

PATIENT PRESENTING CLINICAL SIGNS

Felix The Cat Whitt

Clinical Exam Findings: Hx of hematemesis - discussed concern for gastritis vs other, treated with Pepcid at home. Hx of patient chewing on plastic. Hx of heart murmur, echo performed and showed mitral valve dysplasia with no need for medical intervention. Recently been hacking/vomiting with pink mucus. Presented today with moderate/severe pain on abdominal palpation.

SPECIES

Feline

BW/UA performed -- CBC wnl, CHEM ALT mild high at 218, spec fpL wnl, UA wnl
 Concern for GI upset vs FB vs gastritis vs other

BREED

DSH

Abnormal lab-work values: WBC - 17.23, NEU - 14.01, TP - 9.1, GLOB - 6.0, ALT - 218.
 U/A PRO - 30
 Current Medications: Buprenorphine BID, Famotidine PR

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

1.5

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly-to-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 the proximal urethra, visible to a depth of 2 cm, are normal.

WEIGHT

14.1 lbs

The left kidney is normal in size (3.99 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

The right kidney is normal in size (4.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Sara Hansen

Adrenal Glands

The left adrenal gland is normal in size (0.39 cm in width) with a normal shape, glandular echogenicity and detail. 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.

HOSPITAL NAME

Albany AH

Spleen

The spleen is normal in size (0.83 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several, varying-sized hyperechoic nodules are observed throughout the organ (one measuring 0.52 cm in diameter). Splenic vasculature is normal.

REFERRING VET

Dr Hunt

Liver

The liver is subjectively normal-in-size with normal peripheral contours. The parenchyma is isoechoic-to-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.

INVOICE

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

DATE

1-29-26

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 dilated with chyme (mild). The small intestinal wall is normal in thickness with a normal layering pattern and



PATIENT appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.
 Felix The Cat Whitt

SPECIES **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.
 Feline

BREED **Lymph Nodes**
 The abdominal lymph nodes are normal/not visible.
 DSH

SEX **Free Abdomen**
 The peritoneal cavity is normal. There is no evidence of inflammation or effusion.
 Neutered Male

AGE **ULTRASONOGRAPHIC FINDINGS**
Primary Findings
 1.5
 • 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.

WEIGHT **Secondary Findings**
 14.1 lbs
 • The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.

INTERPRETED BY **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
 Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)
 • The hyperechoic splenic nodules are most consistent with benign myelolipomas, with a lower possibility of more insidious splenic pathology.

IMAGING PERFORMED BY
 Sara Hansen
 • *An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease, neoplasia), underlying metabolic issue, coagulopathy, other.

HOSPITAL NAME
 Albany AH
 1. Serum protein electrophoresis
 2. Three-view thoracic radiographs to assess for occult pathology in the chest
 3. Feline leukemia, FIV and FIP testing (if not already performed)
 4. Depending on the results, a bone marrow aspirate may be warranted.

REFERRING VET
 Dr Hunt
 • Regarding the hepatic changes, consider the following:
 1. Pre- and postprandial serum bile acids
 2. Hepatic tissue sampling (i.e., aspirates or biopsies)
 3. Aerobic and anaerobic bile cultures would also be beneficial

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 • Regarding the hematemesis, and upper GI endoscopic with biopsies should be considered.

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HOSPITAL NAME

Albany AH

REFERRING VET

Dr Hunt

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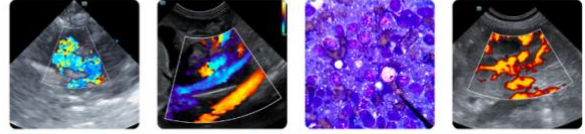
1-29-26



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



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