



PATIENT

Minnie Wollny

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

8.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Lepkowski

INVOICE

13432

DATE
5/25/22

PRESENTING CLINICAL SIGNS

History: History of IBD, possible splenomegaly seen on radiographs. Current meds: Mirataz transdermal, cerenia tablets 16mg

Abnormal PE/Chem/CBC/UA Results: Lymphs 11%, Abs Lymphs 550, Neut 84%, RBC 10.7x10⁶, BUN/Urea 13, Trig 7.4

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. A small amount of gravity-dependent mineralized sand as well as a scant amount of suspended echogenic debris is observed within the lumen. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.20 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.40 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. A 0.27 cm cortical cyst is observed at the cranial aspect. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.58 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 0.57 cm ill-defined hyperechoic nodule is 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 portal vein: caudal vena cava ratio is approximately 1:1. 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. The common bile duct measures 0.18 cm in diameter at the distal aspect.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and homogeneous in appearance. The pancreatic duct is not overtly dilated. See also *Other*.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Lymph Nodes

See *Other*.

Other

A 1.27 x 0.52 cm irregular cystic structure is observed adjacent to the proximal duodenum in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The origin of the cystic structure in the right cranial quadrant is unclear. It may be arising from pancreas, mesentery, duodenum or may represent a cystic lymph node.
- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma, lymphoid hyperplasia or similar) with a low possibility of emerging neoplasia.

Secondary Findings:

- Bilateral, age-related renal changes with a right cortical cyst.
- Urinary bladder sand.

*There is no evidence of splenomegaly at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a recheck ultrasound in 4-6 weeks to reevaluate the cystic area in the right cranial quadrant.
- Further recommendations should be based on the patient's clinical signs. For example, if GI signs are present, consider a fecal evaluation for ova and Giardia, malabsorption panel (send to Texas A&M), limited antigen diet +/- gastrointestinal biopsies.



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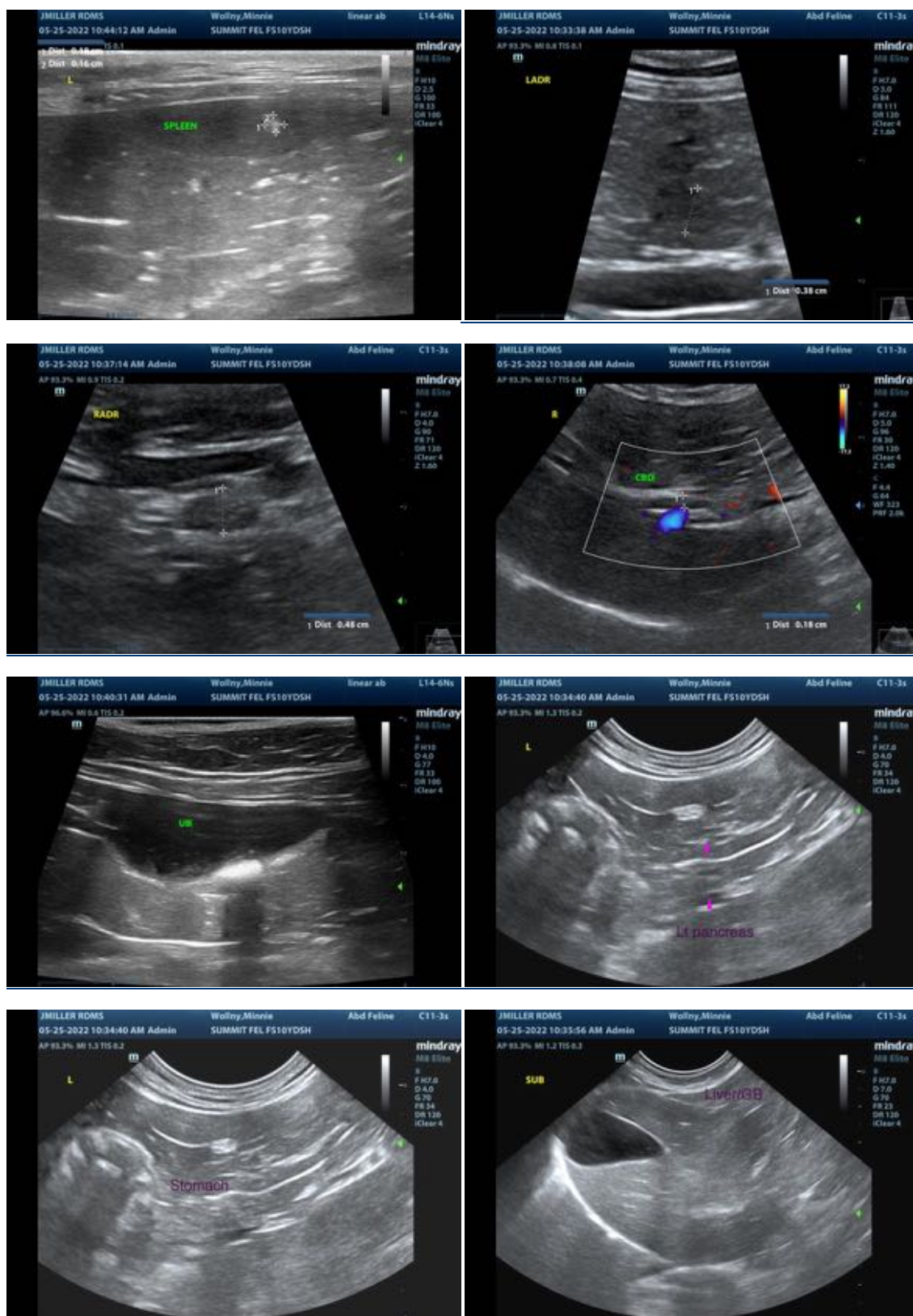
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com