

PATIENT PRESENTING CLINICAL SIGNS

Molly Rodriguez
History: Lethargic, intermittent vomiting, large irregular kidneys.
Abnormal PE/Chem/CBC/UA Results: ALT 18, WBC 24.44, NEU 23.41, Lym 0.38.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline
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. The cystourethral junction and visible portion of the proximal urethra are normal.

BREED

Domestic shorthair

SEX

Female

The left kidney is normal size (4.02 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. Renal vasculature is normal.

AGE

8 Yrs.

The right kidney is normal size (3.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

6.7 lbs.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is seen.

Spleen

INTERPRETED BY

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

The spleen is normal in size (0.73 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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic 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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

HOSPITAL NAME

Animal Paradise
Hospital

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 0.49 cm). There is apparent retention of the normal layering pattern with disruption of the muscularis: mucosal ratio in most segments. There is a >1:1 ratio in some regions. The muscularis layer also has an increase in echogenicity in some segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

REFERRING VET

Dr.Bravo

INVOICE

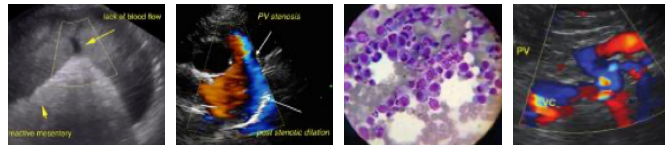
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Pancreas

The base/right limb of the pancreas is 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

DATE

8/30/22



PATIENT inflammation or effusion.

Molly Rodriguez

Free Abdomen

SPECIES

A moderate amount of echogenic free fluid is present. A 4.27 x 3.65 cm irregular echogenic vascular mass is observed in the mid-abdominal cavity.

Feline

Lymph Nodes

BREED

See *Free Abdomen*.

Domestic shorthair

Other

SEX

A brief evaluation of the thorax reveals a moderate amount of echogenic pleural effusion. There is no obvious evidence of pericardial effusion.

Female

AGE

ULTRASONOGRAPHIC FINDINGS

8 Yrs.

Primary Findings:

WEIGHT

- Mid-abdominal mass, the origin of which is unclear. It may be arising from lymph nodes, mesentery, pancreas, other. Neoplasia (i.e., round cell tumor, sarcoma, adenocarcinoma) is of primary concern with a lower possibility of a severe focal inflammatory process.
- The small intestinal wall changes could be consistent with emerging neoplasia (i.e., lymphoma) or severe inflammatory process (i.e., inflammatory bowel disease).
- The pleural effusion and ascites may be secondary to increased vascular permeability, low oncotic pressure or increased hydrostatic pressure.

6.7 lbs.

INTERPRETED BY

Secondary Findings:

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

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bilateral, degenerative renal changes.
- 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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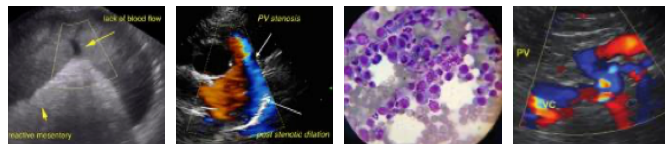
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the mid-abdominal mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If results are inconclusive, consider an abdominal exploratory with biopsy/removal of the abdominal mass along with gastrointestinal +/- liver biopsies.
- Also consider a GI panel (send to Texas A&M).



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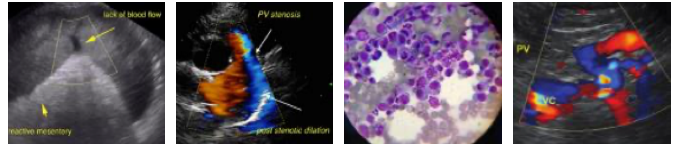
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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.

SPECIES

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Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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