



## PATIENT PRESENTING CLINICAL SIGNS

**PATIENT** Bandit Arvanitis  
**SPECIES** History: Started coughing/wheezing again, having noisier/heavier breathing again in past month. Seeing increased work of breathing. Much worse signs than previous episode last year. No open-mouth breathing. Owner reports PU/PD for a few months. Owner is concerned he has lost weight. Appetite is somewhat reduced but still eating reasonable amount. A little lower energy. No V/D/S Strictly indoor

Feline

**BREED**

DSH

**SEX**

Neutered Male

Abnormal PE/Chem/CBC/UA Results: 1/14 Exam mm +/- light pink, < 2 PLN wnl EENT slightly sunken OU, no red/bleph/chem Oral At least some/moderate tartar, limited look - resistant H/L HR 180, nma, nsr, pss; RR 30-36 with consistent wheezing, inspiratory and expiratory, with abdominal component when manipulated; also stertor Abd snp U/G wnl M/S Moderate muscle loss generally, lost 1 lb. I Mildly unkempt coat 1/15 exam Cough/wheeze, inspiratory and expiratory - R/O airway (asthma, infection, other) vs. upper airway (laryngeal neoplasia, other) vs. lung PU/PD - R/O CKD, DM, hyperthyroid, other Weight loss Periodontal disease Cholesterol 232 Catalyst Pancreatic Lipase 15.9 Total T4 3.1

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**AGE**

18

**WEIGHT**

11.8 lbs

### Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and is normal.

The left kidney is normal in size (3.81 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild-to-moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

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

### Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

### Spleen

The spleen is subjectively normal-in-width (0.66 cm in width at the level of the hilus) with a folded contour. There is appropriate echogenicity and echotexture. A few, varying-sized hyperechoic nodules are observed throughout the organ (one measuring 0.61 cm in its longest dimension). Splenic vasculature is normal.

### Liver

The liver is subjectively normal in size with normal curvilinear 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 gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal

The gastric lumen is minimally fluid-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 segmentally gas-

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Grace Jayne CVT

## HOSPITAL NAME

Ark Animal Homecare

## REFERRING VET

Dr. Shalette Dingle

## INVOICE

22386

## DATE

1-15-26



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distended. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**SPECIES**

Feline

**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**

DSH

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**SEX**

Neutered Male

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

18

- Bilateral nonspecific age-related renal changes with dystrophic mineralization. The trace left pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD, or some combination thereof.

**WEIGHT**

11.8 lbs

- The hyperechoic splenic nodules are most consistent with myelolipomas, with a lower possibility of more insidious splenic pathology.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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(Small Animal Internal  
Medicine)

- Regarding the PU/PD, consider the following:

1. Urinalysis with culture and sensitivity
2. Free T4 by equilibrium dialysis

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- Regarding the patient's respiratory signs, three-view thoracic radiographs are recommended. Depending on the results, further work-up may be indicated.

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## SEX

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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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