



## PATIENT

Tom Tom Ferrar

## SPECIES

Feline

## BREED

Domestic shorthair

## SEX

Male, neutered

## AGE

12 Yrs.

## WEIGHT

14.4 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Walsh

## HOSPITAL NAME

Greater Staten Island  
VS

## REFERRING VET

Dr. Walsh

## INVOICE

13573

## DATE

5/26/26

## PRESENTING CLINICAL SIGNS

History: P presented yesterday after V 2x and 24 hours of anorexia. O said P has never missed a meal and wakes her up at 6 am every morning to eat- did not do that yesterday. O also felt he was very hot to the touch- I agreed but P temp was normal. No other medical hx. Was treated with SQF and cerenia and is doing much better today. Abnormal PE/Chem/CBC/UA Results: ALT 264, K2.9, crea 0.5, glu 234, neu 12.27

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed.

The left kidney is normal in size (4.23 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.43 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 hydroureter. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is normal size (0.46 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.

### Spleen

The spleen is prominent in size (1.04 cm in width at the level of the hilus) with smooth peripheral contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### Liver

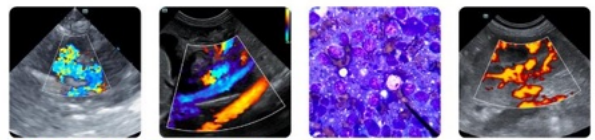
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is normal in thickness. A 1.24 x 0.81 cm cholelith is observed within the lumen along with some echogenic debris. The cystic and common bile ducts are normal.

### 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

### Pancreas



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The left limb and base are enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. There is a suspected ill-defined cystic area in the left limb. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface of the pancreas is hyperechoic.

### Lymph nodes

The abdominal lymph nodes are normal/not visible.

### Free Abdomen

There is no obvious evidence of free fluid.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

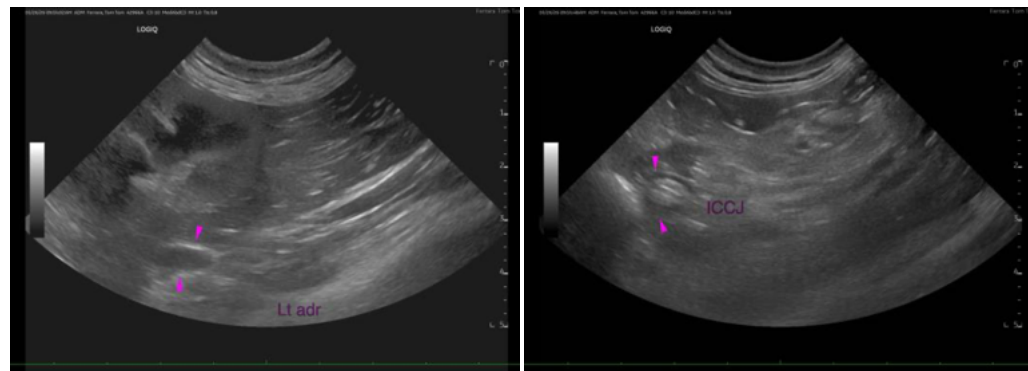
- The pancreatic changes in the left limb and base are most consistent with moderate pancreatitis with adjacent peritonitis. There is a suspected parenchymal cyst in the left limb.

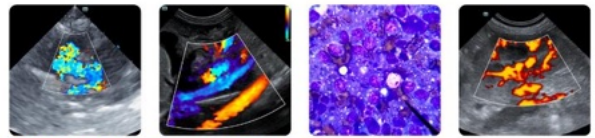
### Secondary Findings:

- Minor bilateral nonspecific, age-related renal changes
- Non-obstructive cholelith
- 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).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.
- Also consider three-view thoracic radiographs to assess cardiopulmonary status.
- If the ALT remains persistently elevated once the pancreatitis has resolved consider further hepatic workup (i.e., pre and post-prandial serum bile acids +/- hepatic tissue sampling).





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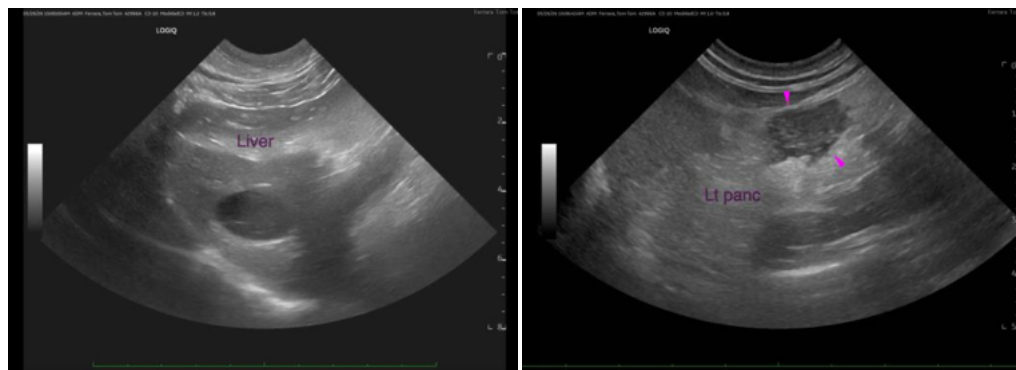
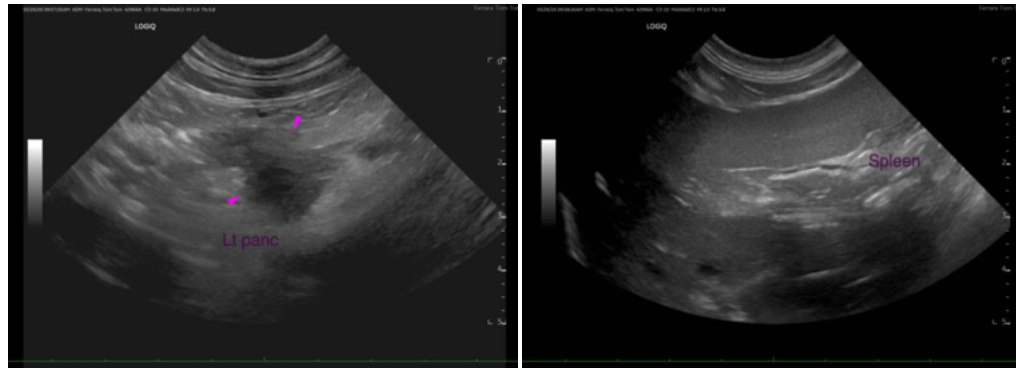
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)