



PATIENT PRESENTING CLINICAL SIGNS

Hunter Horn
SPECIES History: AUS to further evaluate anorexia and lethargy for several days. No reported V/D/C/S. No appetite for the past week but did eat Friday and a churu this morning / Not drinking / hiding this week / lethargic / was at rDVM 2/5 and 2/7.
 Feline PMH: Pancreatitis diagnosed 2/5/26
 Diet: Fancy Feast canned, Royal Canin dry, Nutro dry and Hills chicken stew on Friday
 Medications: Mirataz (last given this AM), Zorbium, SQF and Vitamin B on 2/7/26

BREED Abnormal PE/Chem/CBC/UA Results: rDVM (Landisville) 2/5/2026 CBC: WBC 11k, neut 8.58k, lymph 1.2k, plt 93k (L, mass est. adequate) Chem: alb 3.2, glob 3.2, ALT 45, BG 168, Na 152, Cl 116, K 4.7, tbili 0.2, NSF TT4: 1.9 UA: 1.059, >50 RBC, no overt bacteria/crystals fPL: > 50
DSH

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Neutered Male **Urinary System**

AGE The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of 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.

10

WEIGHT The left kidney is normal in size (3.93 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

5.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti VMD

The right kidney is normal in size (3.68 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

HOSPITAL NAME

BluePearl Wyomissing

Spleen

The spleen is normal in size (0.60 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

BluePearl
 Wyomissing, ER

Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.16 cm hypoechoic nodule is observed at the caudal aspect. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

22533

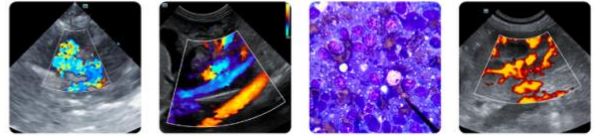
The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

DATE

2-9-26

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering



PATIENT

Hunter Horn

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10

WEIGHT

5.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

BluePearl Wyomissing

REFERRING VET

BluePearl
Wyomissing, ER

INVOICE

22533

DATE

2-9-26

pattern. The pyloric outflow tract is patent. The small intestinal lumen is diffusely gas-distended. The small intestinal wall is normal to mildly-thickened (up to 0.26 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio, with a >1:1 ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The left limb and base are enlarged, with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is normal. The mesentery effacing the serosal surface is hyperechoic.

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 0.95 x 0.40 cm).

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes in the left limb and base could be consistent with moderate to severe pancreatitis or pancreatic neoplasia with concurrent pancreatitis. Adjacent peritonitis is present.
- The hepatic nodule could be consistent with a neoplastic process (i.e., emerging primary tumor, metastatic lesion) or a benign focus (i.e., inflammatory, other).
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the pancreatic changes, consider the following:

1. Fine-needle aspiration (assuming normal clotting status). A 25-gauge needle should be used.
2. Thoracic radiographs to assess cardiopulmonary status
3. While awaiting test results, supportive care for pancreatitis is recommended, with serial sonographic monitoring to assess progression of disease.



PATIENT

Hunter Horn

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10

WEIGHT

5.8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Renee Trionfetti VMD

HOSPITAL NAME

BluePearl Wyomissing

REFERRING VET

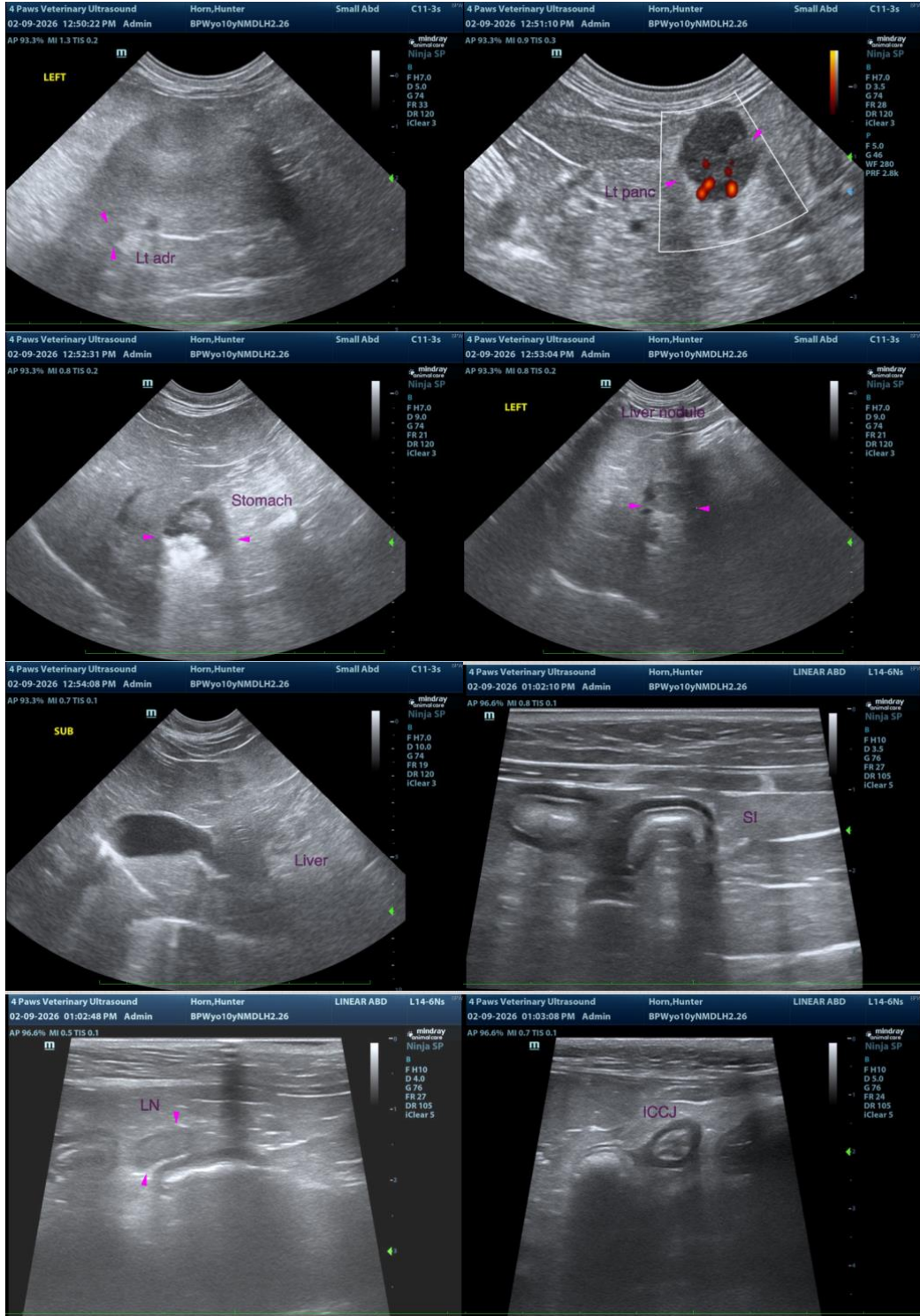
BluePearl
Wyomissing, ER

INVOICE

22533

DATE

2-9-26





PATIENT

Hunter Horn

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.

SPECIES

Feline

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.

BREED

DSH

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

SEX

Neutered Male

AGE

10

WEIGHT

5.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

BluePearl Wyomissing

REFERRING VET

BluePearl
Wyomissing, ER

INVOICE

22533

DATE

2-9-26