

## PATIENT PRESENTING CLINICAL SIGNS

- Lewiscat George**
- Lethargy, loose and mal odorous stool.
  - Inappetence since Wed April 1st
- SPECIES**
- Diet Type: high protein/ low carb wet.
  - 4/3 - went to rDVM for lethargy and inappetence. Blood work & UA at rDVM - results all WNL per O
- Feline**
- No improvement with Mirtazapine.

**BREED** Abnormal PE/Chem/CBC/UA Results: PE Notes: Hydration: Moderate dehydration Oral Cavity: Severe dental disease and halitosis Rectal: Prominent anal mucosa Integument: Abnormal: Fur on inguinal and medial LH limb is saturated with malodorous purulent exudate Urogenital: Abnormal: Purulent discharge around prepuce?? U/A 4/5 White Blood Cells 1 /HPF Red Blood Cell 2 /HPF Non-Squamous Epithelial Cells 3 - 5 /HPF Specific Gravity > 1.050 Epc: Ca++ 1.12 mmol/L

**DHS**

**SEX**

## Neutered Male **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

### AGE **Urinary System**

15 The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A large 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.

### WEIGHT

4.91

The left kidney is mildly enlarged (4.53 cm in length) with smooth peripheral contours. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### INTERPRETED BY

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

The right kidney is mildly enlarged (4.64 cm in length) with smooth peripheral contours. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### **Adrenal Glands**

### IMAGING PERFORMED BY

The left adrenal gland is normal size (0.53 cm width) with swollen peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

Bennet

No images provided of the right adrenal gland.

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### **Spleen**

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The spleen is normal in size (0.63 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

### **Liver**

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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.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A small- to moderate amount of mostly gravity-dependent, echogenic- mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal.

### DATE

4-5-26

### **Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric



**PATIENT**

Lewiscat George

outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Feline

**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.

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**Lymph Nodes**

A few prominent mesenteric lymph nodes are visualized (one measuring 0.21 x 0.80 cm). Surrounding mesentery is slightly hyperechoic.

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**Free Abdomen**

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

15

**Primary Findings**

- The small intestinal wall changes could be consistent with inflammatory bowel disease or less likely, emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The bilateral renal changes could be consistent with interstitial nephrosis/nephritis, pyelonephritis, emerging lymphoma (less likely), other.

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**Secondary Findings**

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- The urinary bladder could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets.
- Gallbladder debris/sand, non-mucocele
- The mild left adrenomegaly could be consistent with stress, hyperplasia, or less likely, an emerging tumor. The right adrenal gland is not definitively visualized.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- A fecal evaluation for ova and Giardia +/- a fecal PCR infectious disease panel are recommended.
- Consider prophylactic deworming with fenbendazole.
- A GI panel including serum cobalamin and folate, TLI and PLI, should also be considered.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. If pursued, three-view thoracic radiographs are recommended prior to anesthesia.
- Given the urinary tract changes, consider a urinalysis with a culture and sensitivity.

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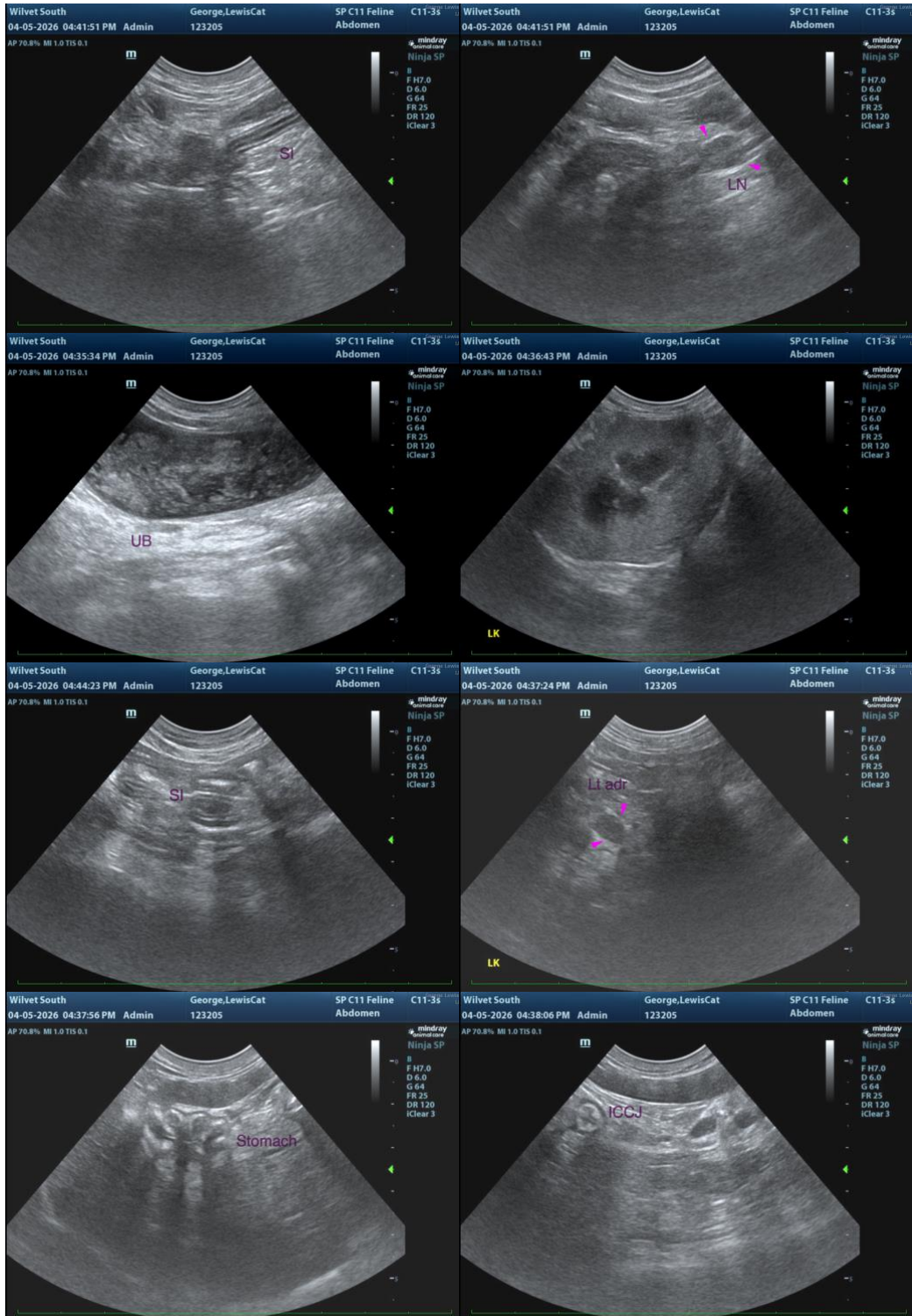
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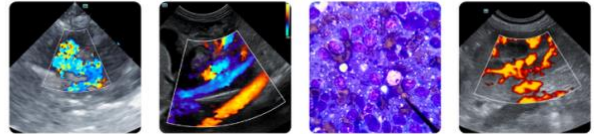
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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