



PATIENT PRESENTING CLINICAL SIGNS

Lou Balik
SPECIES
Feline

History: Presented for decreased appetite, weight loss (3.0# since September), and hiding/anti-social behavior. Bloodwork all wnl except mildly elevated pancreatic lipase. Treated out-patient supportive care. Eating better but not full amount. Owner thinks something wrong with mouth, but physical exam wnl. P does have some fibrin clots in anterior chamber, happened previously, resolved with topical steroids. Abnormal PE/Chem/CBC/UA Results: Mildly elevated pancreatic lipase, no abnormalities noted on rads.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DLH *Urinary System*

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

SEX

Neutered Male

AGE

13 years 11 mos

The left kidney is normal in size (3.89 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

11.5

The right kidney is normal in size (4.22 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Jessica Green

Spleen

The spleen is enlarged (1.11 cm in width at the level of the hilus) with irregular, undulating peripheral contours. Varying-sized, isoechoic, expansile nodules/masses are observed throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

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Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.4 x 1.1 cm hyperechoic nodule is observed deep left- to mid-liver. The remaining parenchyma is homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr Nathaniel
Stanglein

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are visible/tortuous, but not overtly dilated.

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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

DATE

1-5-2026



PATIENT an obstructive pattern.

Lou Balik **Pancreas**

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

BREED

DLH

Free Abdomen

Trace free fluid is observed.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

Primary Findings

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- The splenic parenchymal changes are more most concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of a benign process (i.e., lymphoid hyperplasia or similar).
- The hyperechoic hepatic nodule could be consistent with a benign myelolipoma, lipogranuloma, emerging tumor, inflammatory focus, other.

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Secondary Findings

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- Bilateral nonspecific age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

IMAGING PERFORMED BY

Jessica Green

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- Consider fine-needle aspiration of the spleen (assuming normal clotting status). Twenty-five gauge needles should be used. Depending on the cytology results, consultation with a board-certified oncologist may be indicated.
- Also consider feline leukemia and FIV testing if not already performed.

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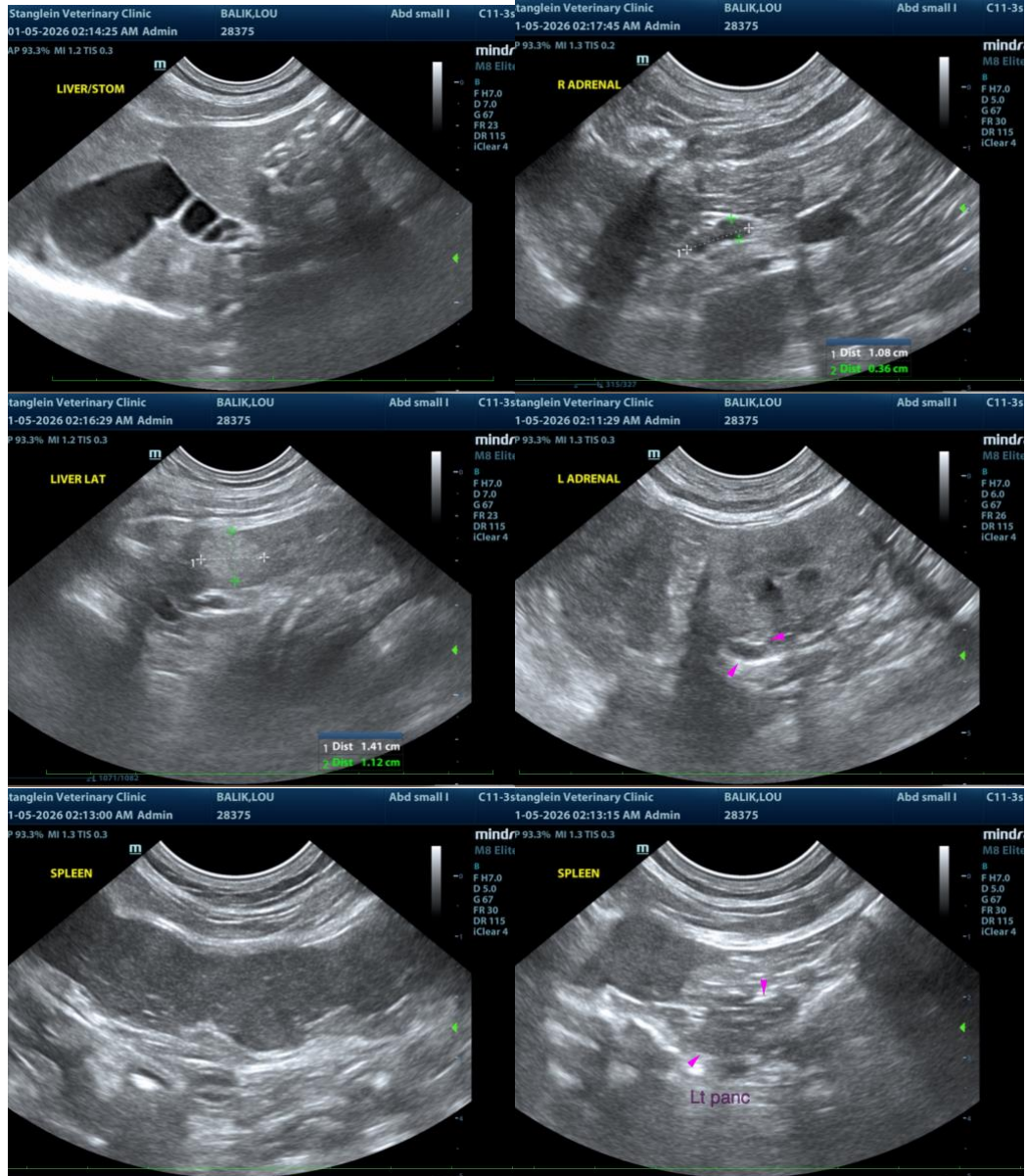
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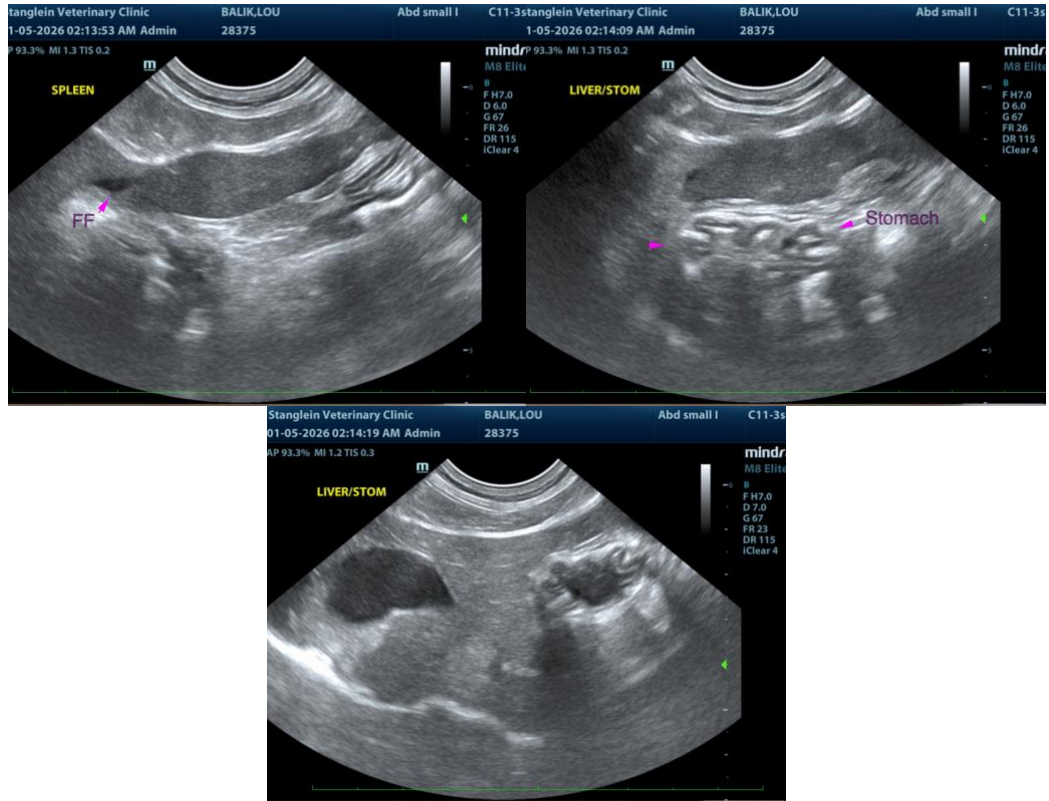
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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