



**PATIENT**

Coco Drew

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Neutered Male

**AGE**

11

**WEIGHT**

4kg

**PRESENTING CLINICAL SIGNS**

Presented with history of tachypnea, dyspnea, open mouth breathing. 3/6 murmur.  
TFAST: Moderate amount of pleural effusion, subjectively La:Ao >1.5, thickened RV wall

Abnormal lab-work values: CBC: PLT L(149), PCT n(\_),  
Chemistry: TBILI H(1.3), ALT H(), ALP H(), BUN L(14), CRE L(0.4)  
Feline ProBNP snap: Abnormal  
For ECHO Only: Blood Pressure

BP not completed by time of submission.  
Current Medications: Butorphanol 0.3mg/kg

Radiographic Findings/3 view AXR/TXR with ANTECH Review:  
Assessment: Right middle/cranial alveolar pattern +/- left cranial lung lobe interstitial pattern - differentials include cardiogenic pulmonary edema (given cardiomegaly), bronchopneumonia or less likely atelectasis or neoplasia. Recommend blood work and cardiac proBNP with empiric treatment for left-sided congestive heart failure or bronchopneumonia to follow pending results (e.g. if leukocytosis is present).  
Moderate cardiomegaly - probably due to cardiomyopathy (e.g. HCM or HCM phenotype secondary to hyperthyroidism). Echocardiography and ECG can be considered for further evaluation of the cardiac changes. Suspected sternal lymphadenopathy -reactive or metastatic. Subjectively thickened appearance of small intestines may represent normal variation, fluid filled intestines or, given reported weight loss, chronic enteropathy (e.g. due to IBD or small cell lymphoma) is also considered.

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

BluePearl MP ER

**REFERRING VET**

Dr Holmes

**INVOICE**

22589

**DATE**

2-21-26

**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. A small 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.

The left kidney is normal in size (3.96 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-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 (4.36 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-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 (0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**Spleen**

The spleen is prominent-in-size (0.91 cm in width at the level of the hilus) with smooth peripheral contours. There is inappropriate 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.21 cm in width).

**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 ileocecolic junction and colonic wall are 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.

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

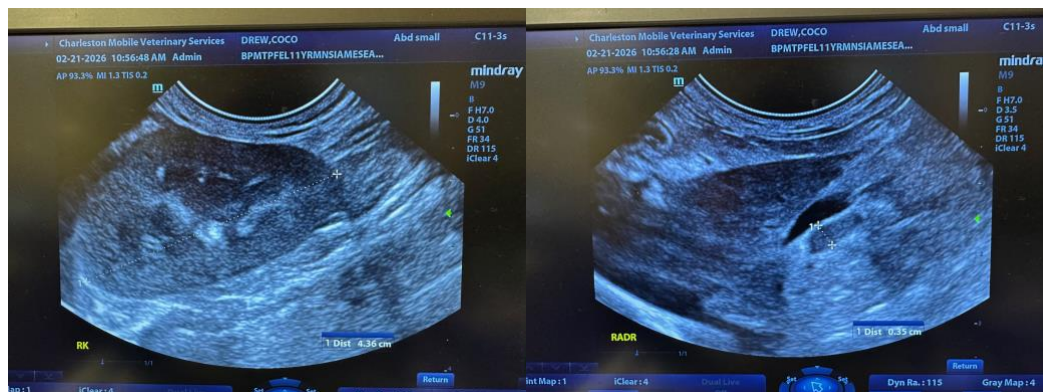
There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

- Mild bilateral nonspecific age-related renal changes
- Mild splenomegaly. This finding is likely resulting from sedation but may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or less likely, emerging neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further recommendations should be based on the echocardiogram report.





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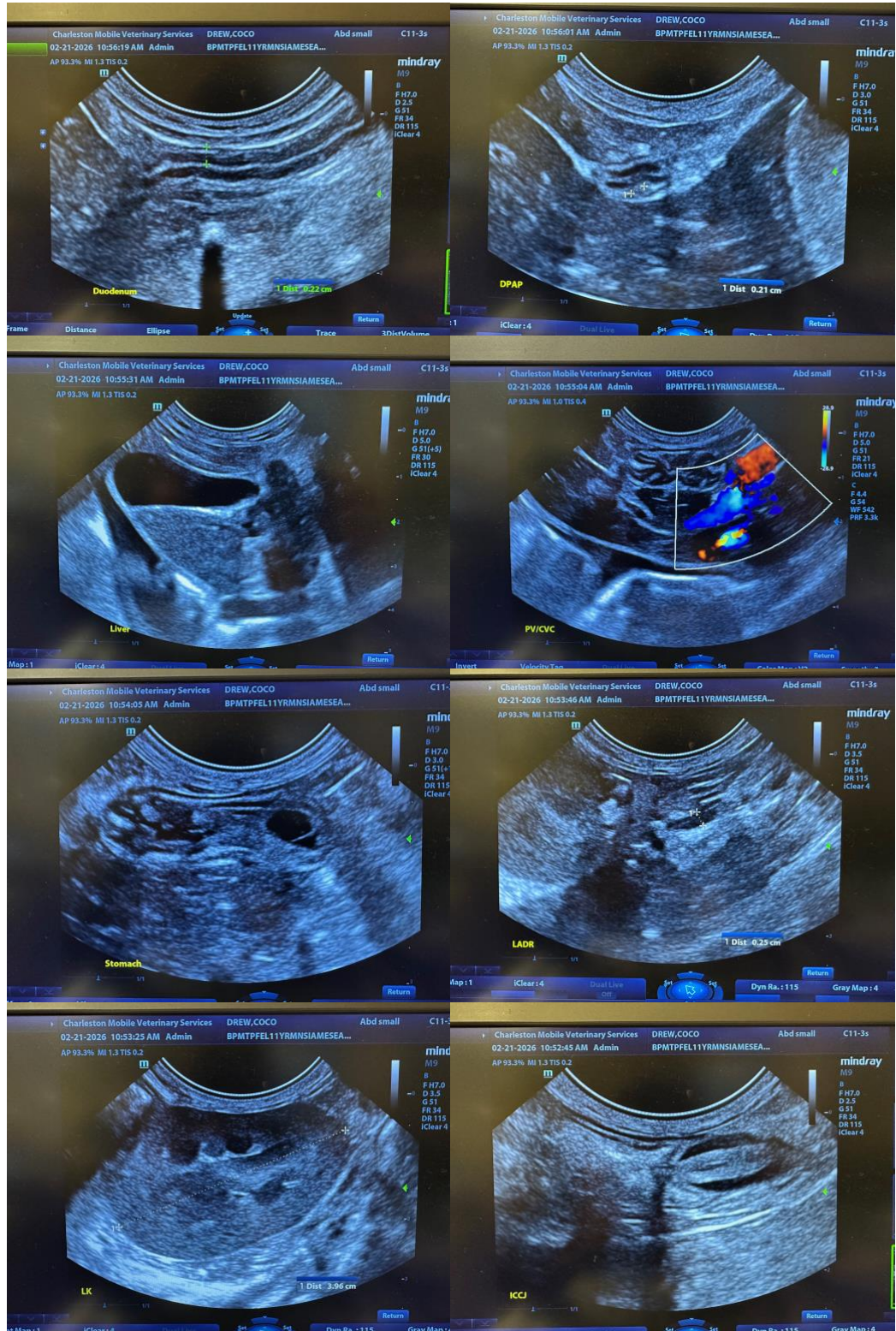
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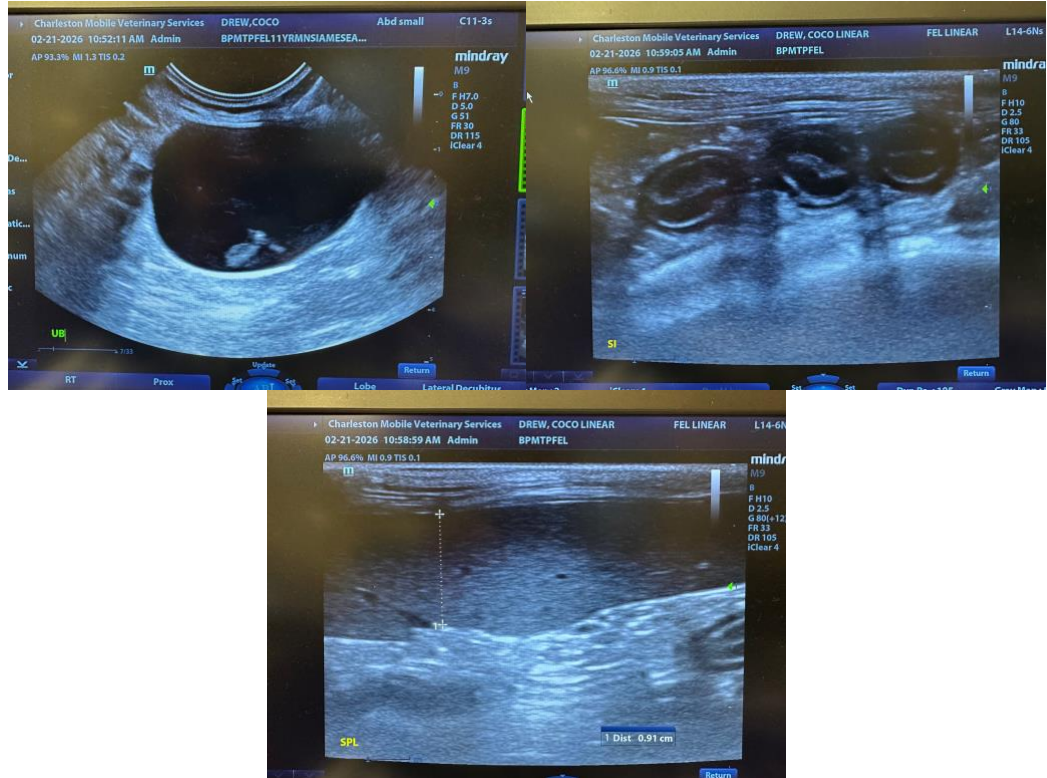
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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