



## PATIENT PRESENTING CLINICAL SIGNS

King Penguin Frappe  
 History: Inappetance, lethargy, diarrhea  
 Hospitalized on IV fluids, Cerenia, buprenorphine  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: Neutropenia Mild anemia Mild creatinine elevation

## Feline ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### BREED *Urinary System*

DSH The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small- to moderate amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.0 cm, are normal.

### SEX

Neutered Male The left kidney is normal in size (3.46 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate- to severe loss of corticomedullary distinction. The cortex is isoechoic- to hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### AGE

11

### WEIGHT

3.6 kg

### *Adrenal Glands*

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is mildly enlarged (1.06 cm in width at the level of the hilus) with an undulating medial 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 portal vein to caudal vena cava ratio is approximately 1: 1.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sarah Barthelemy

## HOSPITAL NAME

Fish Creek  
 Pet Hospital

## REFERRING VET

Dr McKay

## INVOICE

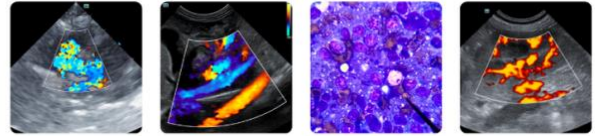
23096

## DATE

6-1-26

### *Gastrointestinal*

The gastric lumen is not distended. 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 ileoceocolic junction and colonic wall are normal. The colonic lumen contains some non-formed fecal material. There is no obvious evidence of an obstructive pattern.



**PATIENT** *Pancreas*

King Penguin Frappe

The base and limbs of the pancreas are normal-in-size with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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.

**SPECIES**

Feline

*Lymph Nodes*

A few prominent lymph nodes are observed in the left mid- to caudal abdomen (one measuring 0.78 x 0.36 cm). A few prominent mesenteric lymph nodes are also seen (one measuring 1.21 x 0.38 cm).

**BREED**

DSH

*Free Abdomen*

Trace free fluid is observed.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**AGE**

11

- The pancreatic changes could be consistent with mild chronic pancreatitis with minor parenchymal remodeling.

**WEIGHT**

3.6 kg

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

- Trace ascites

**INTERPRETED BY**

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

**Secondary Findings**

- Bilateral nonspecific age-related renal changes
- The mild splenomegaly may be secondary to sedation, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, or less likely, emerging round cell neoplasia.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a primary enteropathy (i.e., dietary indiscretion, toxicity, food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), mild pancreatitis, other.

**HOSPITAL NAME**

Fish Creek  
Pet Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A fecal evaluation for ova and Giardia is recommended along with prophylactic deworming with fenbendazole.

**REFERRING VET**

Dr McKay

- Also consider a GI panel including serum cobalamin and folate, TLI and PLI.
- Depending on the results of the above diagnostics, further work-up may be indicated.

**INVOICE**

23096

- In the meantime, symptomatic care, including an appetite stimulant, is recommended.

**DATE**

6-1-26



**PATIENT**

King Penguin Frape

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11

**WEIGHT**

3.6 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr Sarah Barthelemy

**HOSPITAL NAME**

Fish Creek  
Pet Hospital

**REFERRING VET**

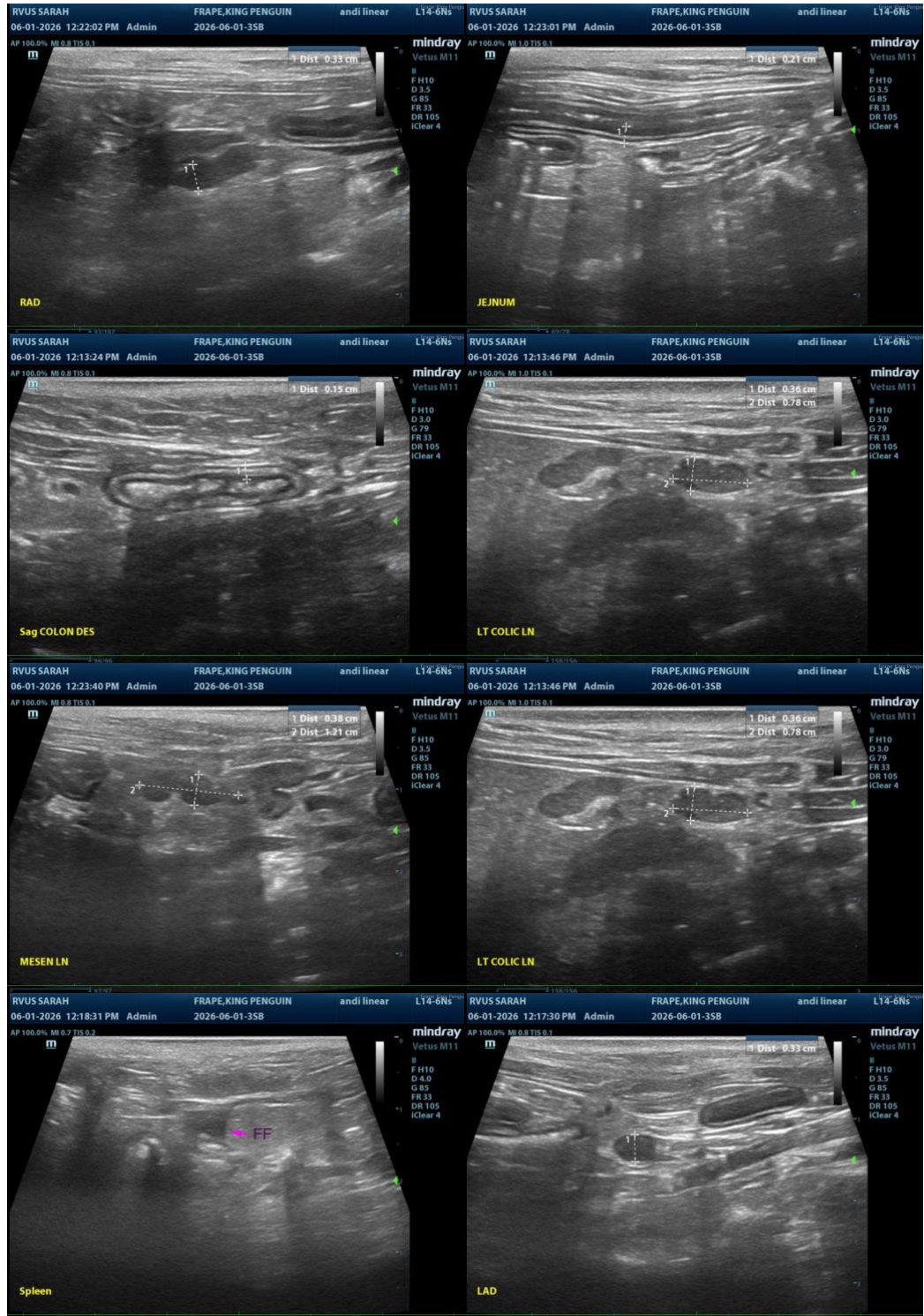
Dr McKay

**INVOICE**

23096

**DATE**

6-1-26





**PATIENT**

King Penguin Frape

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11

**WEIGHT**

3.6 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr Sarah Barthelemy

**HOSPITAL NAME**

Fish Creek  
Pet Hospital

**REFERRING VET**

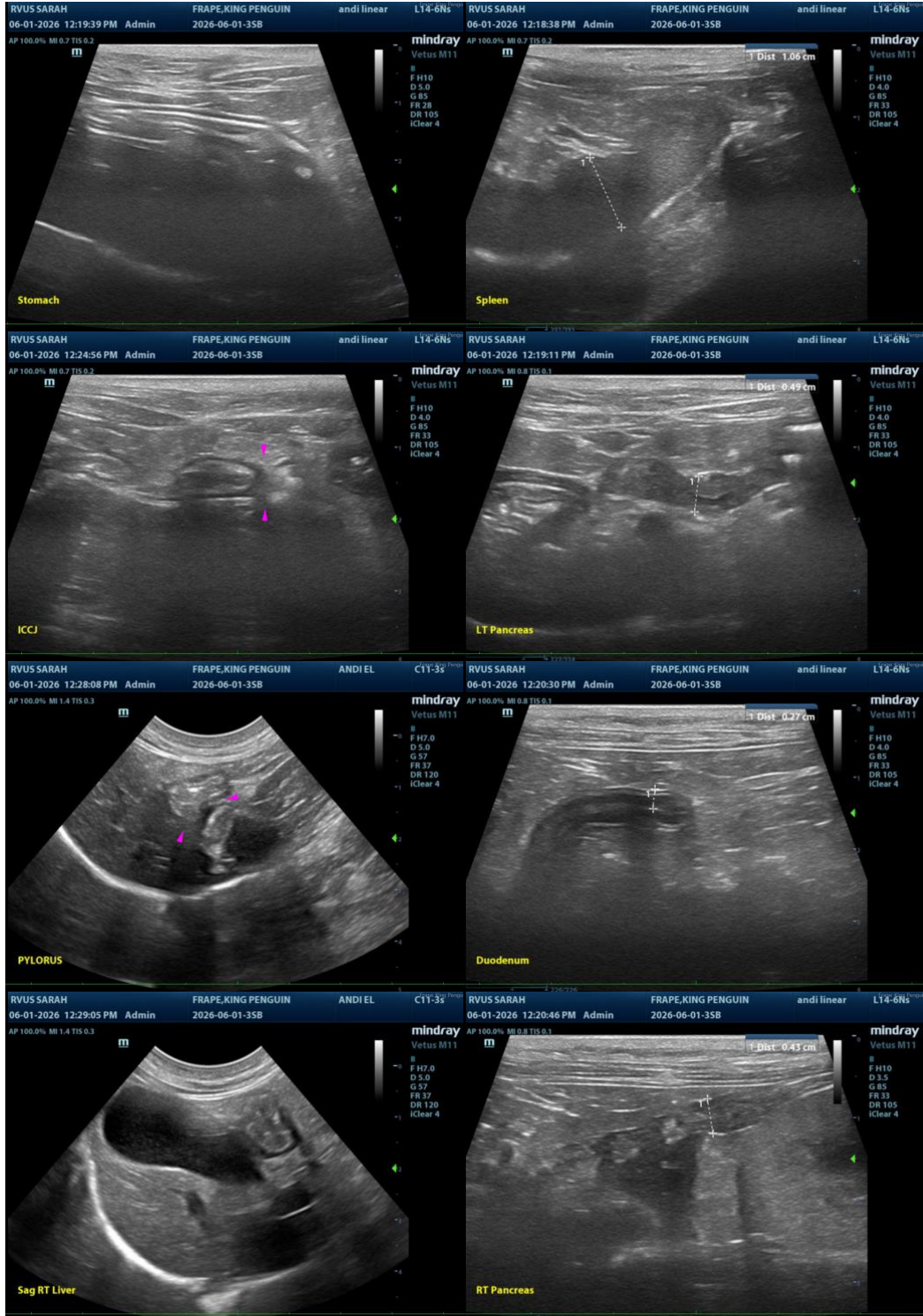
Dr McKay

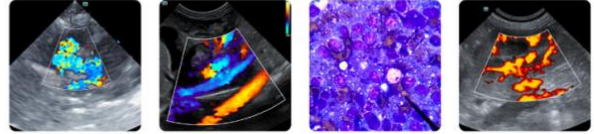
**INVOICE**

23096

**DATE**

6-1-26





## PATIENT

King Penguin Frappe

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

Feline

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.

## BREED

DSH

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

## SEX

Neutered Male

## AGE

11

## WEIGHT

3.6 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sarah Barthelemy

## HOSPITAL NAME

Fish Creek  
Pet Hospital

## REFERRING VET

Dr McKay

## INVOICE

23096

## DATE

6-1-26