



PATIENT PRESENTING CLINICAL SIGNS

Pistol Wiles
SPECIES History: The owner noticed that Pistol was hiding in the home which is unusual for him. The owner took him to the rDVM that day. No diagnostics or treatments were performed at that time. Since Friday, he hasn't been eating or drinking. Acting lethargic, weak, wobbly. He has not had any recent vomiting or diarrhea. He is indoor/outdoor, but have kept him indoors since Friday. S/C/V/D-no.

Feline

BREED

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 26.7%(L), WBC 11.16(N), suspect bands, Mono 0.85(H), PLT 80(L) Chem17: Glu 187(H), Glob 5.7(H), Tbil 6.3(H), ALT 75(N), ALP 36(N) EPOC: Na+ 140(L), iCa+ 1.2(L), Glu 172(H), HCT 18%(L) fPL: 6.5(H - equivocal range) FeLV/FIV snap test: negative

DMH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered Male

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 is normal.

AGE

5

The left kidney is normal in size (4.04 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

6 kg

The right kidney is normal in size (4.45 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is enlarged (0.66 cm width) with swollen peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

Dr. Chris Hovenden

The right adrenal gland is enlarged (0.64 cm width) with swollen peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

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Spleen

The spleen is normal in size (0.82 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.

REFERRING VET

Dr. Chris Hovenden

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic 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

22351

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

DATE

12-28-25

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



PATIENT

normal. There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pistol Wiles

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

One-to-two prominent mesenteric lymph nodes are visualized (one measuring 1.05 x 0.60 cm). Surrounding mesentery is slightly hyperechoic.

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Free Abdomen

There is no obvious evidence of free fluid.

Neutered Male

Other

A 0.76 x 0.51 cm hypoechoic structure is observed in the left inguinal region.

AGE

ULTRASONOGRAPHIC FINDINGS

5

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- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's long-term clinical history is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- 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. Normal variation is also possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the anemia, consider the following:

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1. CBC with clinical pathology
2. Reticulocyte count
3. Slide agglutination test
4. Further testing for vector-borne diseases
5. Three-view thoracic radiographs to assess for occult pathology in the chest
6. Depending on the results of the above diagnostics, further work-up (i.e., bone marrow aspirate) may be indicated. In the meantime, symptomatic care is recommended.

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REFERRING VET

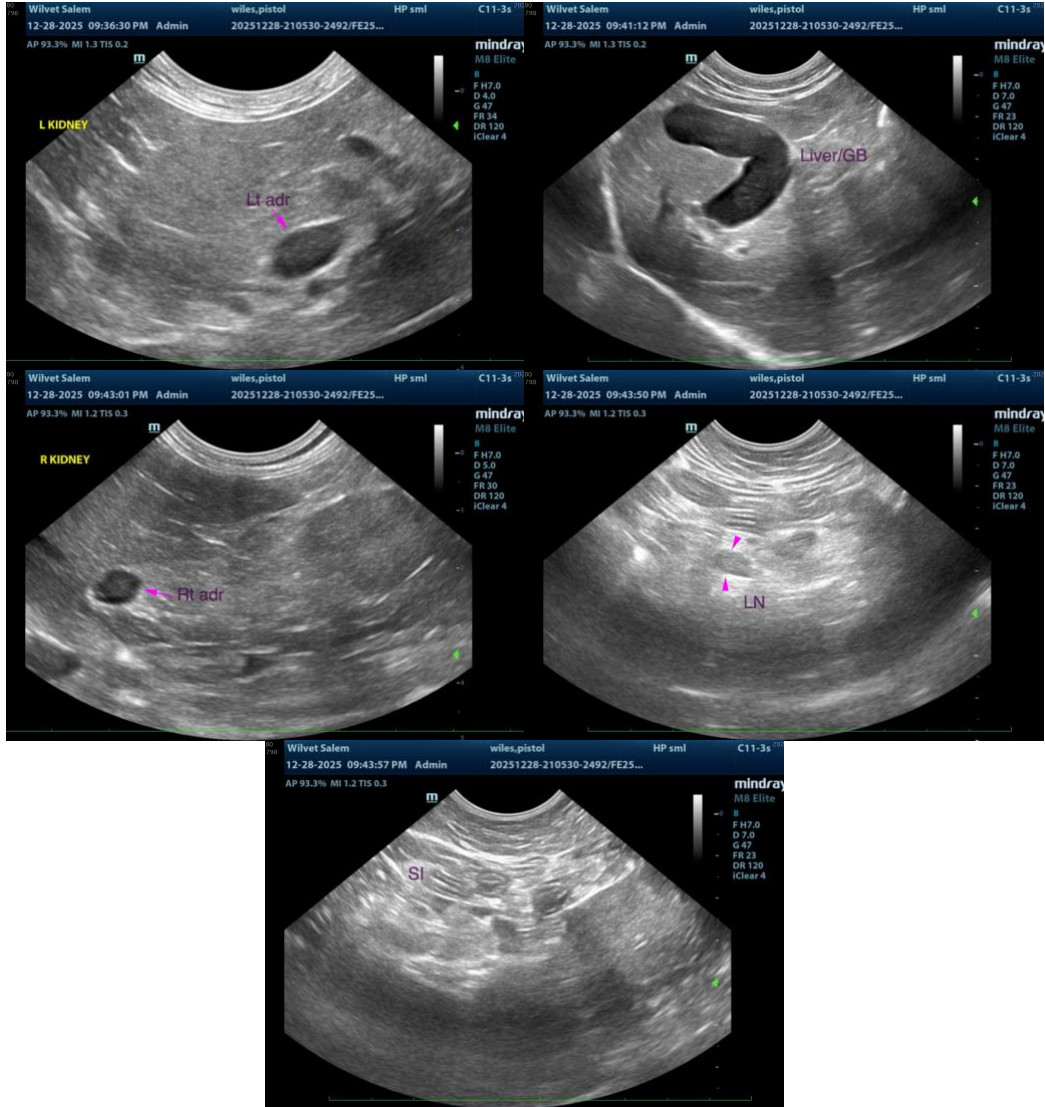
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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