



**PATIENT**

Sochi Everett

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

05/06/2014

**WEIGHT**

3.38 kg

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

BluePearl MP ER

**REFERRING VET**

Dr Libby

**INVOICE**

22471

**DATE**

1-29-26

**PRESENTING CLINICAL SIGNS**

Further Hx: Sochi is a direct transfer for in-hospital supportive care and internal medicine transfer for progressive symptoms of lethargy, severe dehydration, anorexia, intermittent vomiting/retching, urinating inappropriately in the house, weight loss, elevated WBC count, fever (resolving), icterus, hyperglycemia. Primary concerns are underlying diabetes and possible hepatic lipidosis.

On Tuesday 1/27 she was treated with SC fluids 150ml LRS, Convenia 0.32 cc SC, and she was started on oral Veraflox 0.75 cc PO SID, and Mirtazapine transdermal 1.5" on the ears daily. Her temperature was >104 degrees Tuesday and Wednesday.

PE: Eyes: sunken. Pupils are equal and responsive with intact menace OU. Mild icterus of the sclera. Oral: MM pale pink, mildly icteric. moderate to heavy tartar and calculus and gingivitis. LNs: no PLN enlargement palpable. Ears: moist brown waxy/oily debris in ear canals AU. H/L: HR 170 bpm, no overt murmur or arrhythmia. Pulses are moderate and synchronous. Lung sounds are clear with no crackles and wheezes appreciated. Abdomen: soft, non-painful. No mass effect or free fluid palpable. Pendulous. M/S: emaciated/cachexic with decreased muscle mass. BCS 3.4-4/9. Ambulatory x 4. Neuro: no deficits noted. GI: normal externally. Rectal exam not performed, fractious. Skin/coat: increased skin tent consistent with severe dehydration. No external lesions observed. Urogenital: sf; normal externally.

Temperature was 101.7 degrees today.

Abnormal lab-work values: Bloodwork from Tuesday revealed a HCT of 34.8%, elevated WBC count of 29.8k, Neutrophilia of 27.4K with bands, elevated Monocytes, adequate PLTs (clumping), elevated GLU 320 mg/dL, icterus of the serum, low Na of 143, low Cl of 108, elevated TBILI of 0.9.

Total T4 was 1.1

FeLV/FIV/HW were all negative.

Urinalysis revealed a S.G. of 1.039, pH of 6.5, protein of 2+, GLU of 2+, Ketones were negative, Bilirubin was 1+, Struvite crystals 1+, no bacteria observed, 0-2 WBCs/hpf, 30-50 RBCs/hpf.

Recheck bloodwork today/Thursday revealed a HCT of 29.1%, WBC count of 18.9K, Neutrophilia of 11.98K, suspected bands, PLT count decreased at 38K (clumping suspected), GLU 214, BUN elevated at 39, ALP decreased at <10, TBILI increased at 4.0.

Radiographic Findings

Findings:

3 radiographs.

Orthogonal views including opposite lateral whole-body radiographs are provided for review dated January 29, 2026.

Thorax: The cardiovascular structures are unremarkable. The cardiac silhouette is normal without bulges, elongation, or widening. The pulmonary vasculature is normal.

The pulmonary parenchyma is normal and well aerated. The trachea is normal and of adequate diameter. The pleural space is normal.

The mediastinum is normal without abnormal widening or space-occupying structures.

The remaining thoracic and neck structures are normal.

No pleural effusion, pneumonia, pulmonary nodules, enlarged lymph nodes, or other changes are seen.

The thoracic wall is normal.

Abdomen: The liver is enlarged with smooth margins.

The spleen is of normal size and margination.

The kidneys are of normal size and margination. The urinary bladder is mildly distended. No radiopaque urinary tract calculi are seen.



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The stomach is empty.

There is a small amount of fluid and gas in the jejunum. No obstructive pattern or radiopaque foreign body is seen. Normally formed feces and gas are in the colon.

The serosal detail is adequate.

There is a significant amount of abdominal fat.

There is no evidence of an abdominal mass or mass effect.

Musculoskeletal system: there is minimal thoracic spondylosis and few narrowed thoracic disc spaces. The included skeletal system is otherwise normal.

Assessment:

Normal thorax.

No thoracic neoplasia or aspiration pneumonia.

Hepatomegaly. Some differentials include lipidosis, diabetes, hepatopathy, cholangiohepatitis, hepatitis, infiltrative neoplasia.

Normal remainder abdomen.

Consider follow-up bloodwork and follow-up ultrasonography if further assessment is desired. IBD, pancreatitis, other metabolic diseases and occult neoplasia remain possible.

Patient sedated with butorphanol for this study.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 the proximal urethra, visible to a depth of 1.5 cm, are normal.

The left kidney is normal in size (3.61 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.68 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

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

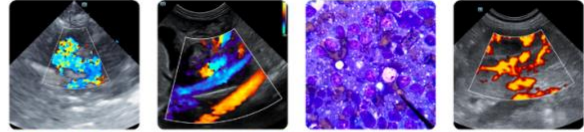
The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.78 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 hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are



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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 mildly-thickened (up to 0.20 cm). A small-to-moderate amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The cystic and common bile duct walls are subjectively slightly thickened. The duodenal papilla is normal-in-size (0.15 cm in width).

**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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**Pancreas**

The left limb is visible, with 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.

**Lymph Nodes**

A 0.82 x 0.33 cm cystic lymph node is observed in the left- mid-abdomen, just caudal to the left renal artery. Two prominent periportal lymph nodes are also seen (one measuring 0.95 x 0.62 cm). A few prominent mesenteric lymph nodes are also visualized.

**Free Abdomen**

A focal area of hyperechoic mesentery is observed in the midabdominal region. Trace free fluid is observed.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- 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), hepatic lipidosis (less likely given the hypoechoic appearance to the parenchyma), and/or other hepatopathy.
- The gallbladder and cystic/common bile duct wall changes could be consistent with cholecystitis and cholangitis, respectively, or benign age-related hyperplasia.
- The small intestinal wall changes could be consistent with inflammatory bowel disease, or less likely, emerging small cell lymphoma. Normal variation is also possible. Correlation with the patient's long-term clinical history is recommended.
- 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.

**Secondary Findings**

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.



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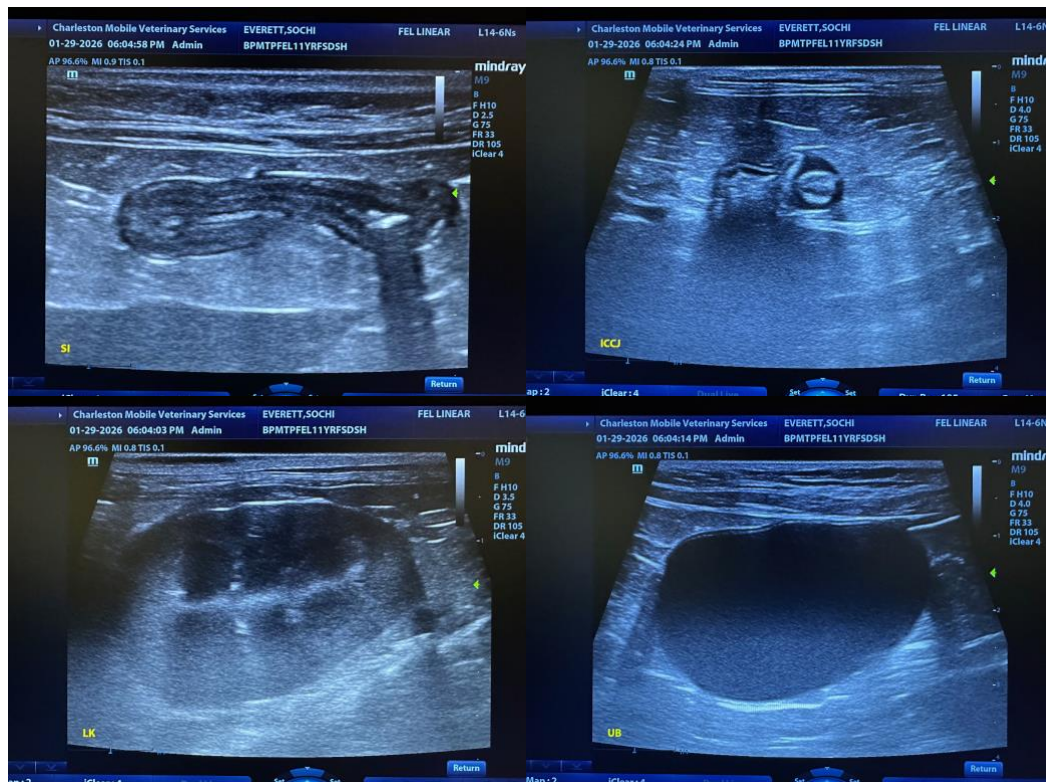
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- Minor bilateral age-related renal changes
  - Focal midabdominal peritonitis, the cause of which is unclear. It may be secondary to bowel inflammation, other. Sterile peritonitis is likely.
- \*Given the worsening anemia in the face of an increasing total bilirubin, hemolysis is of top concern. However, a concurrent primary hepatopathy cannot be excluded.

\*\*Given the sonographic changes, "triaditis" is also a consideration in this patient.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A CBC with clinical pathology review, reticulocyte count, slide agglutination test, and vector-borne disease testing are recommended. Depending on the results, further work-up may be indicated.
- Regarding the hepatic changes, fine-needle aspiration can be considered (assuming normal clotting status). A 25-gauge needle should be used. Aerobic and anaerobic bile cultures would also be beneficial.
- Given the bowel and pancreatic changes, also consider a GI panel including serum cobalamin and folate, TLI and PLI.





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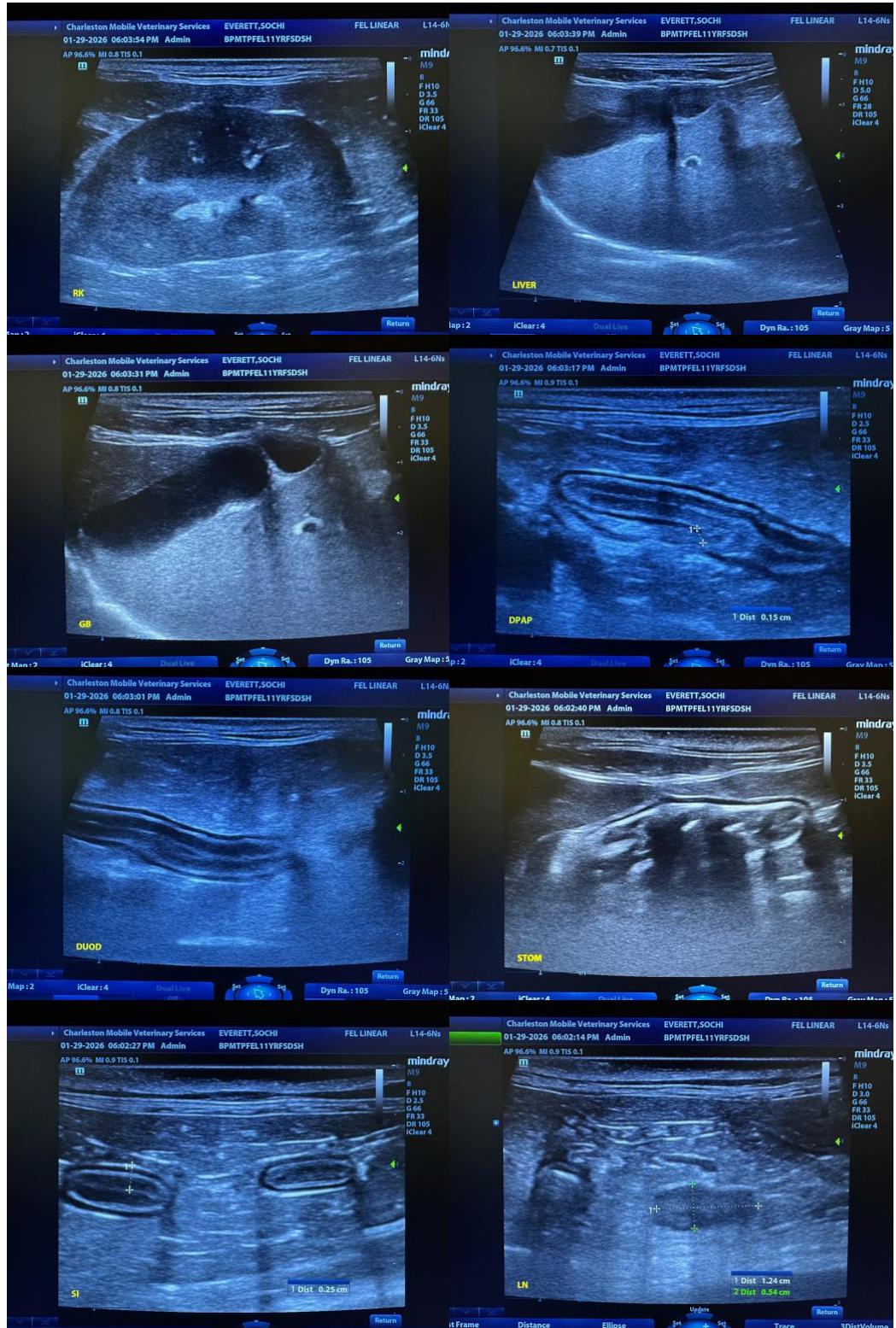
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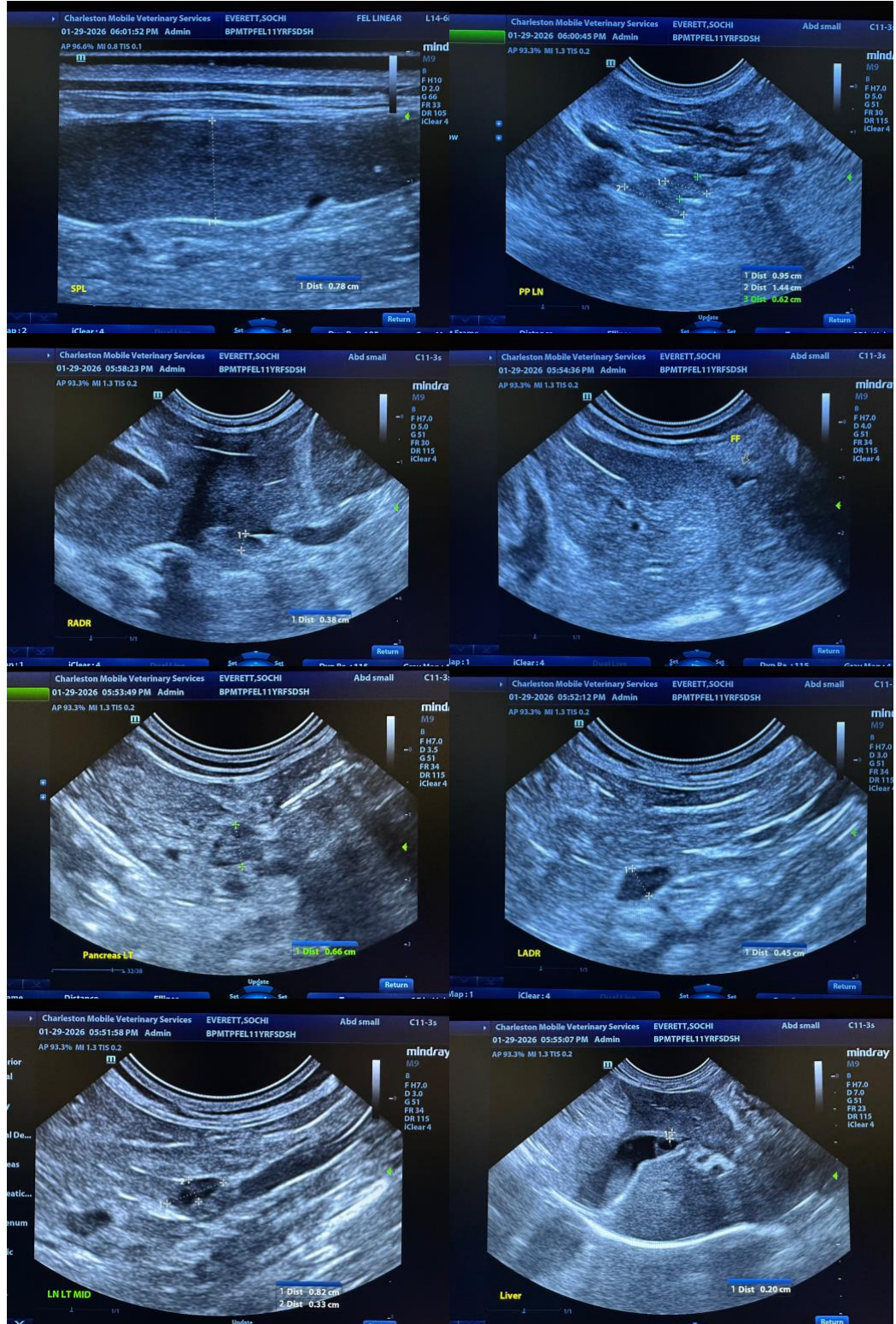
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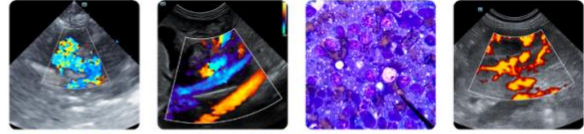
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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