a lower possibility of a severe inflammatory process. Adjacent peritonitis is present. The echogenic structure adhered to the mucosal surface of the ascending colon may represent fecal material or tissue (i.e., inflammatory or neoplastic).
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.

Secondary Findings:

- Mild bilateral, age-related renal changes with left dystrophic mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If accessible, consider a fine needle aspirate of the thickened tissue of the ascending colon. If pursued, care must be taken to avoid entering into the colonic lumen. Fine needle aspirates of the prominent abdominal lymph nodes are also recommended. If cytology results are inconclusive, consider endoscopic or surgical biopsies of the proximal colon.
- Thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI.

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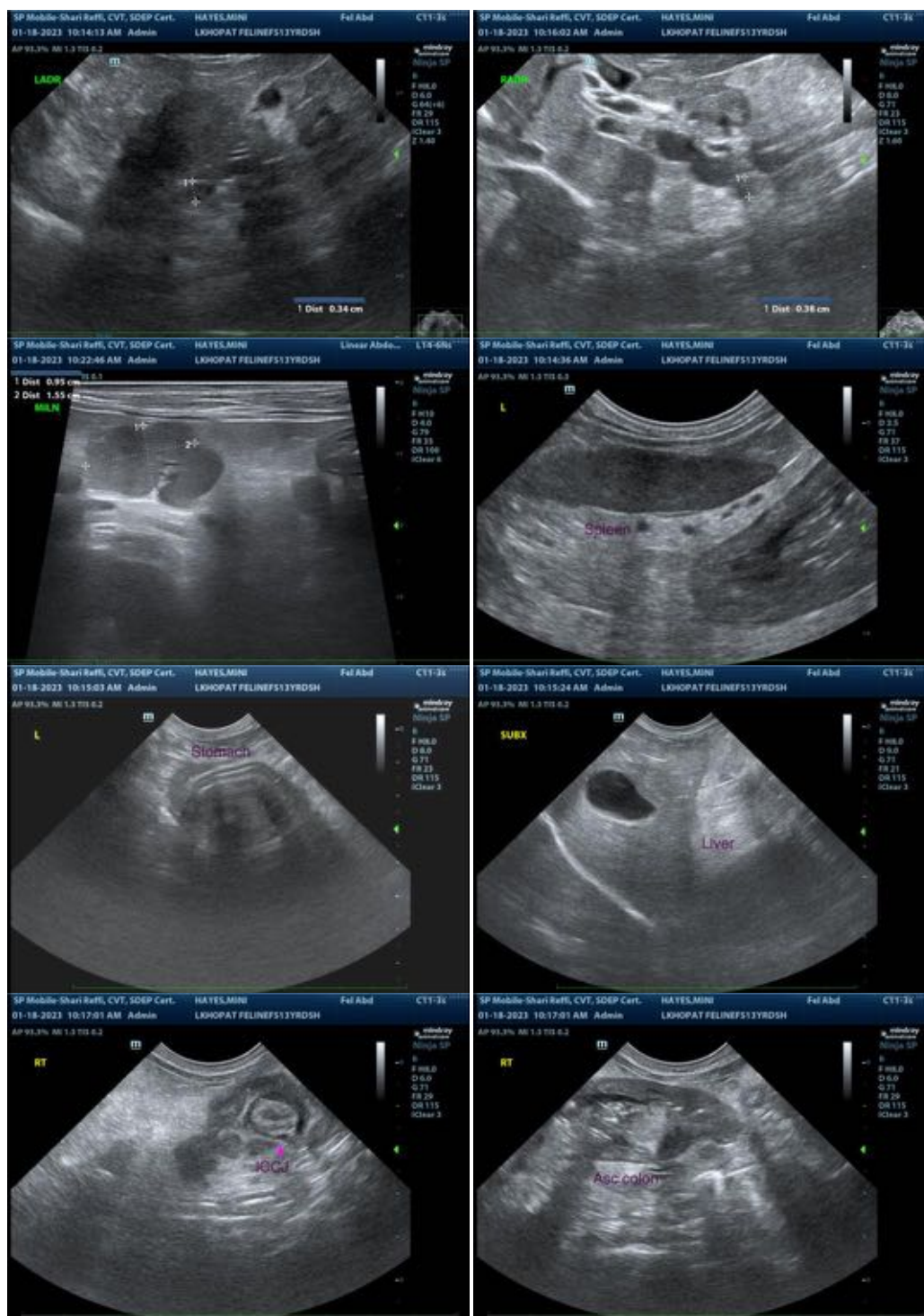
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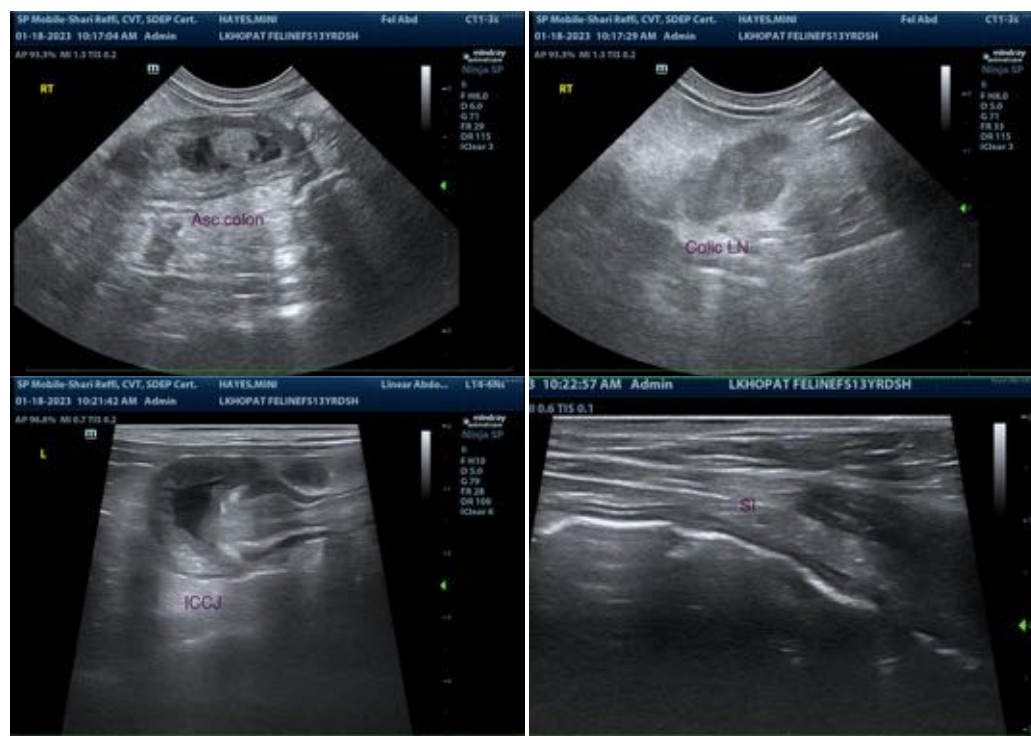
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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