

## PATIENT

Scout Punch

## SPECIES

Feline

## BREED

Domestic shorthair

## SEX

Male, neutered

## AGE

5/2/2015

## WEIGHT

9.84 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

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

## HOSPITAL NAME

Dunes VC

## REFERRING VET

Dr. Danny Soileau

## INVOICE

13339

## DATE

11/12/25

## PRESENTING CLINICAL SIGNS

Pt presented on Monday for a fever, lethargy, inappetence. ALT at that time was 617, ALP 14, globulins 5.2 (normal), CBC WNL. ALT in June of 2025 was 461. Pt has not improved with supportive care.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.33 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.03 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is prominent in size (0.98 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 prominent in size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and relatively homogeneous in appearance. Intrahepatic biliary stones are present. Vascular is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is slightly thickened (up to 0.15 cm) and hyperechoic. A scant amount of echogenic to mineralized debris/sand is observed within the lumen. The cystic and common bile duct walls are subjectively thickened. The lumen is tortuous and dilated (0.45 cm) at the distal common bile duct. There is no obvious evidence of an intraluminal obstruction. The duodenal papilla is mildly enlarged (0.54 cm in width).

### *Gastrointestinal*

The gastric lumen is mildly to moderately 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



**PATIENT**

Scout Punch

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

5/2/2015

**WEIGHT**

9.84 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Dunes VC

**REFERRING VET**

Dr. Danny Soileau

**INVOICE**

13339

**DATE**

11/12/25

pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

***Pancreas***

The pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

***Lymph nodes***

A 0.69 x 0.39 cm mesenteric lymph node is observed adjacent to the ileoceocolic junction.

***Free Abdomen***

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

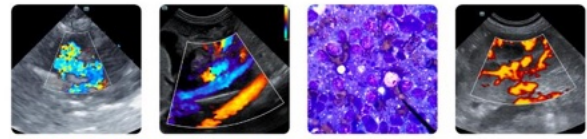
- The pancreatic changes are consistent with mild to moderate pancreatitis with mild adjacent peritonitis.
- The gallbladder and cystic/common bile duct wall changes are suggestive of cholecystitis and cholangitis, respectively.
- Given the severe elevation in ALT, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, infiltrative neoplasia (less likely) is suspected. Intrahepatic biliary stones are also present.

**Secondary Findings:**

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- Bilateral nonspecific, age-related renal changes
- The mild splenomegaly may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or less likely, infiltrative neoplasia.
- The prominent mesenteric lymph node is likely reactive with a lower possibility of emerging neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Hepatic tissue sampling (i.e., aspirates or biopsies) along with aerobic and anaerobic bile cultures can be considered if clotting status is appropriate.
- If tissue sampling is not pursued at this time, empirical treatment for pancreatitis/cholecystitis/cholangitis/cholangiohepatitis is recommended and would include broad-spectrum antibiotic therapy, gastric protectants, anti-emetics, pain medication, fluid therapy and other symptomatic measures. If gastric ileus is suspected, consider a pro-motility agent (i.e., Metoclopramide). Nutritional support is also recommended if indicated.
- Other considerations include the following:
  1. Three-view thoracic radiographs to assess cardiopulmonary status



**PATIENT**

- GI panel including serum cobalamin, folate, TLI and PLI
- Feline leukemia, FIV and FIP testing

Scout Punch

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

5/2/2015

**WEIGHT**

9.84 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Dunes VC

**REFERRING VET**

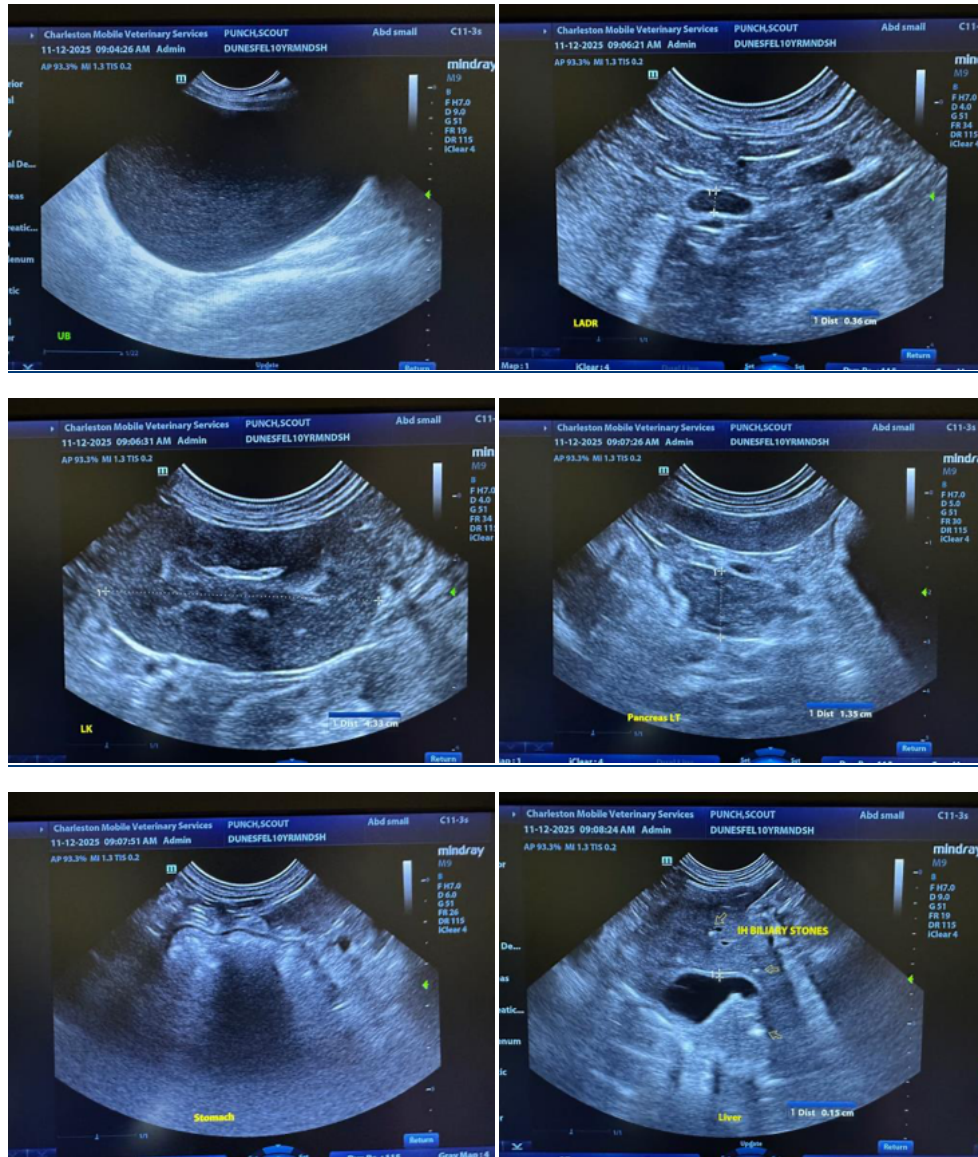
Dr. Danny Soileau

**INVOICE**

13339

**DATE**

11/12/25





**PATIENT**

Scout Punch

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

5/2/2015

**WEIGHT**

9.84 lbs.

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

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

**HOSPITAL NAME**

Dunes VC

**REFERRING VET**

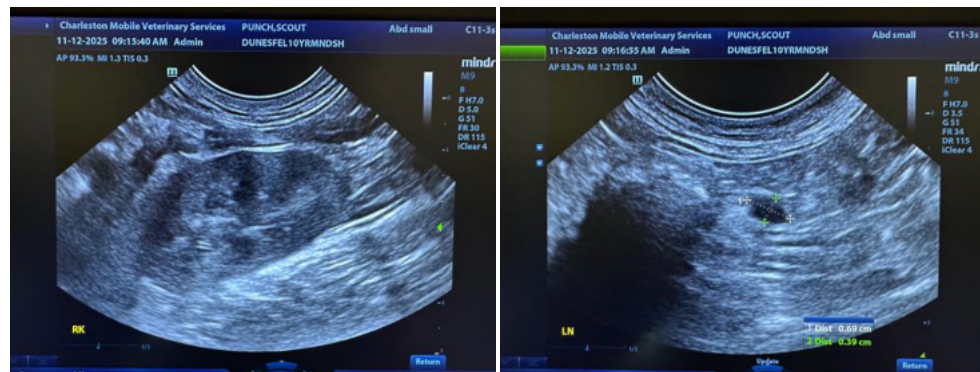
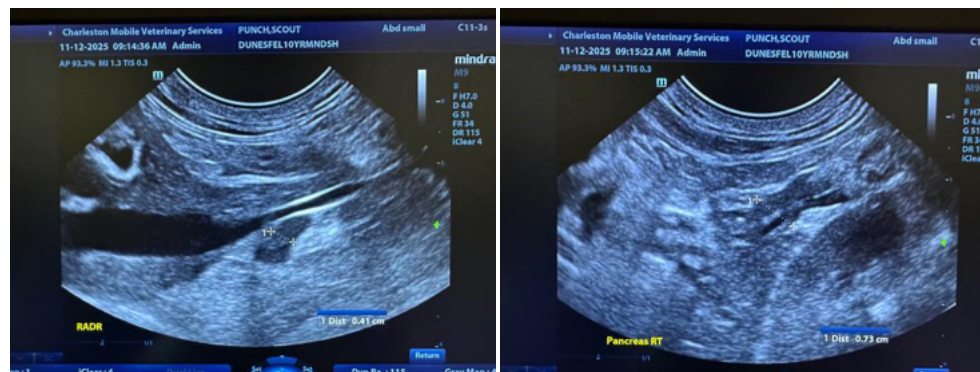
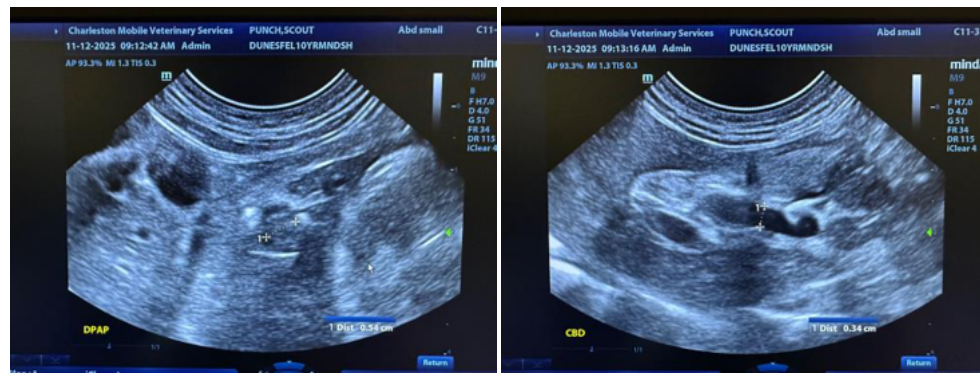
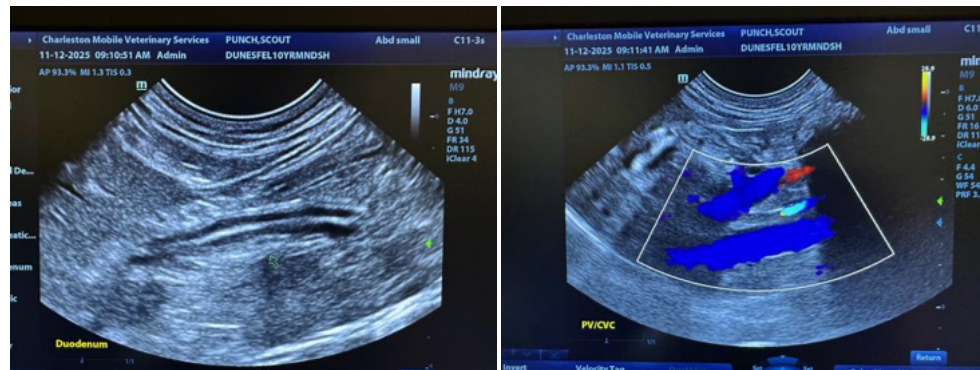
Dr. Danny Soileau

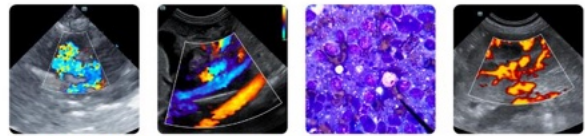
**INVOICE**

13339

**DATE**

11/12/25





**PATIENT**

Scout Punch

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

5/2/2015

**WEIGHT**

9.84 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Dunes VC

**REFERRING VET**

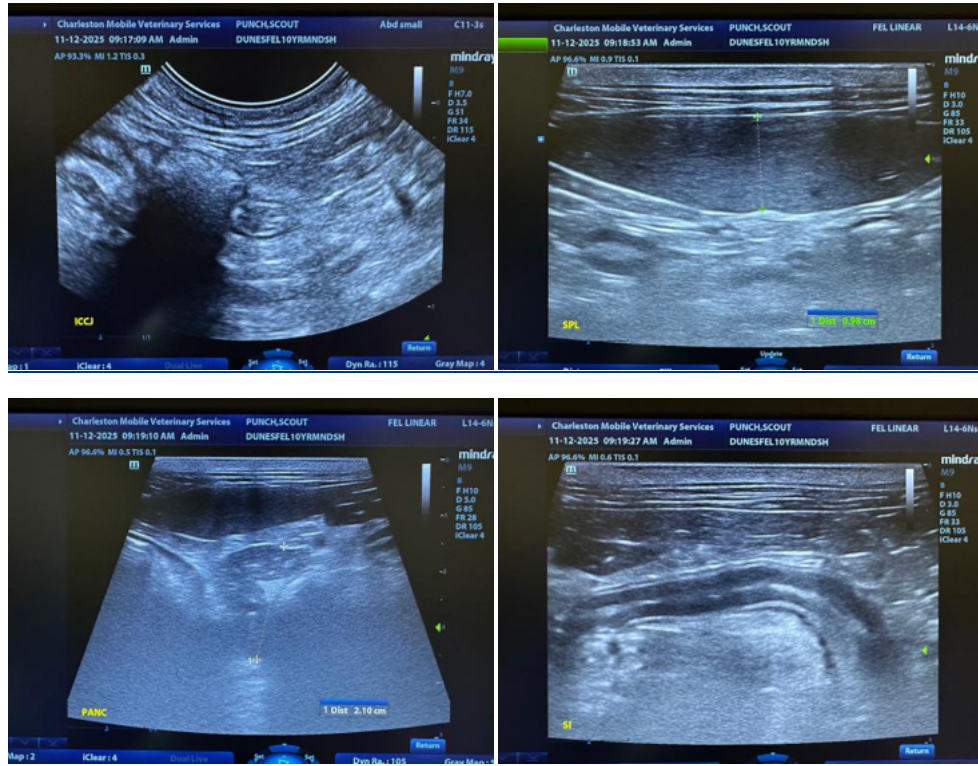
Dr. Danny Soileau

**INVOICE**

13339

**DATE**

11/12/25



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)