



## PATIENT PRESENTING CLINICAL SIGNS

**Sophie Jusino**  
**SPECIES** History: Patient presented as a referral for an abdominal ultrasound for a Hx of elevated TBIL, icterus, and weight loss. BCS of 1/9, client stated that Px was 15lbs a few months ago and is now 4lbs. Px had fleas and ticks and a sore on the right hock.  
**Feline** Abnormal PE/Chem/CBC/UA Results: Hematocrit 29%, mildly regenerative. ALT 155.  
 (Bloodwork attached below for your reference)

## BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### DSH *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 is normal.

### SEX

Female Spayed

### AGE

3

### WEIGHT

4 lbs

The left kidney is normal in size (3.08 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (3.00 cm in length) with a normal shape, architecture and 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.

### *Adrenal Glands*

The left adrenal gland is normal size (0.33 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 in this region.

### *Spleen*

The spleen is normal in size (0.48 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*

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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is moderately distended. The wall is slightly thickened (up to 0.12 cm) and hypoechoic. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Gabriel Ferrer DVM

## HOSPITAL NAME

Pulse Pet  
Ultrasound Services

## REFERRING VET

Dr. Jose Cruz

## INVOICE

22410

## DATE

1-19-26



**PATIENT** *Pancreas*

Sophie Jusino

The left limb is visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

**SPECIES**

Feline

*Lymph Nodes*

The abdominal lymph nodes are normal/not visible.

**BREED**

DSH

*Free Abdomen*

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Female Spayed

- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.

**AGE**

3

- The gallbladder wall changes could be consistent with cholecystitis, low oncotic pressure, increased hydrostatic pressure, anaphylaxis, immune-mediated hemolytic anemia, other. Correlation with the patient's clinical history is recommended.

**WEIGHT**

4 lbs

- The hypoechoic pancreas may be a normal variant for this patient or may represent mild pancreatitis. Correlation with the patient's clinical history is recommended.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Feline leukemia, FIV, and FIP testing are recommended (if not already performed).
- Consider hepatic tissue sampling (i.e., aspirates or biopsies). Clotting times should be performed prior to any tissue sampling. Aerobic and anaerobic bile cultures would also be beneficial.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI.
- Given the mildly regenerative anemia, also consider the following:
  1. Slide agglutination test
  2. CBC with clinical pathology review
  3. Vector-borne disease testing

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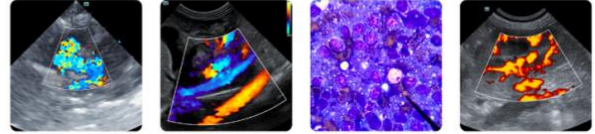
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**PATIENT**

Sophie Jusino

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

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**WEIGHT**

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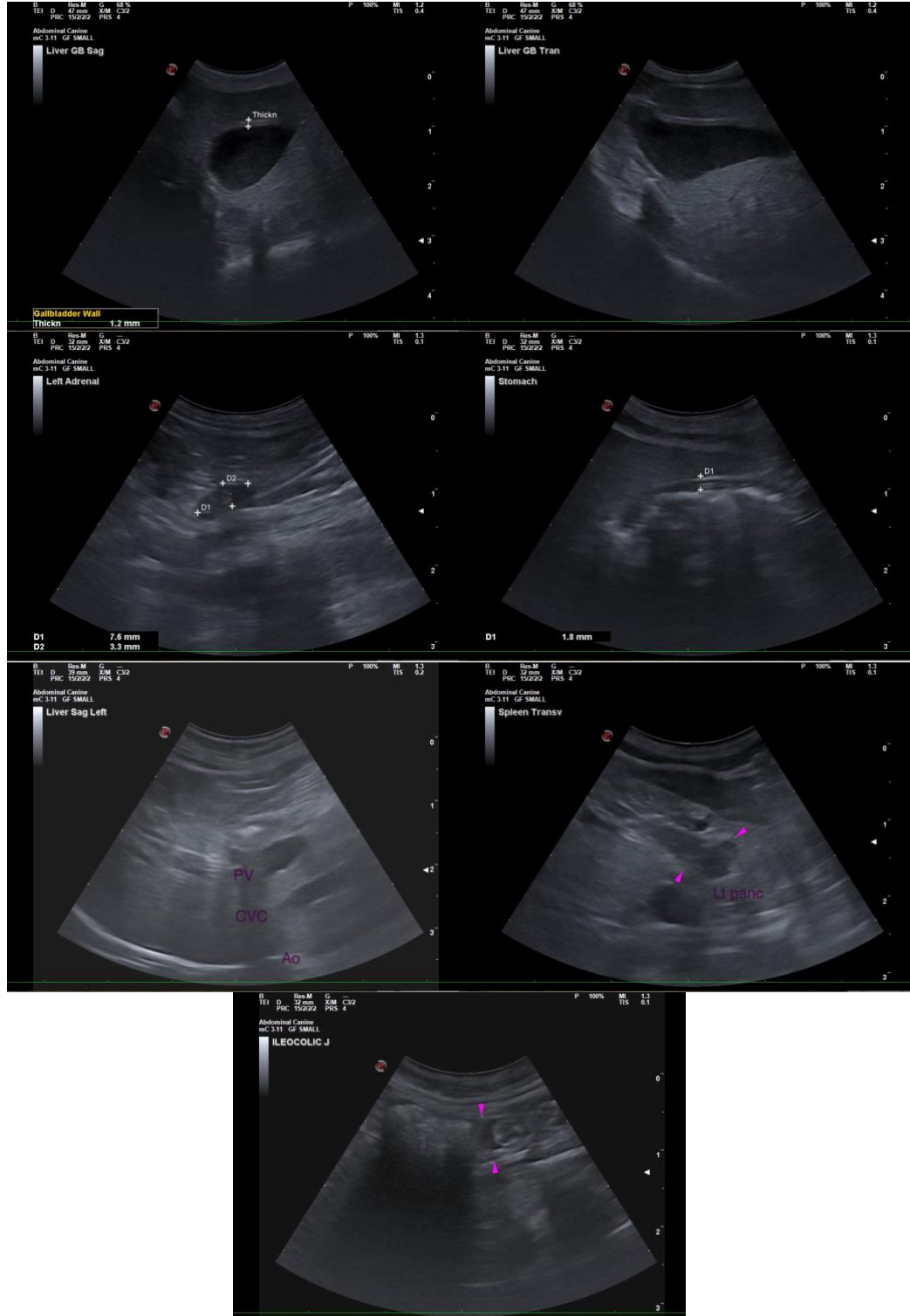
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## PATIENT

Sophie Jusino

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.

## SPECIES

Feline

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.

## BREED

DSH

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

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Female Spayed

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