



**PATIENT**

Molly Weingartner

**PRESENTING CLINICAL SIGNS**

History: Weight loss. Icteric.  
Abnormal PE/Chem/CBC/UA Results: elevated liver values

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Domestic shorthair

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The mucosal surface is slightly irregular. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

**SEX**

Female, spayed

The left kidney is normal size (3.84 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

10 Yrs.

The right kidney is normal size (3.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

Not provided

*Adrenal Glands*

The left adrenal gland is normal in size (0.44 cm 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 (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (0.77 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**

Jessica Miller

*Liver*

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. No distinct focal lesions are observed. There is a subtle increase in portal markings. Vascular is of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. 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.

**HOSPITAL NAME**

Bergen Passaic AH

**REFERRING VET**

Dr. Spitz

*Gastrointestinal*

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 is normal to mildly thickened (up to 0.31 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are

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not identified. The ileocecal colic junction and colonic wall are normal. The lumen of the descending colon contains shadowing fecal material. No obstructive disease is noted.

**Pancreas**

**SPECIES**

Feline

A portion of the pancreas is obscured by the hepatomegaly and cranial abdominal mass effect. See *Other*.

**Free Abdomen**

**BREED**

Domestic shorthair

A small amount of free fluid is present.

**Lymph Nodes**

**SEX**

Female, spayed

See *Other*.

**Other**

**AGE**

10 Yrs.

In the cranial to mid-abdomen, a multi-lobulated, heterogeneous mass is visualized. Ill-defined hypochoic areas are observed within the mass effect.

**WEIGHT**

Not provided

**ULTRASONOGRAPHIC FINDINGS**

- Cranial to mid-abdominal mass effect, the origin of which is unclear. It may be arising from liver, lymph nodes, pancreas, mesentery, other. Neoplasia is suspected with a lower possibility of a benign process (i.e., inflammatory lesion).
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The ascites is likely secondary to the abdominal mass and/or hepatic pathology.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

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**IMAGING  
PERFORMED BY**

Jessica Miller

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the abdominal mass and liver, if clotting status is appropriate. 25 gauge needles should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. While awaiting test results, symptomatic care along with nutritional support is recommended.
- Given the bowel changes, consider a malabsorption panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M).

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## BREED

Domestic shorthair

## SEX

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## AGE

10 Yrs.

## WEIGHT

Not provided

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## IMAGING PERFORMED BY

Jessica Miller

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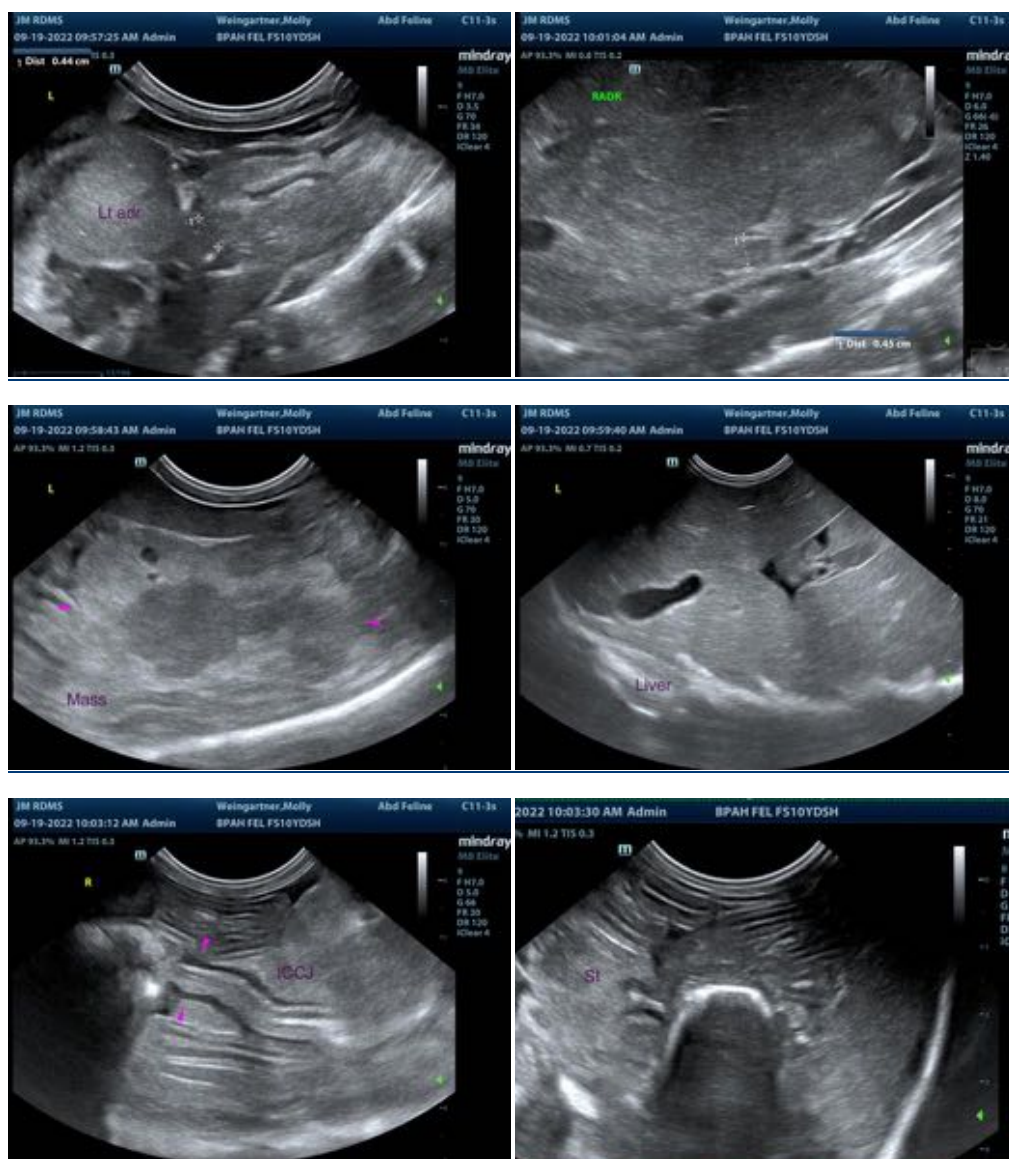
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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