



PATIENT

Dragon Thompson

SPECIES

Feline

BREED

Domesitc shorhtair

SEX

Male, neutered

AGE

17 Yrs.

WEIGHT

9.3 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden,
RVT

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Hickenbottom

INVOICE

14484

DATE

1/23/23

PRESENTING CLINICAL SIGNS

History: ADR, abnormal abdominal palpation, anemic. On cerenia, nasal drops, Elura 0.4ml sid.
Abnormal PE/Chem/CBC/UA Results: tbili 0.6, albumin 2.3, SDMA 28.4, HCT 27%, WBC 13,500
with neutrophilia 79% and low lumphs 16%. amylase 2219, UPC 7.4, PSL 33, proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 1-2 cm, are normal.

The left kidney is normal size (3.85 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.68 cm in length) with a slightly irregular shape. The cortex is hyperechoic. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal.

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.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal to slightly prominent in size (0.96 cm in width at the level of the hilus) with slightly undulating medial contour. The parenchyma is subjectively hypoechoic and subtly mottled in appearance. A few pinpoint hyperechoic nodules/areas are visualized. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

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. A >3 cm irregular small intestinal mass is visualized in the mid-abdominal region. The wall in this segment is severely thickened (up to 0.84 cm) with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The lumen is mildly dilated in this area. In the remaining



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small intestinal segments, the wall is normal to mildly thickened (up to 0.37 cm). There is disruption in the normal 1:3 muscularis: mucosal ration in most segments. The colonic wall is normal. No obvious obstructive disease is noted.

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Pancreas

The left and right limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized. The largest measuring 1.43 cm in length.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Small intestinal mass. Neoplasia (i.e., adenocarcinoma, lymphoma) is considered likely with a lower possibility of a focal severe inflammatory process (i.e., pyogranulomatous).
- Diffuse peritonitis is present, likely secondary to the bowel mass.
- The diffuse small intestinal wall changes could be consistent with emerging lymphoma or inflammatory bowel disease.
- The splenic parenchymal changes could be consistent with infiltrative neoplasia or a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar).
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.

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Secondary Findings:

- Bilateral degenerative renal changes with non-obstructive nephrocalcinosis.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the bowel mass and spleen are recommended if clotting status is appropriate. A 25-gauge needle should be used. If cytology results are inconclusive or if an aspirate is not pursued, consider mass removal (resection and anastomosis) with submission of the growth for histopathology.

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- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended.

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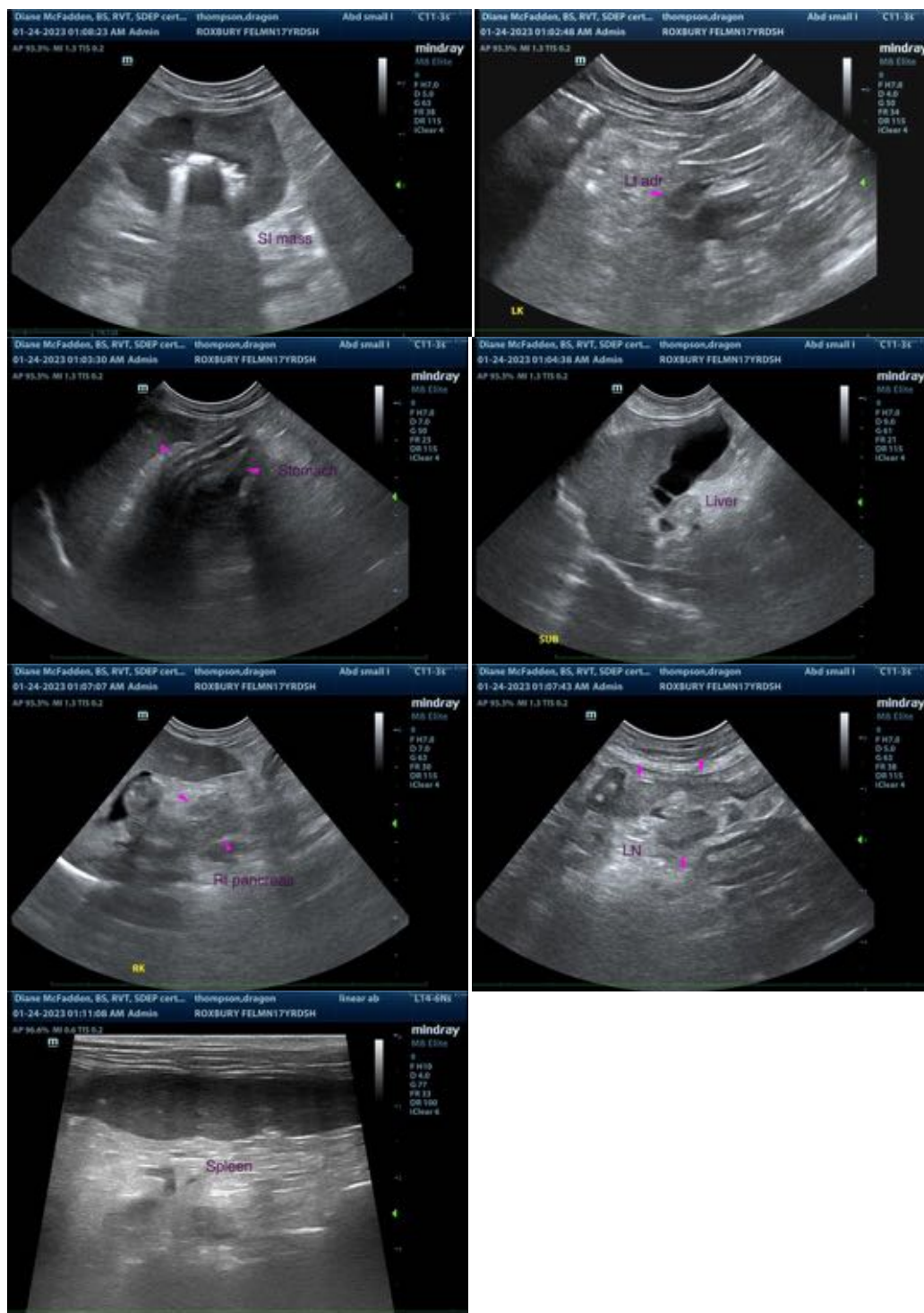
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The information and recommendations provided are based on the images presented by the referring



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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.

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info@SonoPath.com

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