

PATIENT

Teal'c DeJesus

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

14 Yrs. 3 months

WEIGHT

3.62 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Raul Casas

HOSPITAL NAME

State Ave VC

REFERRING VET

Dr. Raul Casas

INVOICE

13483

DATE

2/17/26

PRESENTING CLINICAL SIGNS

History: Presents for significant weight loss, lethargy, decreased appetite, and increased vomiting.

- - Weight loss: 2–2.5 lb (approx. 1 kg) over 4 months
- - Lethargy, decreased activity, less climbing, decreased eating x 2 weeks
- - Vomiting: occasional, increased frequency, more liquid, no food material
- - No polydipsia observed; water available overnight
- - Urination/defecation: normal per client; no polyuria, dysuria, or diarrhea
- - No coughing or sneezing
- - Indoor only
- - Diet: Purina One Sensitive Stomach dry, Purina One Senior dry, Fancy Feast canned 1x/day
- - Treats: freeze-dried rabbit blood 1x/day
- - No recent diet change
- - No current medications or supplements
- - Past oral bleeding: single episode, resolved, not recurrent

Abnormal PE/Chem/CBC/UA Results: BCS: 3–4/9, thin, delayed skin turgor Abnormal BW- ALP <5, Amylase 1270, Glucose 164, Total Protein 9.1, Globulin 6.9, WBC 20.88, NEU 19.13, PLT 84 Oct 2025- Amylase 1255, Total Protein 10.1, Globulin 7.3, RBC 7.22, HGB 9.3, HCT 31.47

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and 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.

The left kidney is normal in size (3.65 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.99 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.64 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 curvilinear 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.

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 normal.

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 diffusely gas distended. 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 left limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. See also *Other*.

Lymph nodes

A 1.7 x 0.8 cm slightly cystic cranial abdominal lymph node is visualized. A few prominent mesenteric lymph nodes are also seen, one of the nodes measuring 1.67 x 0.45 cm. See also *Other*.

Free Abdomen

There is no obvious evidence of free fluid.

Other

1-2 cystic structures are observed in the cranial abdomen adjacent to the stomach, one of the lesions measuring 0.68 cm in diameter.

In the right cranial abdomen, a 3.1 x 2.0 cm irregular echogenic mass effect is seen.

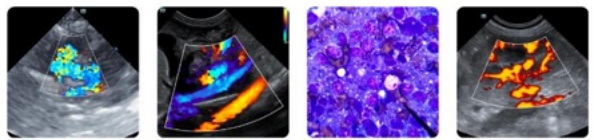
ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The origin of the mass effect in the right cranial abdomen is unclear. It may represent a cluster of enlarged lymph nodes, mass within the pancreas or mesentery, other. Neoplasia (i.e., round cell tumor, carcinoma, sarcoma) is possible with a lower possibility of an inflammatory process.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., round cell tumor), lymphadenitis or lymphoid hyperplasia.
- The cystic structures in the cranial abdomen may represent cystic lymph nodes, cysts within the pancreas or mesentery, other.

Secondary Findings:

- Bilateral nonspecific, age-related renal changes
- The pancreatic changes in the left limb are suggestive of age-related parenchymal remodeling +/- low-grade chronic pancreatitis.



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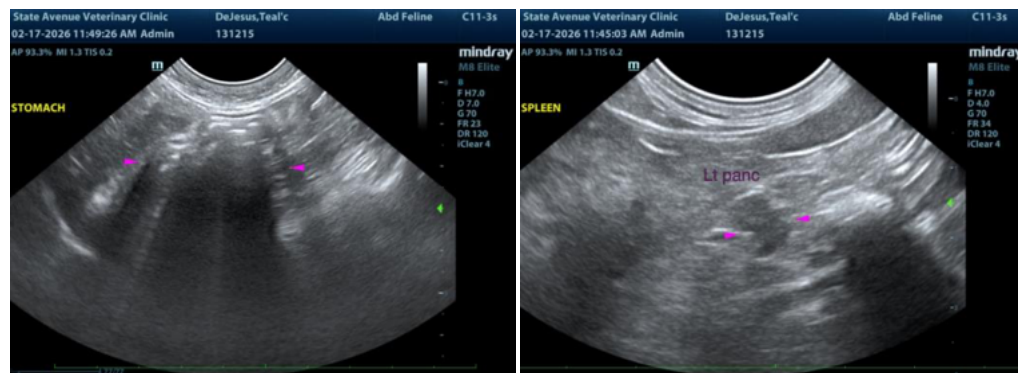
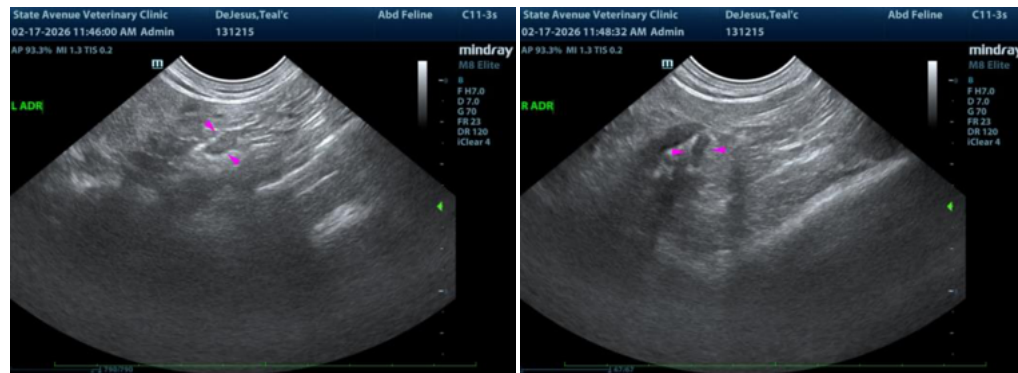
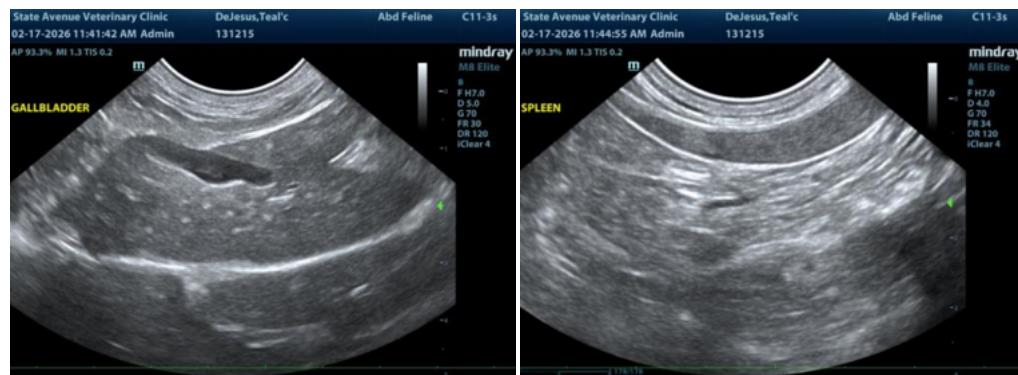
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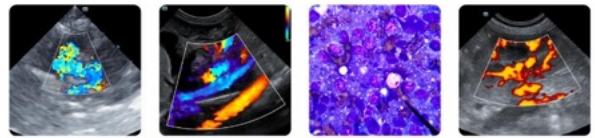
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If accessible, consider fine needle aspiration of the mass effect in the right cranial quadrant assuming normal clotting status. A 25-gauge needle should be used.
- Other considerations include the following:
 1. Three-view thoracic radiographs to assess cardiopulmonary status
 2. Serum protein electrophoresis
 3. Depending on the results of the above diagnostics, further workup may be indicated.





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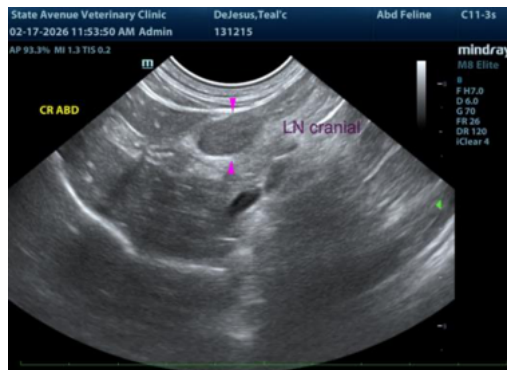
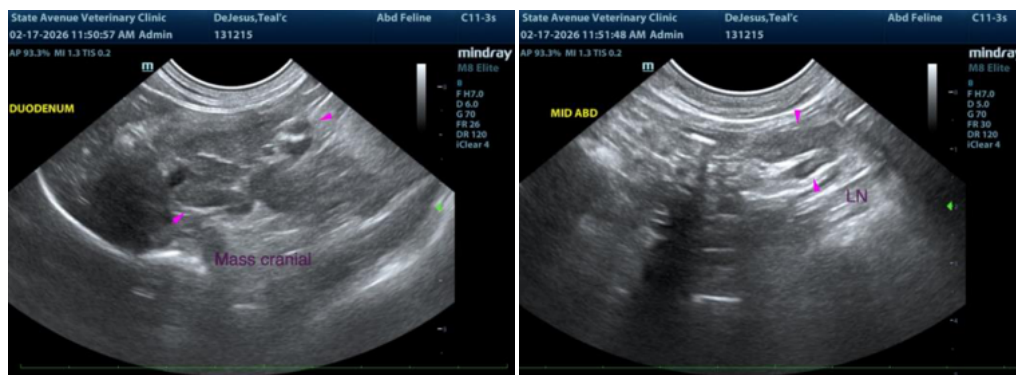
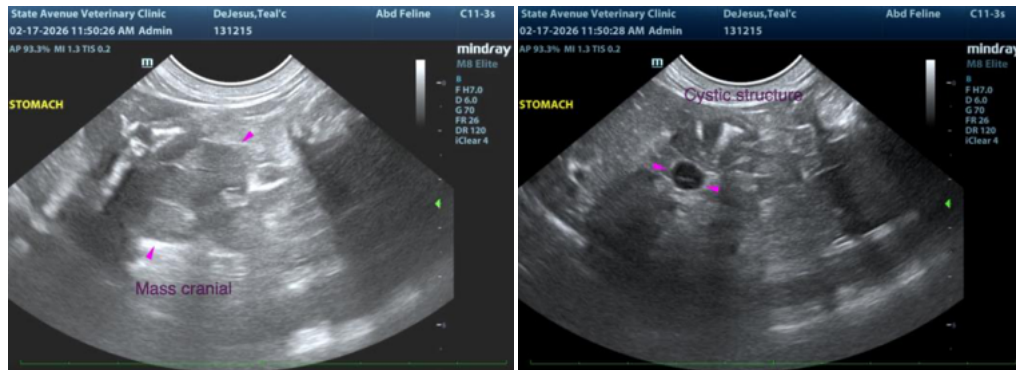
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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