



PATIENT PRESENTING CLINICAL SIGNS

Sage Rubio

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

4 years 9 mos

WEIGHT

12.94

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Whitcraft

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr Whitcraft

INVOICE

22202

DATE

11-1-25

History: Owner presented with Sage, a 4yr 10mo old FS DSH, for an abdominal ultrasound. She is eating and drinking normally but fasted today. No coughing or sneezing. No vomiting or diarrhea. O notes that she had a behavior change after her spay, 2 yrs ago. Now she is more aggressive. She tenses when the owner picks her up. She has urine accidents outside the box when she is in the most discomfort. She was here 16 days ago for eating a candy wrapper and a hair tie. Her x-rays, at that time, described an ileus patten. The radiologist recommended an ultrasound if she did not improve. The 2 objects have passed, and she is back to a normal appetite.

Abnormal PE/Chem/CBC/UA Results: X-ray report showed gastroenteritis. BW minorly elevated ALT/AST and mild hyperglycemia. Likely stress related BG increase. ALT (115) /AST (102) could be from the act of vomiting itself or other liver pathology. Owner states that she has had no vomiting but seems "moody". USG 1.055. 1+ proteinuria, inactive sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are seen.

The left kidney is normal in size (3.90 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.98 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. 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 (0.76 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. 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 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.



PATIENT *Pancreas*

Sage Rubio

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 *Lymph Nodes*

Feline

The abdominal lymph nodes are normal/not visible.

Free Abdomen

BREED

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

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Structurally unremarkable abdomen.

Female Spayed

*An obvious cause for the patient's elevated ALT is not definitively identified in this study. It may be secondary to a reactive hepatopathy or an emerging primary hepatopathy (i.e., cholangiohepatitis, lymphoplasmacytic hepatitis, emerging hepatic lipidosis, neoplasia (unlikely), other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider pre- and postprandial serum bile acids to assess hepatic function. If bile acids are not performed at this time, consider rechecking liver values in 10-14 days. If still elevated at that time, reconsider performing bile acids +/- hepatic tissue sampling (i.e., aspirates or biopsies) assuming normal clotting status.
- Also consider orthopedic and neurologic examinations +/- thoracic radiographs to assess for nonmetabolic causes of discomfort.

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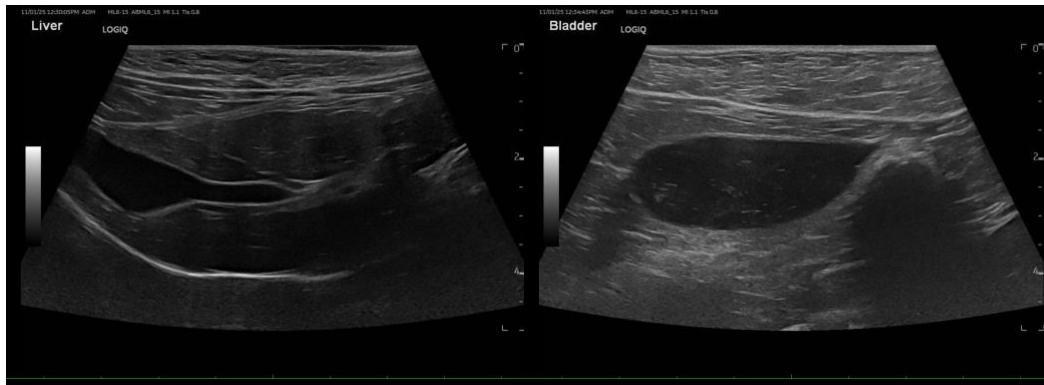
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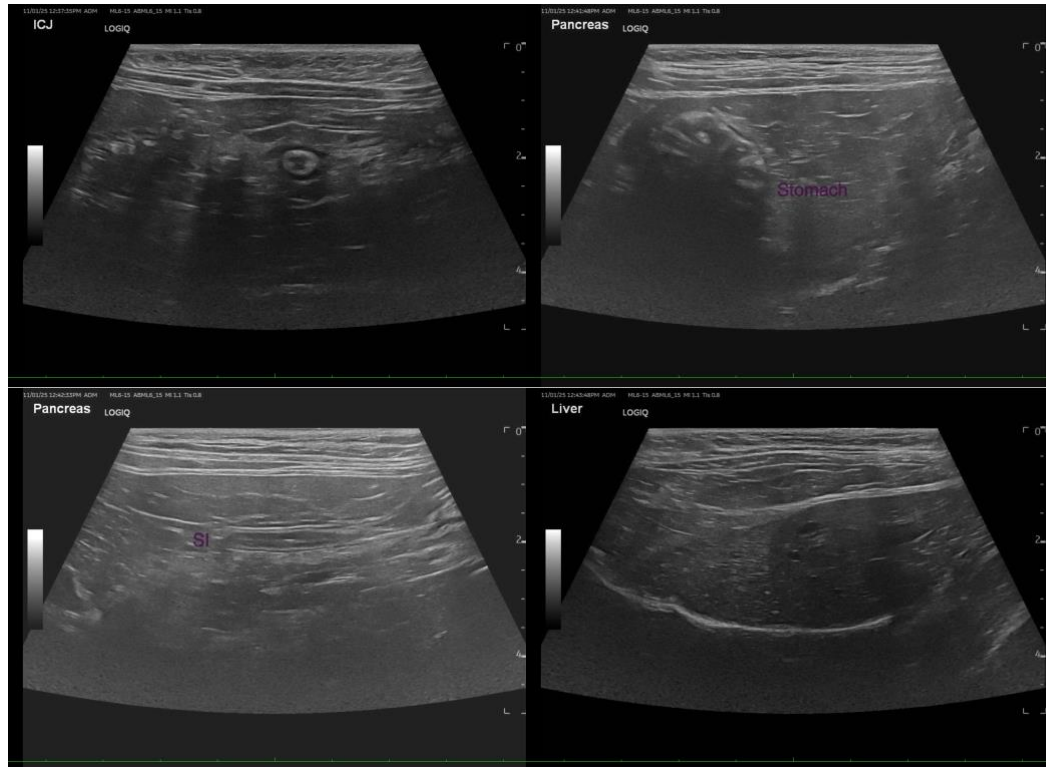
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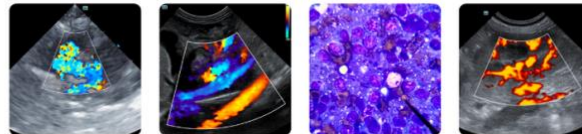
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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