



PATIENT

Griffin Gressel

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

3/11/08

WEIGHT

8.8

INTERPRETED BY

Andrea Nicaastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicaastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

AH of South Carolina

REFERRING VET

Mathew Stone

INVOICE

22320

DATE

12-23-25

PRESENTING CLINICAL SIGNS

Recent hard stools and lethargic.
Current Medications: prednisolone

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. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.62 cm in length) with relatively smooth peripheral contours. The cortex is isoechoic-to-hyperechoic relative to the spleen and thickened, with moderate loss of corticomedullary distinction. A few cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.79 cm in length) with relatively smooth peripheral contours. The cortex is isoechoic-to-hyperechoic relative to the spleen and thickened, with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.57 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 normal- to slightly prominent-in-size, with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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 lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.29 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 most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

(See "Other" category).



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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

A >5.0 cm irregular, multiseptated cystic mass is occupying the cranial- to midabdominal region, obscuring the region of the pancreas.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Multi-septated cystic mass effect in the cranial- to mid-abdomen, the origin of which is unclear. It may be arising from pancreas (i.e., parenchymal cysts), mesentery, lymph node, other.

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Secondary Findings

- Bilateral nonspecific age-related renal changes with left cortical cysts
- The hepatic parenchymal changes are nonspecific and could be secondary to age-related parenchymal remodeling, emerging hepatic lipidosis, inflammatory disease, emerging neoplasia, other hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- If an aggressive approach is desired, consider an abdominal CT scan for further evaluation of the cystic mass effect, along with consultation with a board-certified surgeon. If surgery is not pursued, palliative care (i.e., stool softeners) is recommended.

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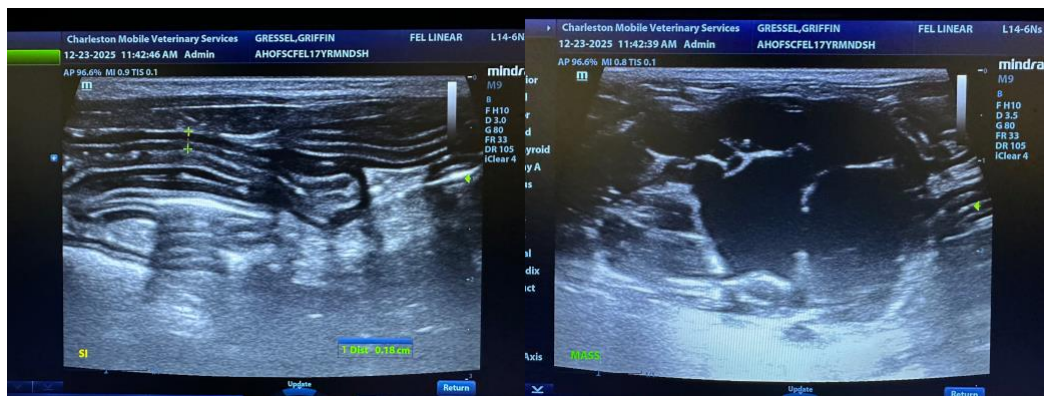
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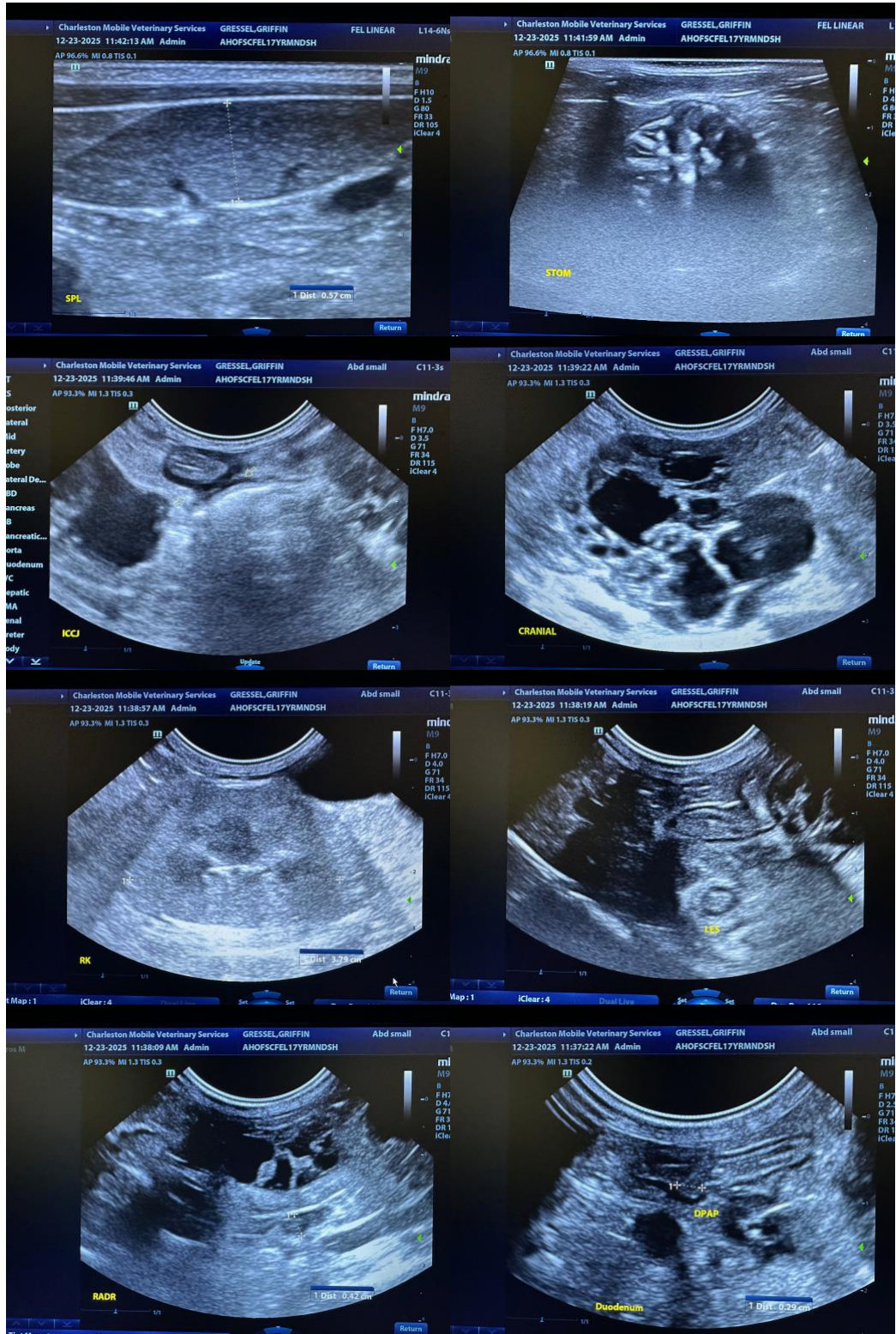
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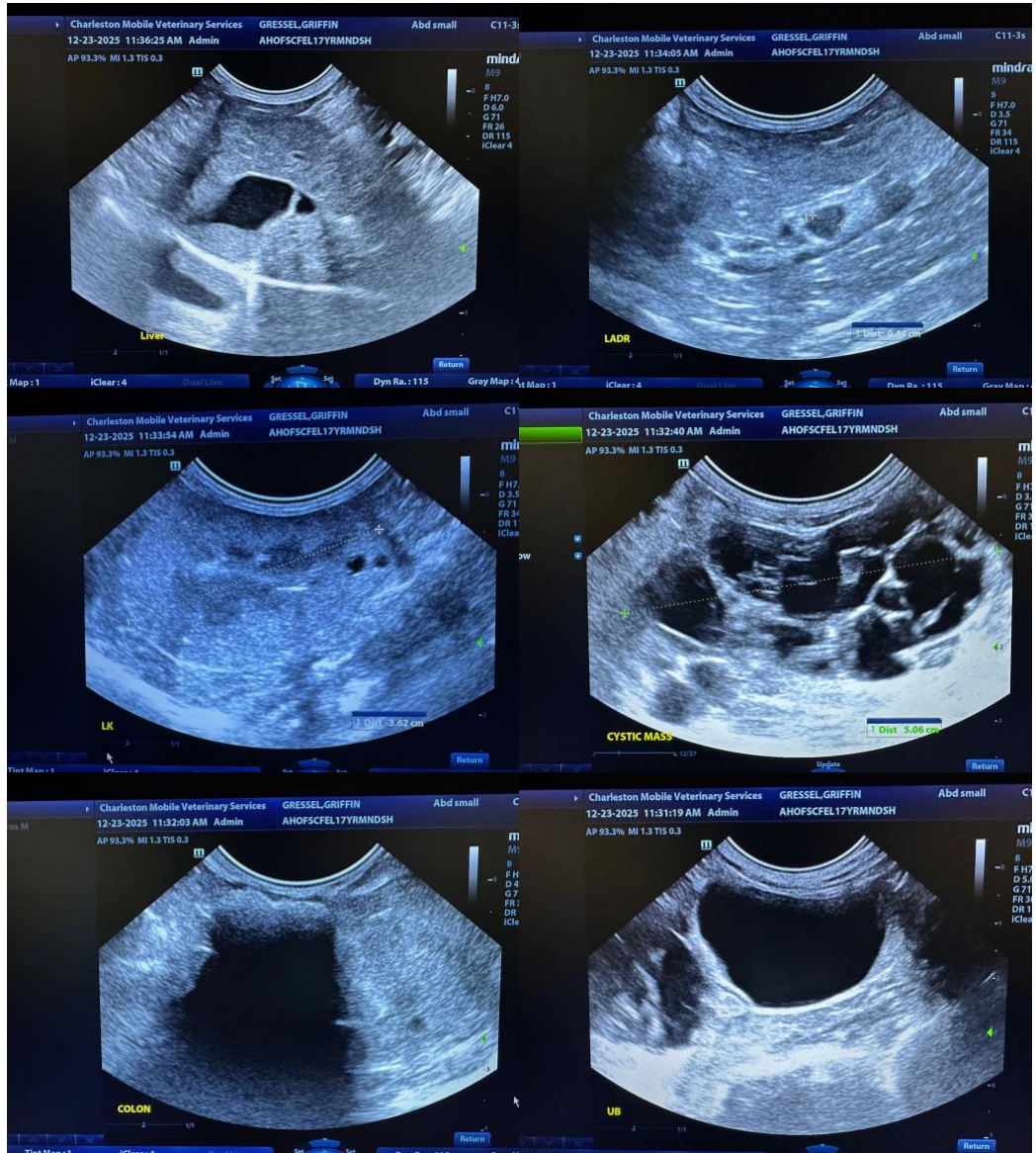
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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