

PATIENT PRESENTING CLINICAL SIGNS

Maxie Hobeika History: *Chronic weight loss *Currently not eating well, though ate well after the scan *Responds to steroids *Controlled hyperthyroid *Renal disease stage 2

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

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

DSH

SEX

The left kidney is not visualized in the available images.

Neutered Male

The right kidney is mildly enlarged (4.26 cm in length) with a relatively normal shape. There is mild- loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

AGE

14 years 6 mos

Adrenal Glands

WEIGHT

The left adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

7.6 lbs

The right adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.77 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.

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Melinda Persson

Liver

The liver is subjectively normal in size with smooth peripheral contours. The parenchyma is isoechoic relative to the right renal cortex. A 1.8 x 1.5 cm hyperechoic-to-heterogenous nodule is observed approximately mid-liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

HOSPITAL NAME

At Home Veterinary

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are visible but not overtly dilated.

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Melinda Persson

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid-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- to moderately-thickened (up to 0.47 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio. In at least two small intestinal segments, there is focal bowel wall thickening, with a loss of the normal layering pattern. The ileocecal colic junction and colonic wall are normal. The colonic wall contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

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PATIENT

Maxie Hobeika

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

SPECIES

Feline

Lymph Nodes

A 0.69 x 0.36 cm gastric lymph node is visualized. A few prominent mesenteric lymph nodes are also seen (one measuring 1.06 x 0.32 cm).

BREED

DSH

Free Abdomen

There is no obvious evidence of free fluid.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

Primary Findings

- The loss of normal layering in two areas of small intestine is concerning for infiltrative neoplasia (i.e., lymphoma). The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

AGE

14 years 6 mos

- Suspected left renal agenesis. The right renomegaly may be secondary to compensatory hypertrophy, interstitial nephrosis/nephritis, pyelonephritis, emerging neoplasia (i.e., lymphoma), other. Chronic changes are noted. There is evidence of mild right cranial retroperitonitis.

WEIGHT

7.6 lbs

Secondary Findings

- The prominent abdominal lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis, or emerging neoplasia (i.e., lymphoma).
- The hepatic nodule could be consistent with a benign process (i.e., myelolipoma, lipogranuloma). However, a neoplastic process cannot be excluded.
- Gallbladder debris/sludge, non-mucocele

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Feline leukemia and FIV testing are recommended if not already performed.
- Three-view thoracic radiographs are also recommended to assess for pathology in the chest.
- If accessible, consider fine-needle aspirates of the focal bowel wall thickening where there is a loss of layering. If the cytology results are inconclusive, or if the lesions are not accessible, surgical biopsies may be necessary to get a definitive diagnosis.

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SPECIES

Feline

BREED

DSH

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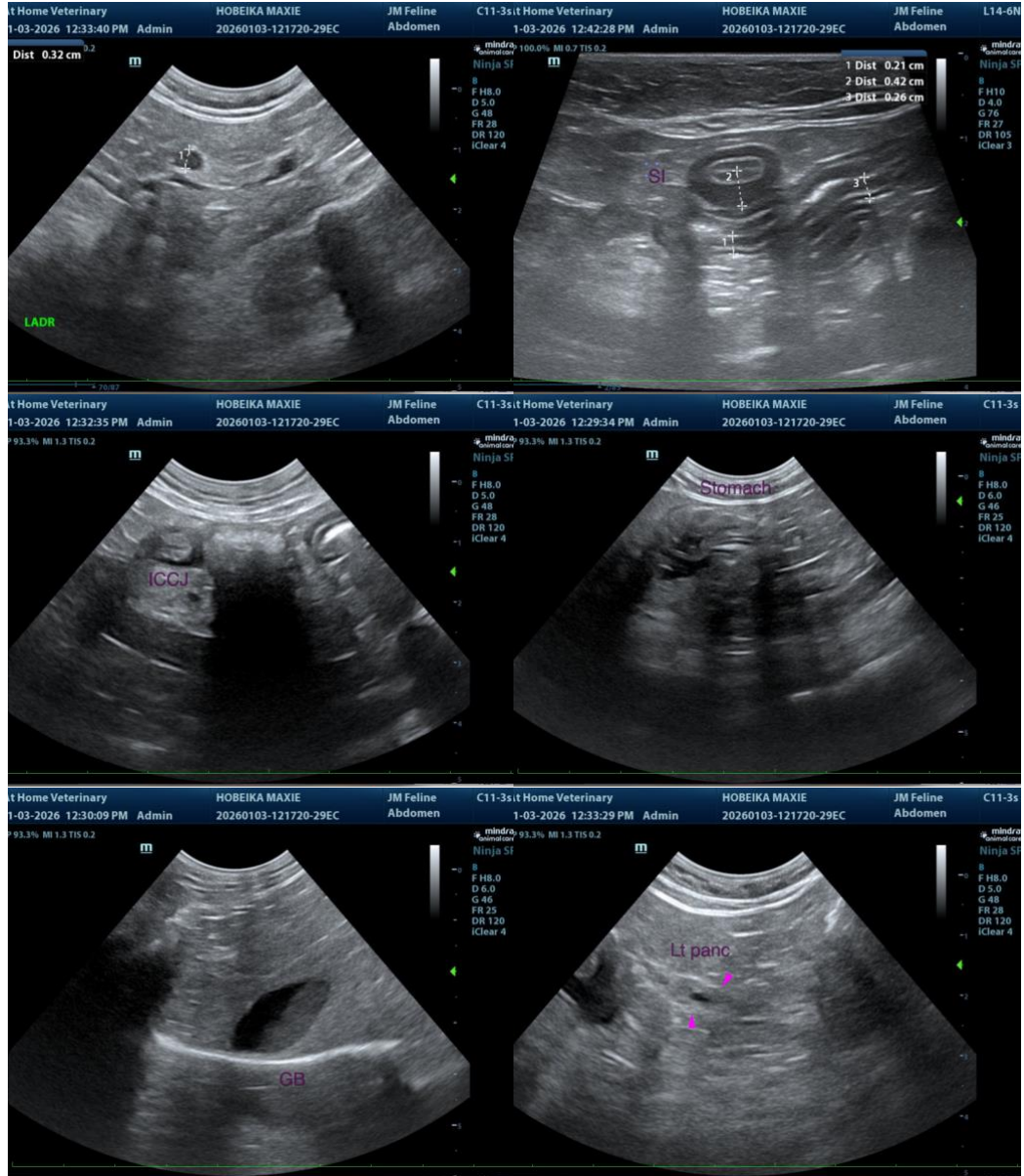
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SPECIES

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BREED

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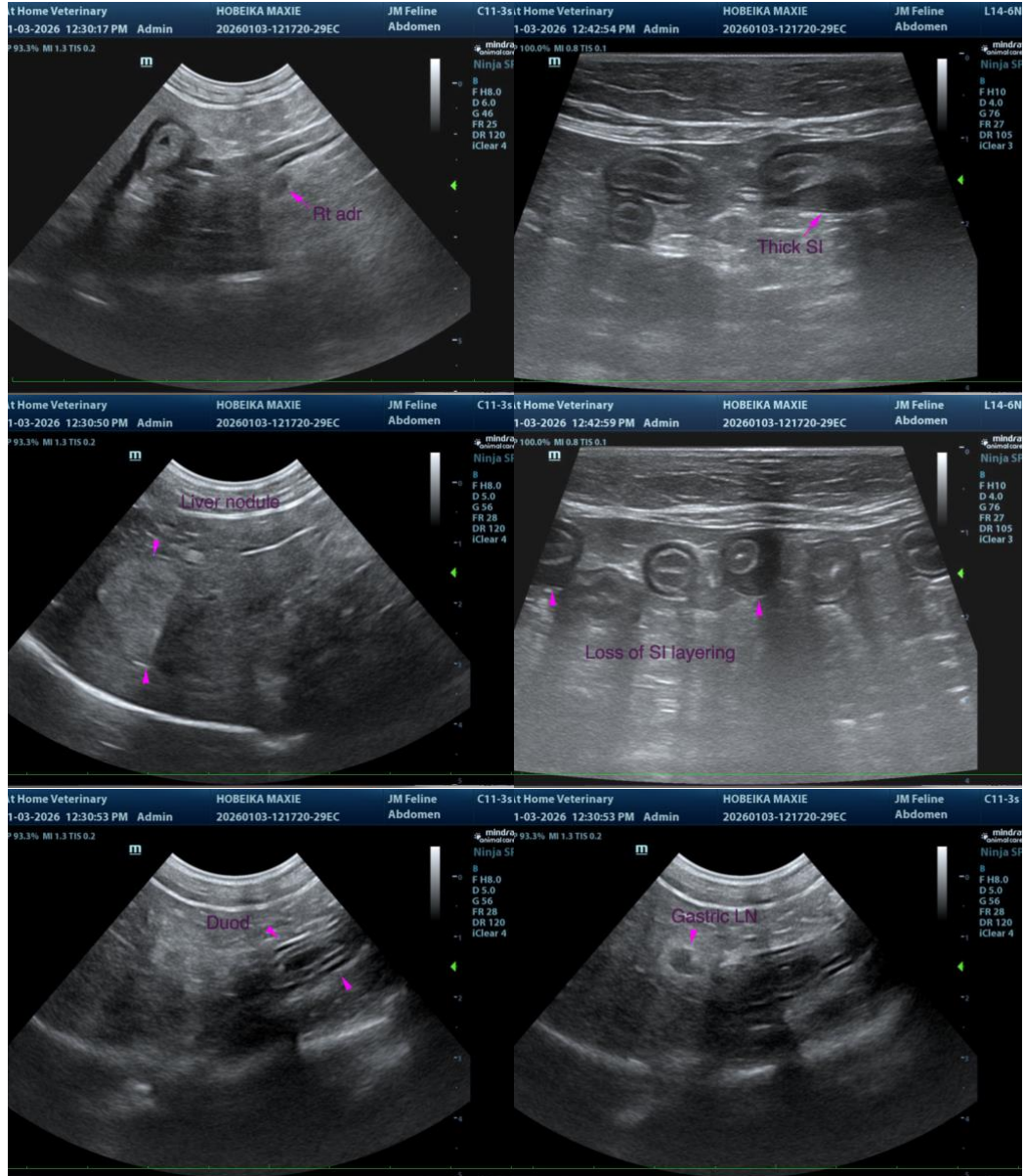
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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