



## PATIENT PRESENTING CLINICAL SIGNS

Thor Anthony History: losing weight, urinating outside of box Had prev u/s 2/17  
Abnormal PE/Chem/CBC/UA Results: WBC 27.27 ALT 780 ALP 362 GGT 18 T bili 4.5

## SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

### Urinary System

BREED

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.

DSH

SEX

Neutered Male

The left kidney is normal in size (3.80 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

12

The right 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 mild loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

7

### Adrenal Glands

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

## INTERPRETED BY

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

### Spleen

The spleen is prominent in size (0.96 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

## IMAGING PERFORMED BY

Jenn

### Liver

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

## HOSPITAL NAME

Rockaway AH

The gallbladder is minimally distended. The wall is mildly-thickened (up to 0.18 cm) and hyperechoic. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

## REFERRING VET

Dr Maniar

### Gastrointestinal

The gastric lumen is moderately-distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 obvious evidence of an obstructive pattern.

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DATE

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### Pancreas

The left limb is prominent-in-size, with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat, and homogenous in appearance. The pancreatic is normal- to mildly dilated (up to 0.27 cm). There is no obvious evidence of peripancreatic inflammation or effusion.



**PATIENT** *Lymph Nodes*

The abdominal lymph nodes are normal/not visible.

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**Free Abdomen**

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

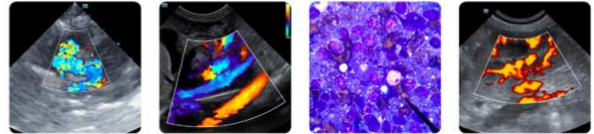
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- The gallbladder wall changes may be artifactual due to lack of full repletion. Alternatively, cholecystitis and/or benign age-related hyperplasia are considerations.
- The pancreatic changes are consistent with mild chronic pancreatitis.

**Secondary Findings**

- Mild bilateral nonspecific age-related renal changes
- Borderline splenomegaly
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider hepatic tissue sampling (i.e., aspirates or biopsies) assuming normal clotting status. Aerobic and anaerobic bile cultures would also be beneficial.
- Other considerations include the following:
  1. GI panel including serum cobalamin and folate, TLI and PLI (if not already performed)
  2. Three-view thoracic radiographs to assess for occult pathology in the chest
  3. Given the dysuria, a urinalysis +/- culture and sensitivity should be considered.



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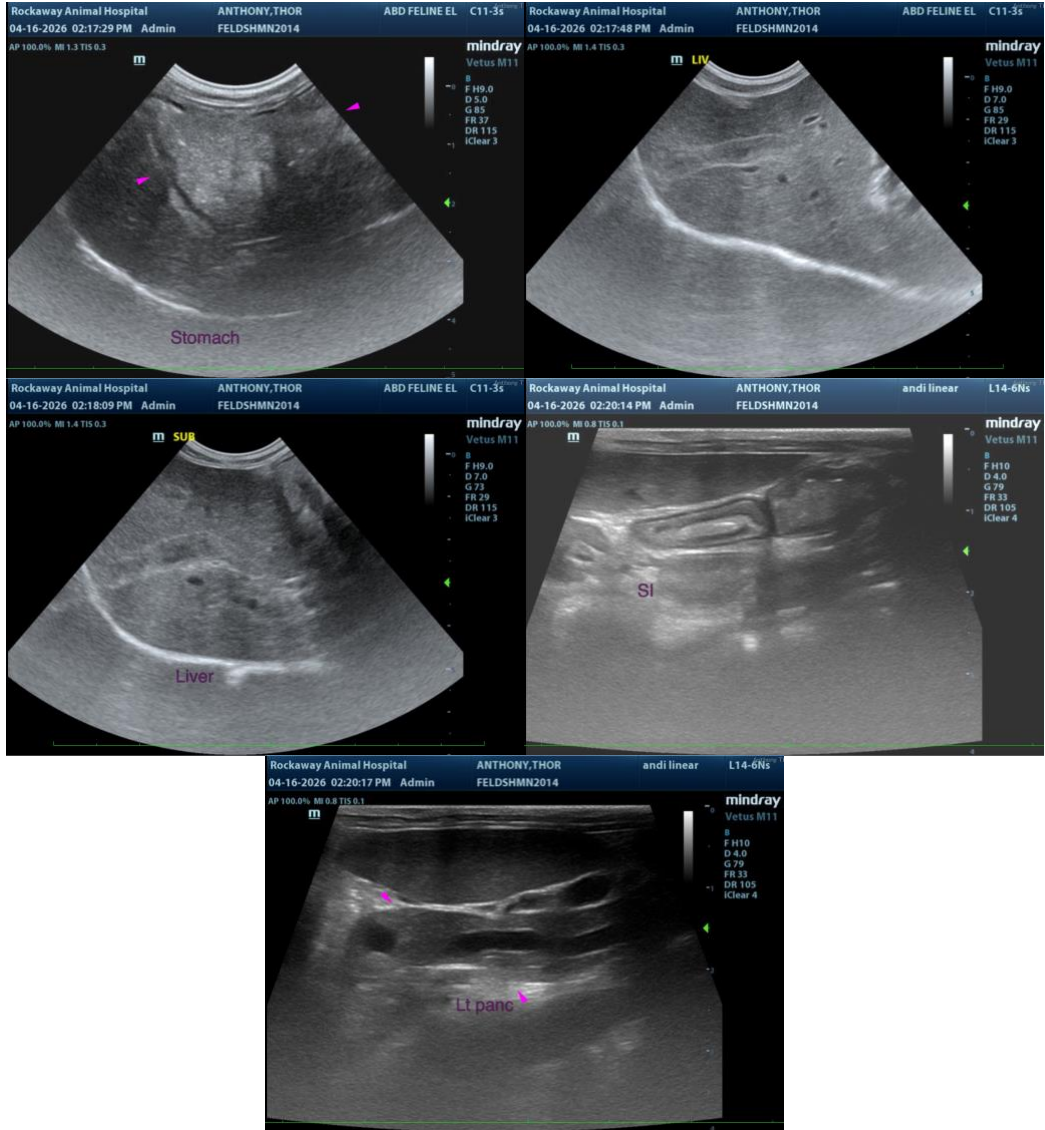
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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