



PATIENT

Smokey Bogart

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

7.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Kable

INVOICE

13367

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Severe weight loss over the past year. A blood panel was submitted in July, NSF aside from minor elevated BNP, low-normal thyroid. I saw Smokey for the next appointment and did radiographs, cleared excessive gas from colon, prescribed cisapride to improve GI motility - O has not been using it. I do not think that constipation is the primary issue. Discussed possible chronic FB situation vs IBD/lymphoma at that time, recommended US as a next step. It has been a few months since then - O brought back in for recheck rads today to assess progress and check weight prior to ultrasound - now willing to pursue ultrasound. Recheck blood panel submitted today, results back on day of ultrasound
Abnormal PE/Chem/CBC/UA Results: BUN: 44 K: 3.1 Na/K ratio: 48 BNP: 394

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. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.69 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.99 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.50 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 enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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 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.

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 segmentally dilated with chyme. A focal small intestinal mass is visualized. The wall in this region is visualized (up to 0.42 cm) and hypoechoic with loss of the normal layering pattern. The mass effect appears to extend beyond



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the serosal surface. The mesentery surrounding the lesion is hyperechoic. In the remaining small intestinal segments, the wall is diffusely thickened (up to 0.34 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a greater than 1:1 ratio in some regions. The colonic wall is normal. There is no obvious 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 mildly dilated (0.31 cm in diameter).

Lymph nodes

A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 1.27 x 0.65 cm.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Focal small intestinal mass. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected with a lower possibility of a focal inflammatory process. Adjacent peritonitis is present. The diffuse small intestinal wall changes could be consistent with emerging lymphoma or inflammatory bowel disease.
- The mesenteric lymphadenopathy could be consistent with lymphoid hyperplasia, lymphadenitis or emerging neoplasia (i.e., lymphoma).

Secondary Findings:

- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- Bilateral, age-related renal changes with subtle dystrophic mineralization.
- Urinary bladder debris
- The pancreatic changes are suggestive of mild chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the focal small intestinal mass (if accessible and if clotting status is appropriate). A 25-gauge needle should be used. If the lesion is not accessible or if cytology results are inconclusive, consider surgical biopsies. A GI panel including serum cobalamin, folate, TLI and PLI is also recommended.



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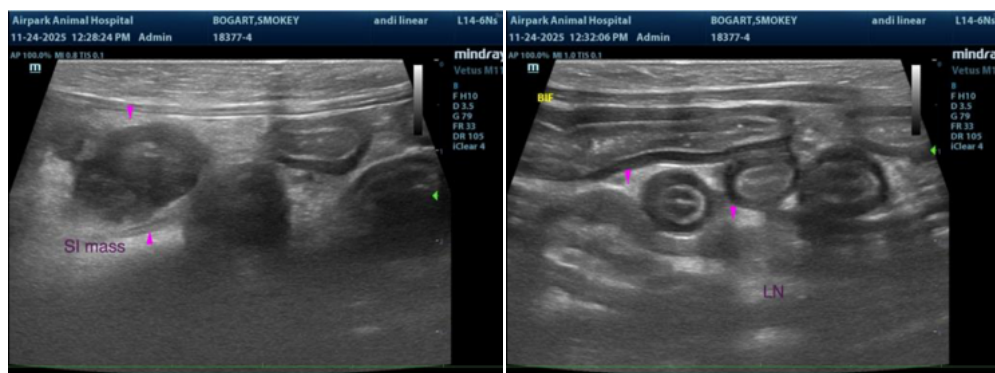
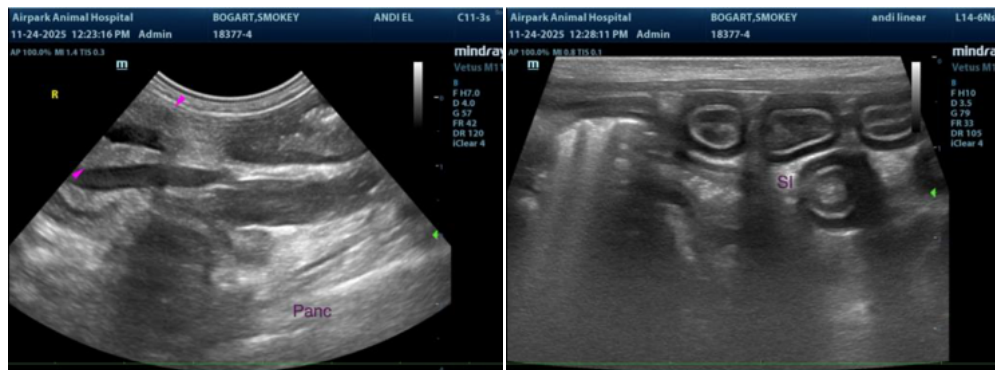
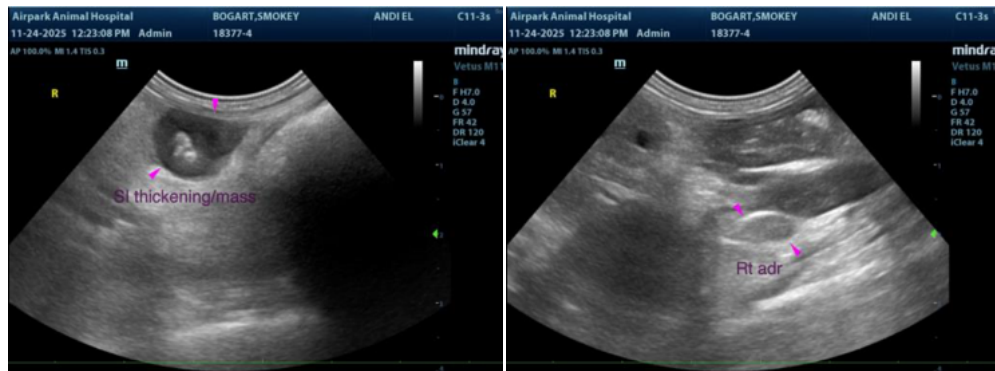
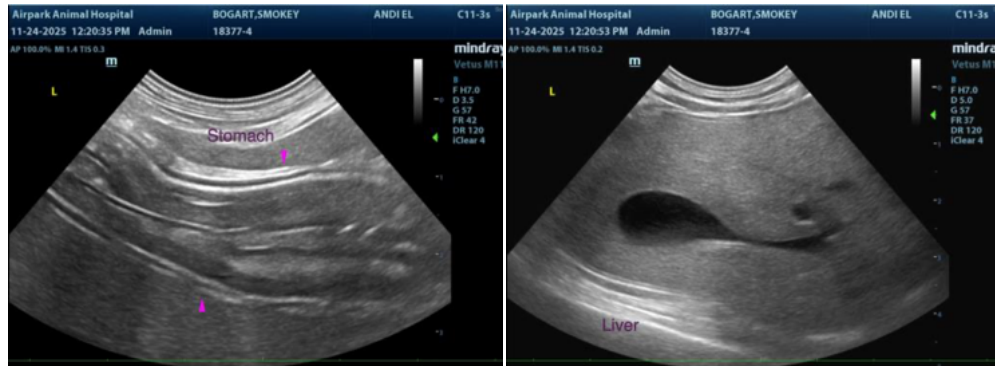
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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