



PATIENT

Ralph Kenney

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

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

Ashley Pines AH

REFERRING VET

Dr. Winney

INVOICE

13349

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Pt was diagnosed with hyperthyroidism over the summer. Was initially started on Hills YD diet and did well but stopped eating after 10 days so switched to transdermal Methimazole. Since then has been losing weight and inappetent. Has had rapid weight loss in the last month. Bloodwork has been normal until most recently has become anemic- hematocrit 24% non-regenerative, platelets borderline low. Normal WBC count. Abdominal radiographs reveal splenomegaly +/- hepatomegaly.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.06 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 (4.21 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 (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.59 cm width) with smooth peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (1.22 cm in width at the level of the hilus) with swollen margins and a folded and elongated contour. The parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis. Surrounding mesentery is mildly hyperechoic.

Liver

The liver is prominent in size with smooth 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.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.21 cm in width).

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



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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. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the splenomegaly. In the visualized portion, no obvious abnormalities are seen.

Lymph nodes

2-3 prominent mesenteric lymph nodes are visualized, one of the nodes measuring 0.90 x 0.53 cm.

Free Abdomen

Trace free fluid is observed.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenomegaly is most concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other). Mild adjacent peritonitis is present.
- Equivocal hepatomegaly. This may be a normal variant for this patient or may be secondary to emerging neoplasia (i.e., round cell tumor), hepatic lipidosis, inflammatory disease (i.e., cholangiohepatitis, lymphoplasmacytic hepatitis), other.
- The prominent mesenteric lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis or emerging neoplasia.

Secondary Findings:

- Bilateral nonspecific age-related renal changes.
- The mild right adrenomegaly may be secondary to stress hyperplasia or less likely, an emerging tumor.

*Ultrasound guided fine needle aspiration of the spleen was performed at the end of this study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Depending on cytology results, consultation with a board-certified oncologist may be indicated.
2. Three-view thoracic radiographs should also be considered (if not already performed) to assess for pathology in the chest.



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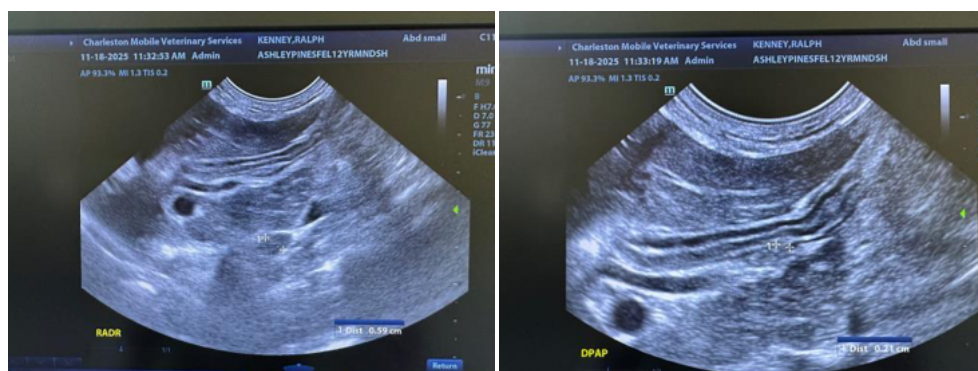
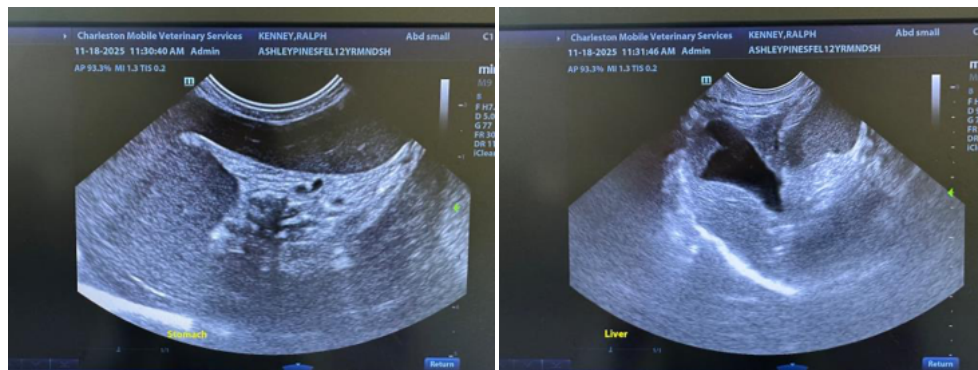
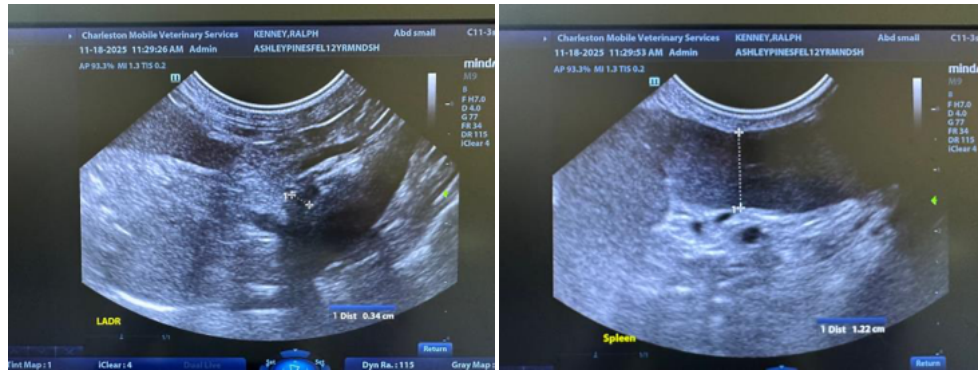
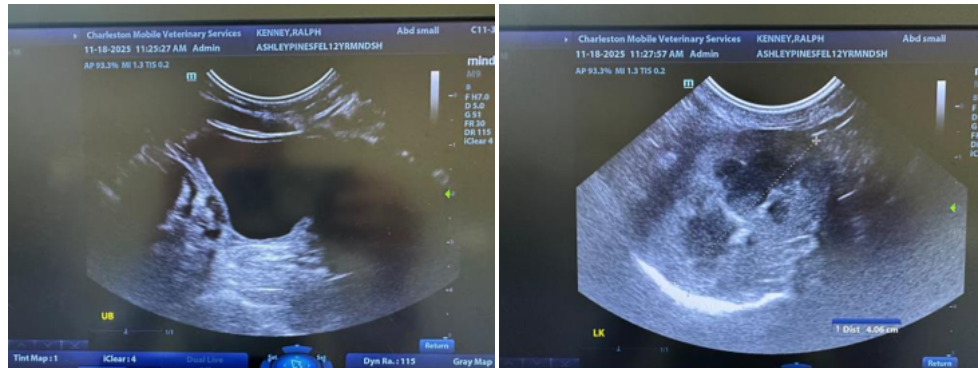
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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