

**PATIENT PRESENTING CLINICAL SIGNS**

Smokey Jefferson

History: was lethargic, not reactive to owner's calls. Has been sitting hunched, legs tucked in or completely stretched out - is unusual for him. O woke up around 2 and he was still in the same spot. Hasn't defecate since the day before yesterday, urinated twice. Ate a little wet food. After being on Oct 29th, Smokey bounced back but not to 100 percent, about 85 percent. When he's resting, he sometimes seems "spaced" out. Current Medications Convenia injection Buprenorphine oral

**SPECIES**

Canine

**BREED**

Maine Coon

Abnormal PE/Chem/CBC/UA Results: low hemoglobin: infection vs vasculitis vs toxin, M2 leukocytosis, M2 neutrophilia, M2 monocytosis - infection/inflammation, M1 inc in globulins and albumin - inflammation, spec fPL is WNL. FeLV/FIV neg. Results suggest a bacterial infection and inflammation somewhere. Suspect partial FB, something in his GI tract.

**SEX**

Neutered Male

Radiographic Findings: none

Primary Question to Be Answered in This Examination: Suspect partial FB, something in his GI tract

**AGE**

8 mos

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**WEIGHT**

3.95 kg

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Amanda Stewart

The right kidney is normal in size (3.86 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Preston AC

**Adrenal Glands**

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

**REFERRING VET**

Coghlan

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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**Spleen**

The spleen is normal in size (0.85 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.

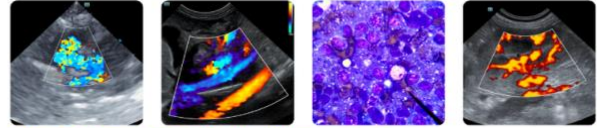
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**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. 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. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.



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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 colonic wall is normal. There is no evidence of an obstructive pattern.

**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. (See "Other" category).

**Lymph Nodes**

(See "Other" category).

**Free Abdomen**

There is no obvious evidence of free fluid.

**Other**

In the left cranial abdomen, a 3.4 x 1.9 cm irregular, hypoechoic mass effect is visualized.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

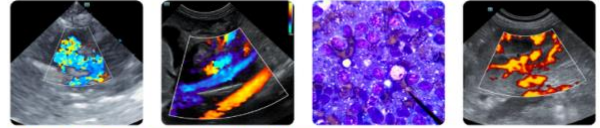
Mass in the left cranial abdomen, the origin of which is unclear. It may represent an enlarged lymph node (or cluster of lymph nodes), mass within the mesentery or pancreas, other. Differentials include infiltrative neoplasia, inflammatory focus, other.

**Secondary Findings**

The hyperechoic medullary band seen in both kidneys may be a normal variant for this patient or may be secondary to subclinical renal disease. Correlation with the patient's clinical history is recommended.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the mass effect in the left cranial abdomen, assuming normal clotting status. A 25-gauge needle should be used.
- Also consider FIP testing.
- Depending on the results of the above diagnostics, further work-up may be indicated.
- In the meantime, symptomatic care is recommended.



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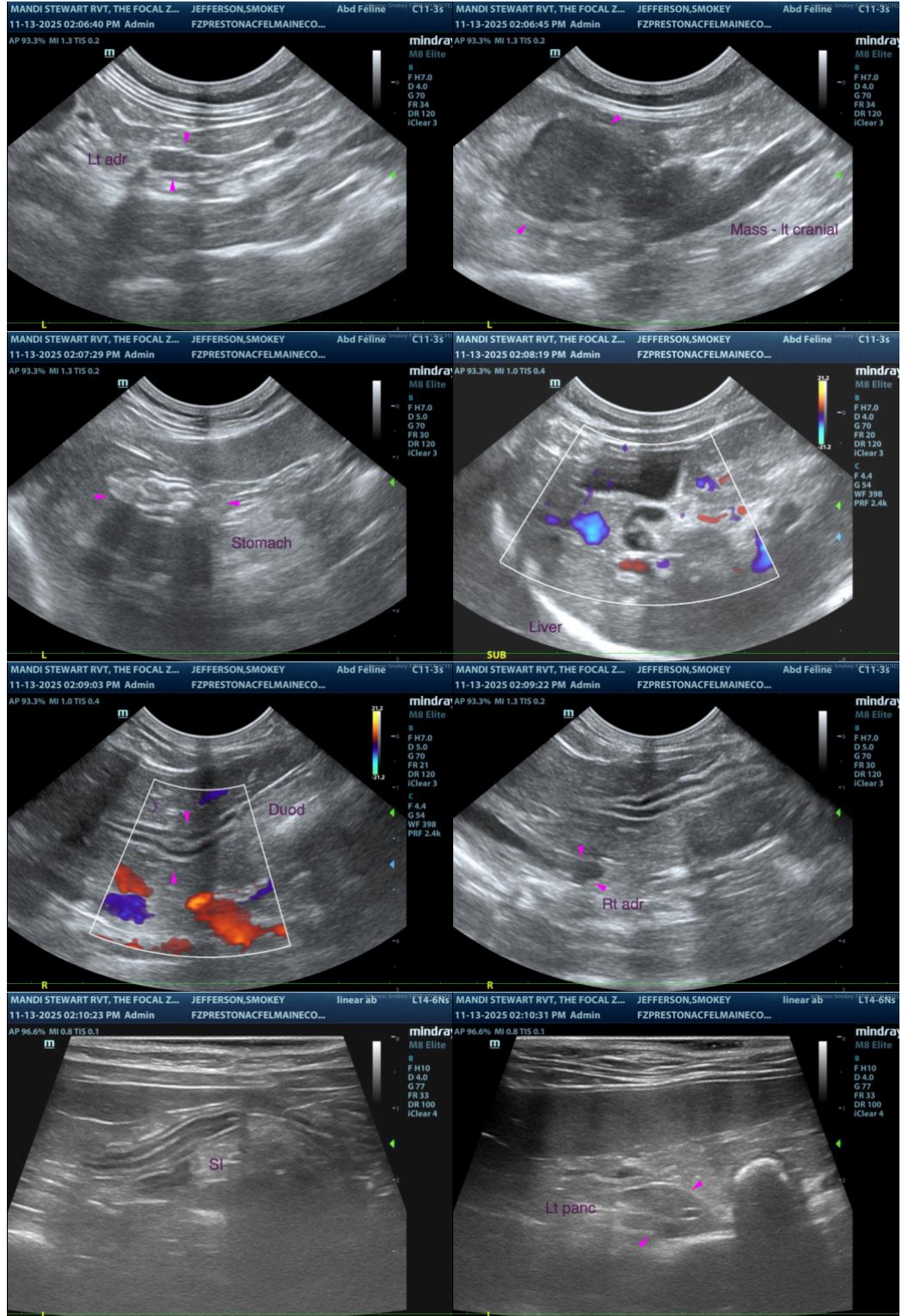
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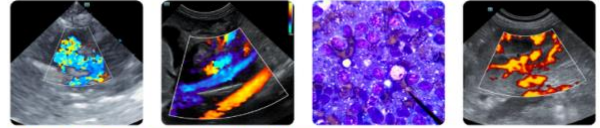
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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