

PATIENT PRESENTING CLINICAL SIGNS

Pepper Hamby History: Decrease in appetite since Friday morning. Thursday was fine and eating normally. Less and less food. Not acting right. Pt has a history of asthma and diabetes, pt receives 2 units of insulin (Lantus) BID

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Ketones (using Precision Ketometer) 0.2 (WNL) Blood Glucose (Glucometer) 121 at 2pm, 10pm: 132 CBC: HCT 34.8, platelets 69, all other wnl Chem 10: WNL Urinalysis: Cysto, pale yellow, clear USG >1.050, pH 6, WBC <1, RBC <1, cocci suspect present, confirmed no bacteria present.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small-to-moderate 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.

AGE

9

The left kidney is mildly enlarged (4.74 cm in length) with slightly irregular peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is isoechoic-to-hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

7 kg

The right kidney is mildly enlarged (4.87 cm in length) with slightly irregular peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is isoechoic-to-hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

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

IMAGING PERFORMED BY

Natalie Jackson

Spleen

The spleen is enlarged (1.43 cm in width at the level of the hilus) with an undulating medial contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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Liver

The liver is normal to prominent-in-size, with normal peripheral contours. The parenchyma is isoechoic-to-hyperechoic 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.

REFERRING VET

Natalie Jackson

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. The duodenal papilla is normal-in-size (0.25 cm in width).

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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 colonic wall is normal. There is no evidence of an obstructive pattern.

DATE

2-9-26

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma



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is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific age-related renal changes. The bilateral renomegaly may be a normal variant for this larger feline patient, or may be secondary to interstitial nephritis, emerging neoplasia (less likely), other.
- The hepatic parenchymal changes may be a normal variant for this patient or may be secondary to emerging hepatic lipidosis, and inflammatory hepatopathy (i.e., cholecystitis, lymphoplasmacytic hepatitis), emerging neoplasia, other.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Urinary bladder debris

*An obvious cause for the patient's clinical signs is not definitively identified in this study.

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Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Natalie Jackson

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REFERRING VET

Natalie Jackson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A repeat platelet count (along with a platelet count via blood smear) is recommended to confirm thrombocytopenia.
- Consider three-view thoracic radiographs to assess for occult pathology in the chest.
- Also consider a urine culture and sensitivity to evaluate for occult infection, particularly given the patient's diabetic status.
- A fecal evaluation for ova and Giardia, along with a GI panel including serum cobalamin and folate, TLI and PLI should also be considered.
- In the meantime, symptomatic care (including an appetite stimulant and nutritional support) is recommended.

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REFERRING VET

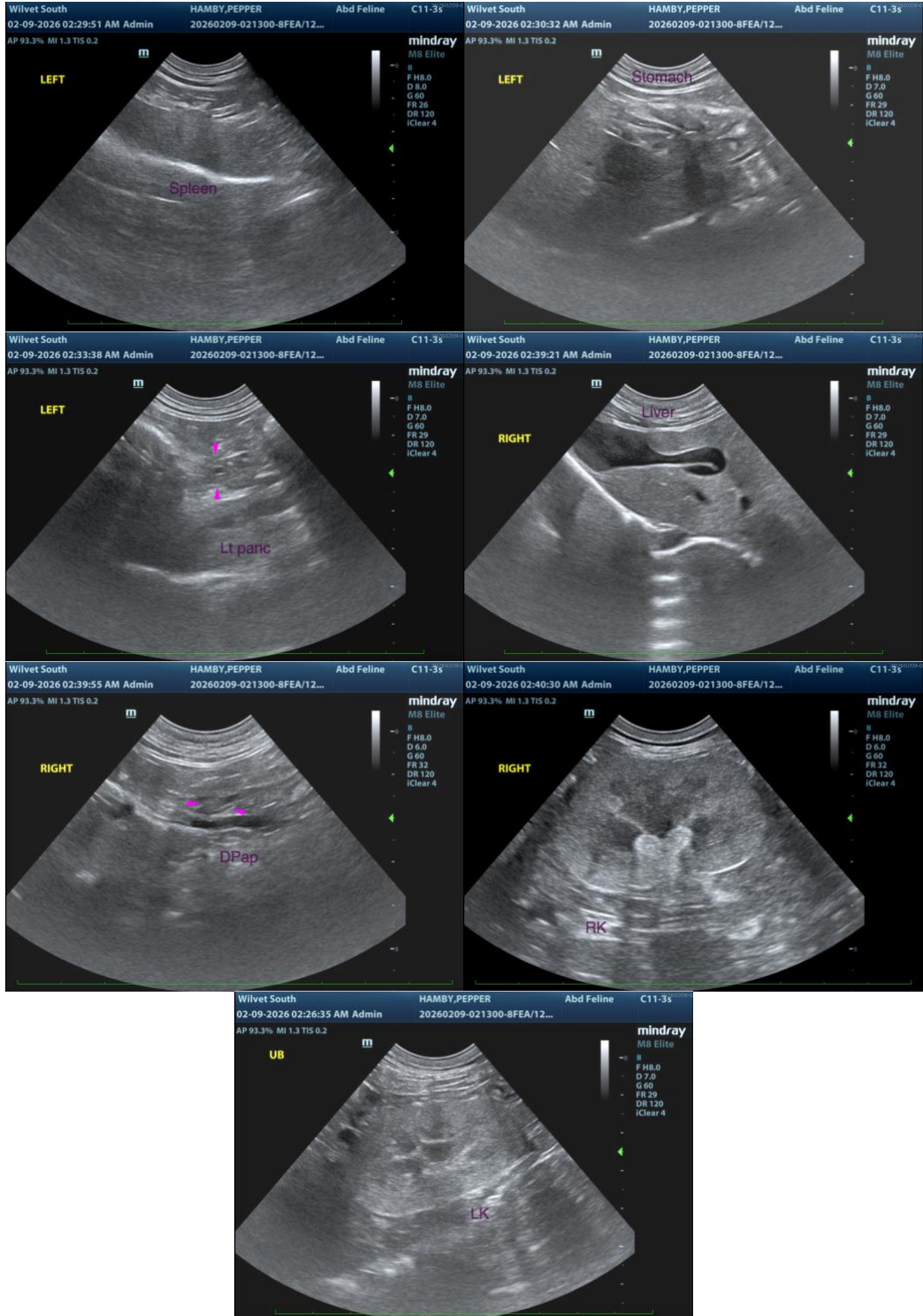
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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

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