

PATIENT PRESENTING CLINICAL SIGNS

PATIENT: Addy May
SPECIES: Feline
PRESENTING CLINICAL SIGNS: Clinical Exam Findings: Vomiting at least once per day, mostly clear bile with a red tinge at random times
 Abnormal lab-work values/ CBC: nsf Chem: GGT 71 (0-4), PL 2.9 (0-4.4)
 Current Medications: none
 Radiographic Findings none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED: DSH
SEX: Female Spayed
AGE: 12
WEIGHT: 10.35 lbs
INTERPRETED BY: Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

Urinary System
 The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.
 The left kidney is normal in size (3.9 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate 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 (3.81 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is a questionable cortical infarct at the cranial pole. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands
 The left adrenal gland is normal size (0.26 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
 The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen
 The spleen is normal in size (0.63 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Varying-sized hyperechoic nodules are observed throughout the organ (one measuring 0.43 cm in diameter). Splenic vasculature is normal.

Liver
 The liver is subjectively normal in size with normal curvilinear 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 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/not seen.

Gastrointestinal
 The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 0.41 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio, with a >1:1 in some segments. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. The lumen of the ascending colon is mildly fluid-distended. There is no obvious evidence of an obstructive pattern.

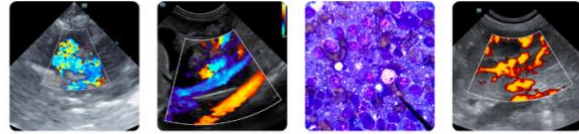
Pancreas
 The left limb is visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and homogenous in appearance. The pancreatic duct is dilated (up to 0.28 cm). There is no evidence of peripancreatic inflammation or effusion.

INVOICE: 22237
DATE: 12-10-25

HOSPITAL NAME: Countryside AC

REFERRING VET: Dr Cox

IMAGING PERFORMED BY: Sara Hansen



PATIENT

AdDY May *Lymph Nodes*
A few prominent mesenteric lymph nodes are visualized (one measuring 1.38 x 0.58 cm).

SPECIES

Free Abdomen
There is no obvious evidence of free fluid.
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ULTRASONOGRAPHIC FINDINGS

Primary Findings

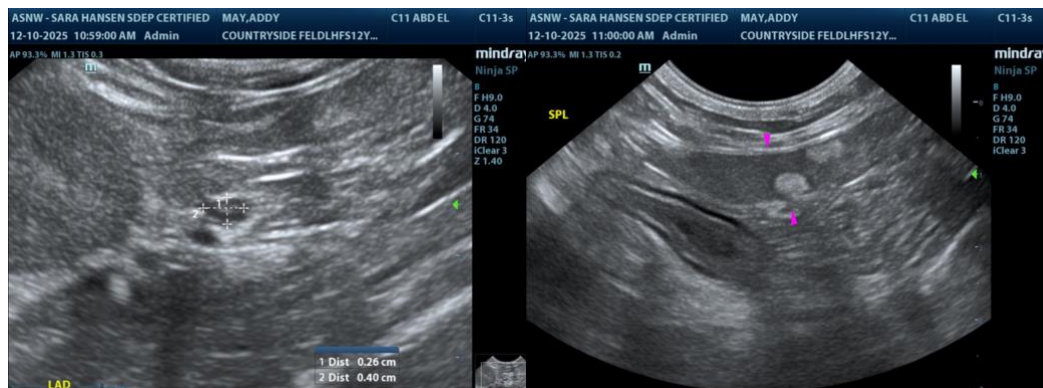
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The prominent mesenteric lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis, or emerging neoplasia (i.e., lymphoma).
- The pancreatic changes are suggestive of chronic pancreatitis.

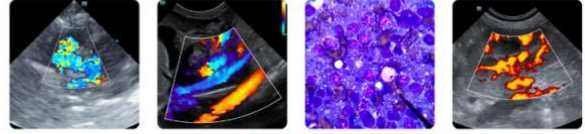
Secondary Findings

- Bilateral nonspecific age-related renal changes with a suspected right cortical infarct.
- The hyperechoic splenic nodules likely represent benign myelolipomas, with a lower possibility of more insidious splenic pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI.
- A limited antigen or hydrolyzed protein diet should also be initiated.
- Ultimately, GI biopsies (i.e., endoscopic or surgical) would be necessary to get a definitive diagnosis. Surgical biopsies are preferred in that full-thickness samples (particularly of the jejunum) can be obtained. Three-view thoracic radiographs are recommended prior to any anesthetic event.





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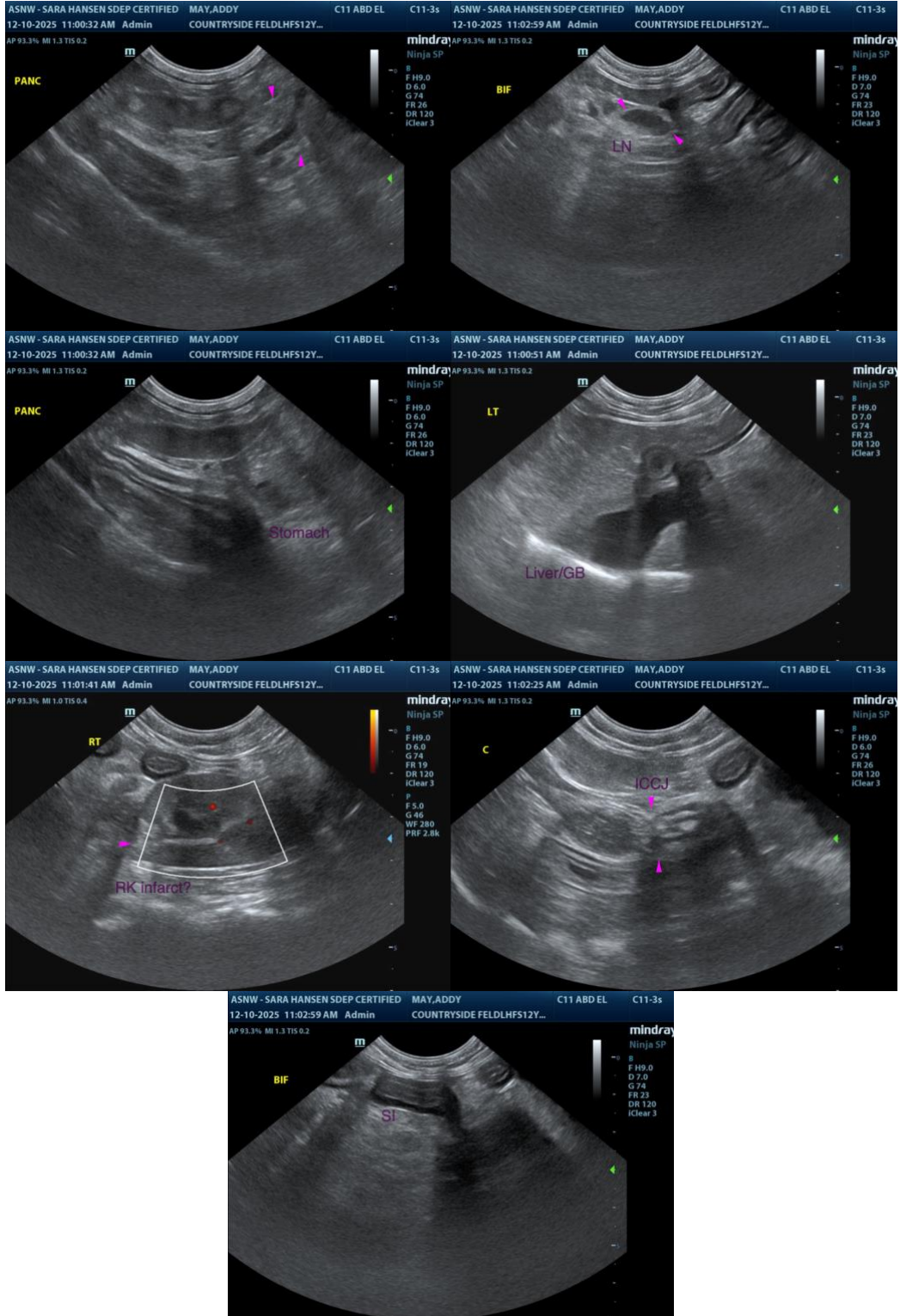
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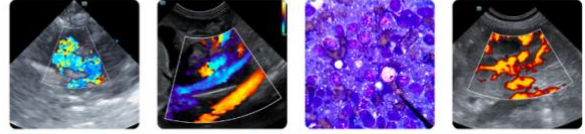
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Addy May

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.

SPECIES

Feline

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.

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info@SonoPath.com

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