



## PATIENT PRESENTING CLINICAL SIGNS

Max Singer History: No clinical signs, here for U/S training  
Abnormal PE/Chem/CBC/UA Results: Normal BW 6 months ago

## SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

### Urinary System

BREED

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small- to moderate amount of suspended echogenic debris is observed within the lumen. No distinct cystic calculi are observed. The region of the trigone is normal. Mineralized sand +/- tiny calculi are observed within the proximal urethral lumen.

DSH

SEX

Neutered Male

The left kidney is normal in size (3.41 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 hydronephrosis. Renal vasculature is normal.

AGE

7 years 6 mos

The right kidney is normal in size (3.50 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

7.5 lbs

### Adrenal Glands

INTERPRETED BY

The left adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

The right adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Rebecca Hamilton

### Spleen

The spleen is normal in size (0.71 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several, small, ill-defined hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

HOSPITAL NAME

Viking Vet ID Falls ID

### Liver

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. The portal vein to caudal vena cava ratio is approximately 1: 1.

REFERRING VET

Dr. Will

The gallbladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.21 cm in width).

INVOICE

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### Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 colonic wall is normal. There is no evidence of an obstructive pattern.

DATE

4-6-26



**PATIENT**

Max Singer

**Pancreas**

The left limb is visible with minimal deviation from the normal peripheral contours. The pancre is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

**SPECIES**

Feline

**Lymph nodes**

A 0.55 x 0.32 cm gastric lymph node is visualized.

**BREED**

DSH

**Free Abdomen**

There is no obvious evidence of free fluid.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

- The hyperechoic splenic nodules likely represent benign myelolipomas, with a lower possibility of more insidious splenic pathology.
- Mild bilateral nonspecific age-related renal changes
- Minor retained gastric ingesta
- The prominent gastric lymph node is likely reactive, with a lower possibility of emerging neoplasia.
- The pancreatic changes may be a normal variant for this patient. However, mild chronic pancreatitis cannot be excluded. Correlation with the patient's clinical history is recommended.
- Urinary bladder debris and urethral sand +/- tiny calculi

**AGE**

7 years 6 mos

**WEIGHT**

7.5 lbs

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A urinalysis is recommended given the presence of the mineralized sand +/- tiny calculi within the urethral lumen.
- Consider baseline lab work every 6-12 months to assess for the development of metabolic issues.

**IMAGING PERFORMED BY**

Rebecca Hamilton

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Viking Vet ID Falls ID

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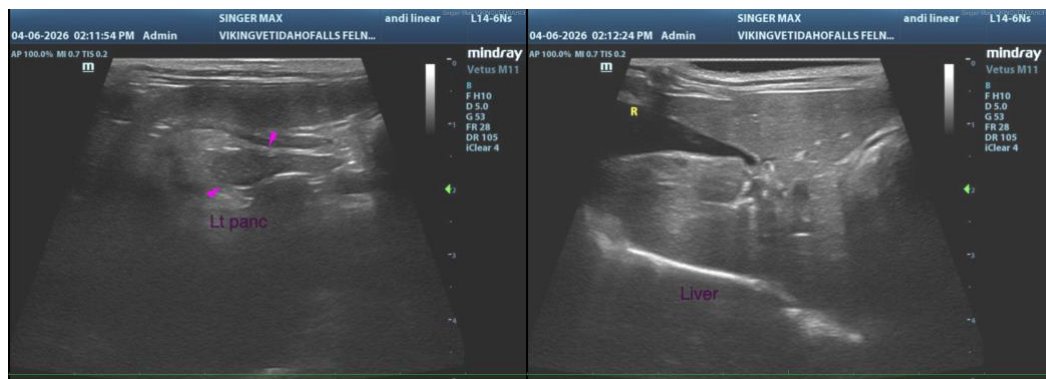
Dr. Will

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**PATIENT**

Max Singer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

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**AGE**

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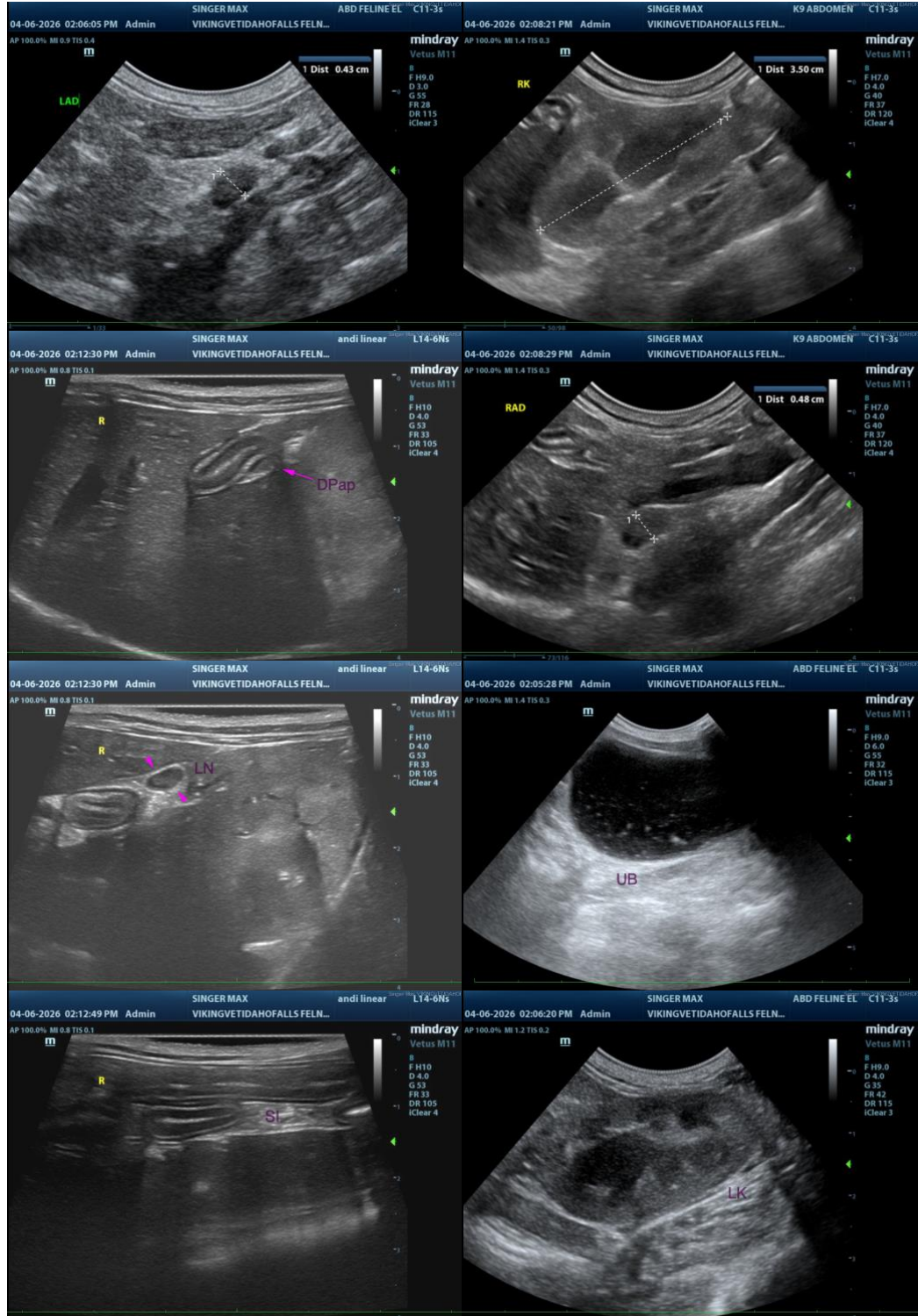
Dr. Will

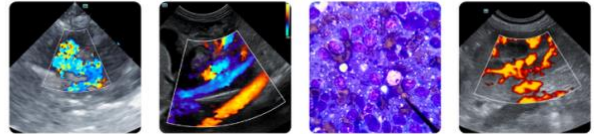
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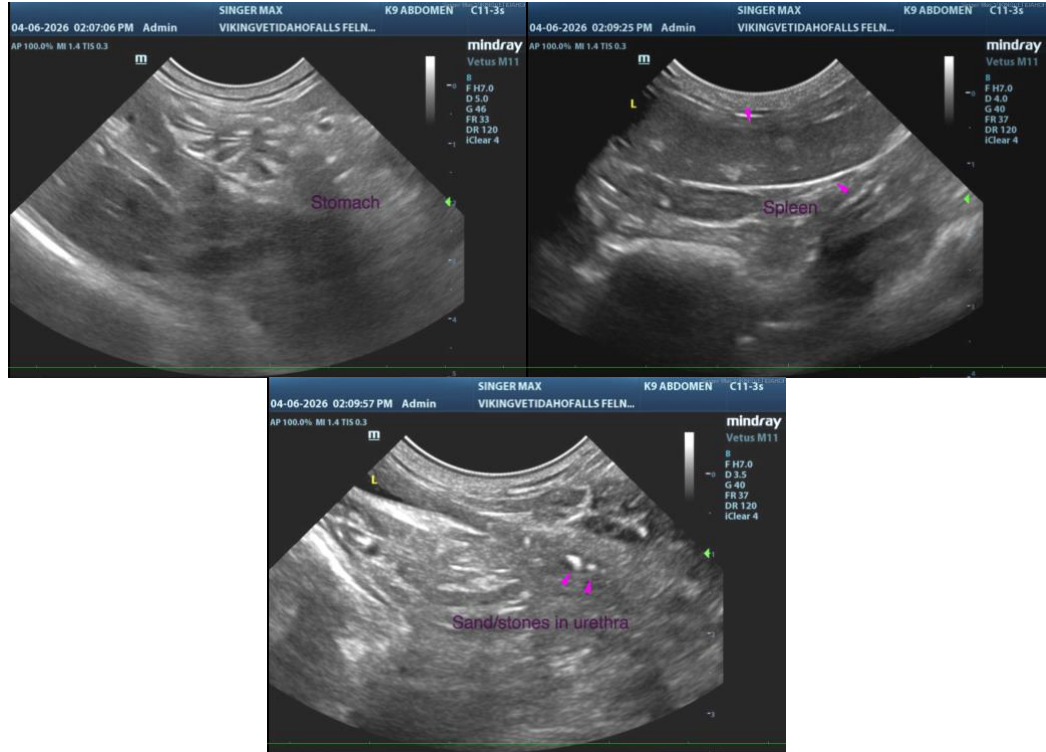
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
[info@SonoPath.com](mailto:info@SonoPath.com)