

**PATIENT**

Whitney Kiser

**SPECIES**

Feline

**BREED**

Domestic longhair

**SEX**

Male, neutered

**AGE**

9/6/2016

**WEIGHT**

4.2 kg.

**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**

Low Country

**REFERRING VET**

Dr. Freeman

**INVOICE**

13374

**DATE**

11/25/25

**PRESENTING CLINICAL SIGNS**

Whitney presents to the Neurology/Neurosurgery service on the 25th for evaluation of abnormal behavior. Whitney was seen by his veterinarian on the 18th of November for a several week history of reduced appetite and an episode of collapse and open mouth breathing. Complete bloodwork showed low platelets and lymphocytes and elevated glucose. Thoracic radiographs were also performed. He was treated with depomedrol and mirtazapine. Since then, he has been circling. He represented to the veterinarian on the 24th for after another episode. He cried out and was found limp. He was open mouth breathing on presentation but settled in oxygen. His first bowel movement since the 18th was today. He is otherwise healthy and has been with this family for 5 years. Whitney is currently on the following medications: Mirtazapine PRN. Thoracic radiographs unremarkable, BP 120, T4 normal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.74 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 (3.80 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 (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

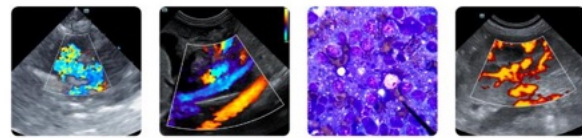
The spleen is normal in size (0.69 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.06 x 0.62 cm irregular/ill-defined hyperechoic nodule with a small cavitation is observed approximately mid-liver. The remaining parenchyma is homogeneous. 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**Gastrointestinal**



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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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**Pancreas**

The pancreas is diffusely visible with minimal deviation from the normal 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 inflammation or effusion.

**Lymph nodes**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

There is no obvious evidence of free fluid.

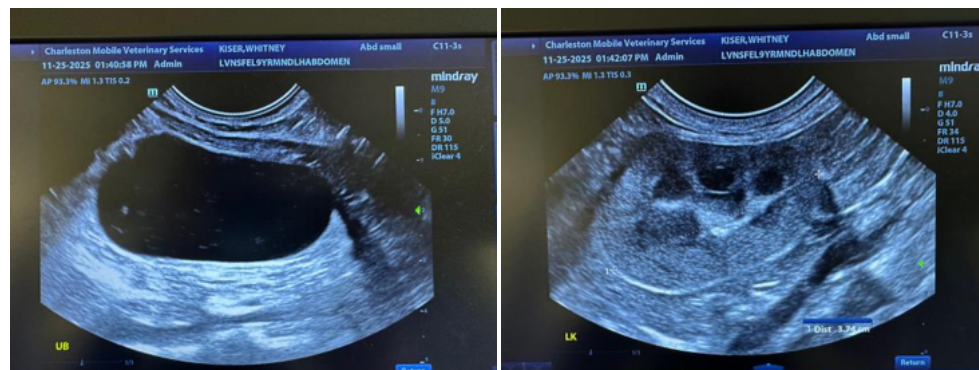
**ULTRASONOGRAPHIC FINDINGS**

- The hyperechoic hepatic nodule could be consistent with a biliary cystadenoma, biliary cystadenocarcinoma, meylolipoma, lipogranuloma, other.
- Minor 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.

\*An obvious cause for the patient's clinical signs is not identified in this study.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Regarding the hepatic nodule, consider a recheck ultrasound in 1-2 months to assess for growth of the lesion.
2. The echocardiogram report is currently pending.
3. Further recommendations will be at the advice of the patient's neurologist.





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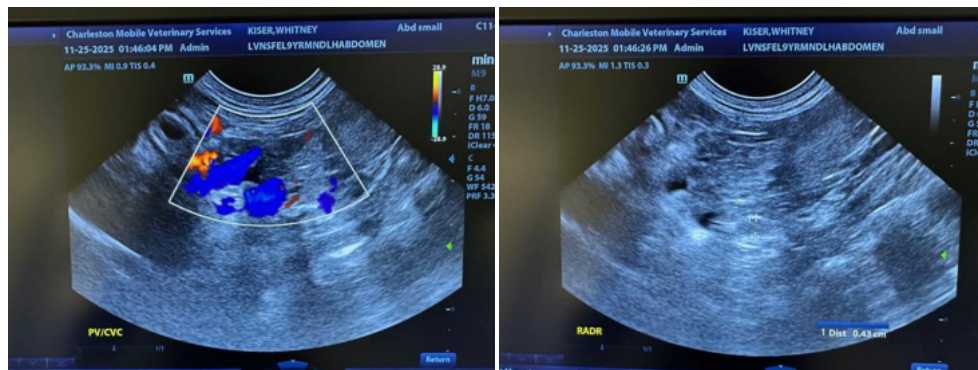
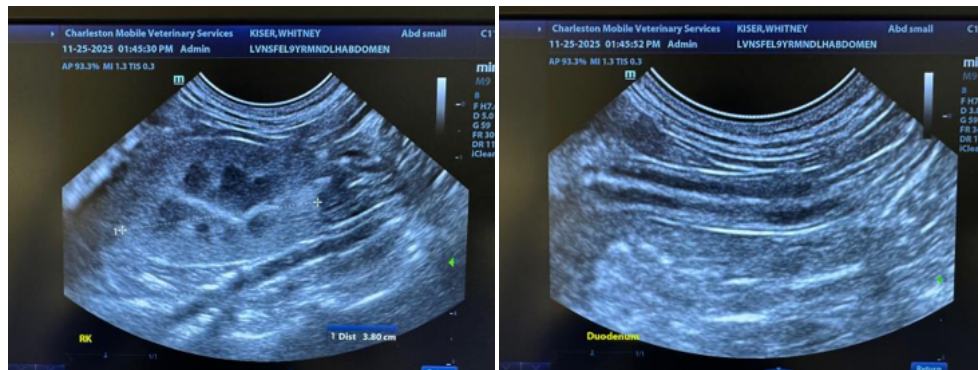
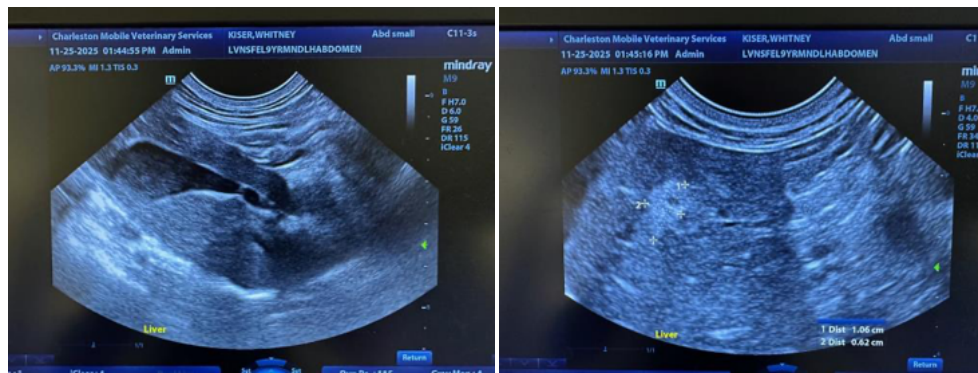
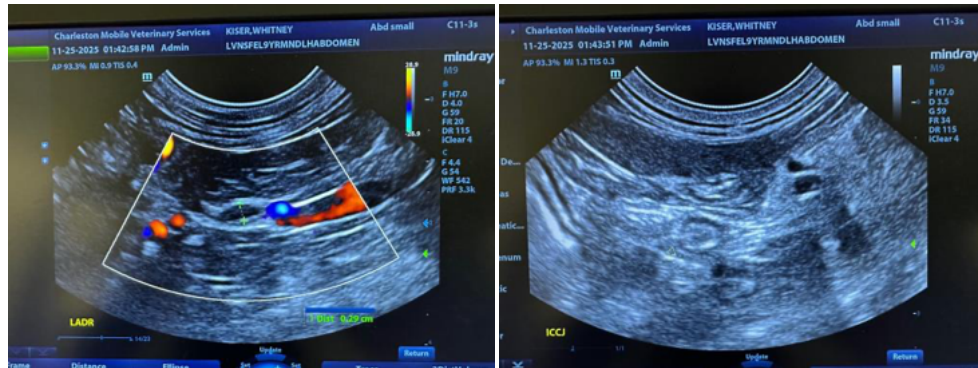
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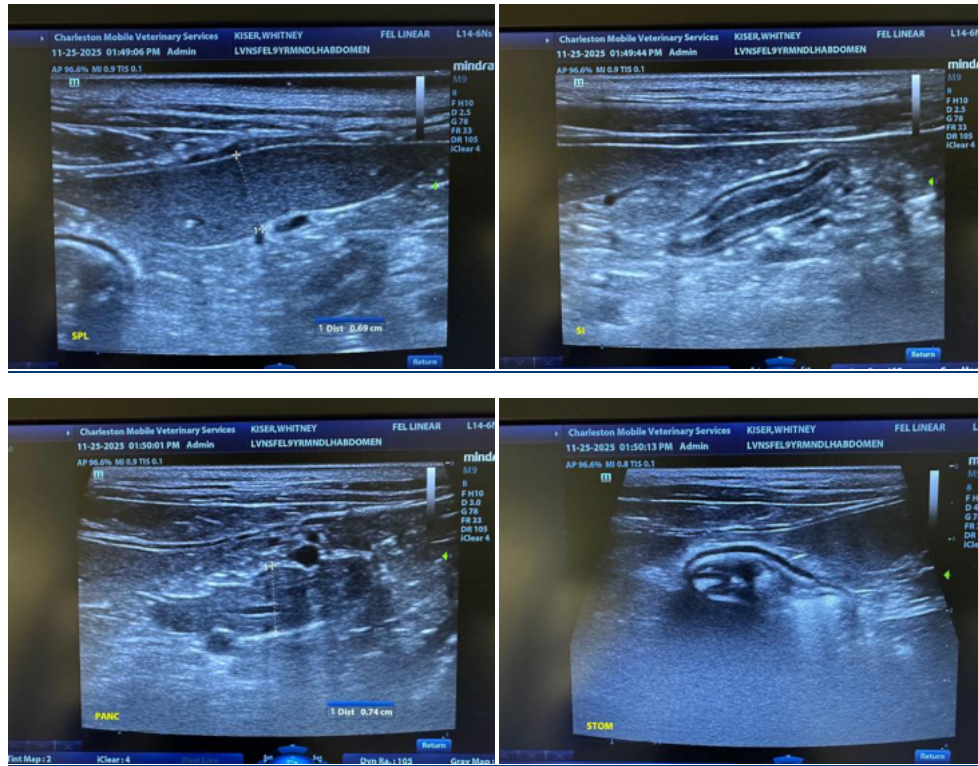
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)