



## PATIENT PRESENTING CLINICAL SIGNS

**Socks Almond**  
**HISTORY:** Patient has not been eating well since being seen on 6/3. owner has been giving antibiotic and last gave nasal drops yesterday. he ate a small amount last night. owner gave transdermal mirtazapine orally this morning - owner contacted poison control.

## SPECIES

**Feline**  
**Abnormal PE/Chem/CBC/UA Results:** Abdomen: Tense on palpation. No overt organomegaly appreciated CBC. owner declined Chemistry. N/A EPOC. glucose 159 Radiographs- report attached

## BREED

DSH

## SEX

Neutered Male

## AGE

11

## WEIGHT

8.45 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kuzimski

## HOSPITAL NAME

AEH Hospital Deland

## REFERRING VET

Dr. Kuzimski

## INVOICE

23130

## DATE

6-5-26.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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.

The left kidney is normal in size (4.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.04 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.

### Adrenal Glands

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

### Spleen

The spleen is normal in size (0.90 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.

### 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 gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

### 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 colonic wall is normal. There is no evidence of an obstructive pattern.

### Pancreas

The left limb is visible, with slightly irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.



**PATIENT**

Socks Almond

**Lymph Nodes**

A 0.56 x 0.39 cm gastric lymph node is visualized.

**SPECIES**

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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

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**ULTRASONOGRAPHIC FINDINGS**

- Bilateral nonspecific age-related renal changes
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The prominent gastric lymph node is likely reactive, with a lower possibility of emerging neoplasia.

\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include underlying metabolic issue, pancreatitis, primary enteropathy, occult neoplasia, orthopedic or neurologic disease, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A full CBC chemistry panel, urinalysis, and T4 are recommended to assess overall metabolic function.
- Orthopedic and neurologic examinations are also recommended.
- Consider three-view thoracic radiographs to assess for occult pathology in the chest.
- A GI panel including serum cobalamin and folate, TLI and PLI should also be considered.
- Depending on the results of the above diagnostics, further work-up may be indicated.

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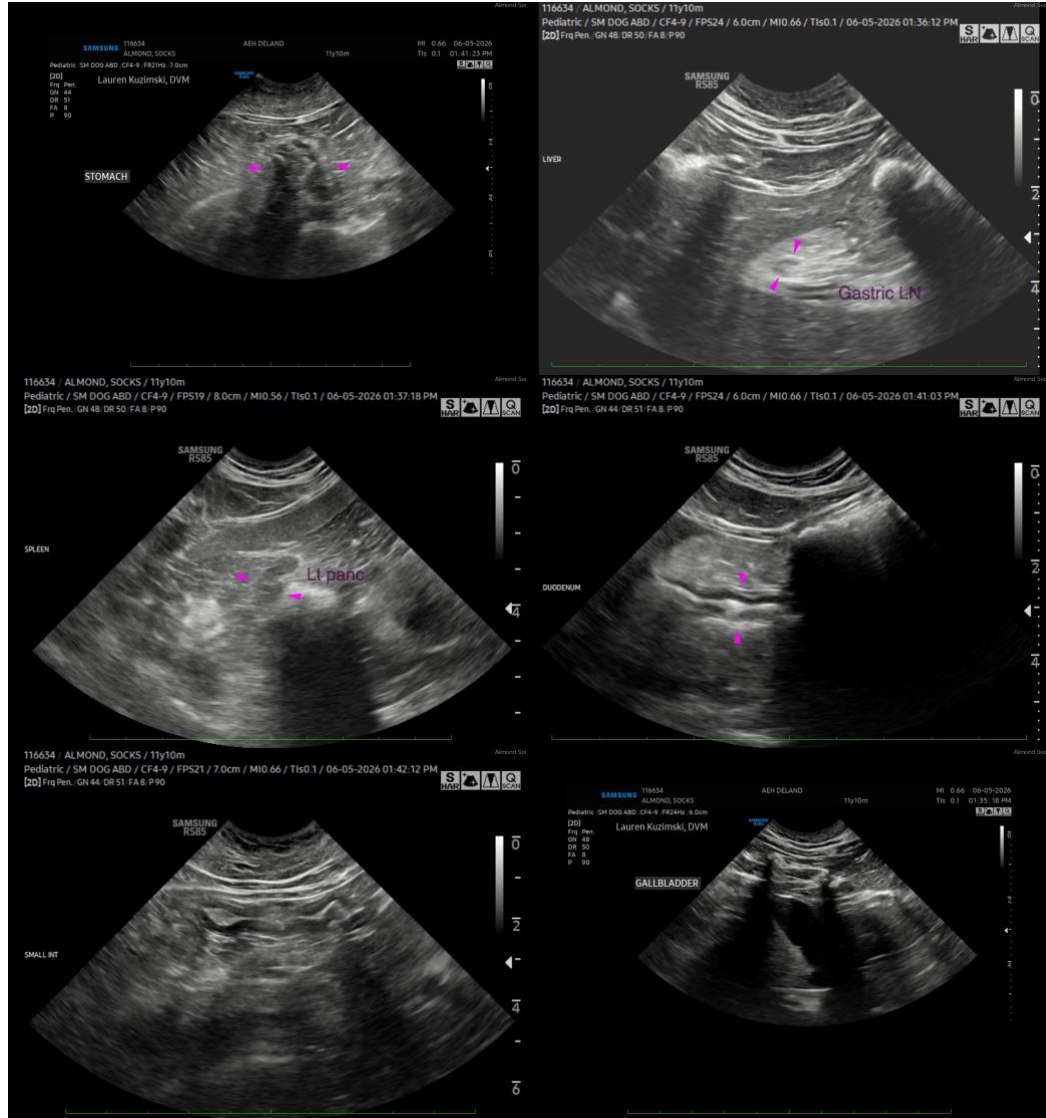
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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