



## PATIENT PRESENTING CLINICAL SIGNS

Flora Bartkowski History: Attending is concerned about intermittent V. No D reported. No wt loss. Eating and drinking well. Good energy. Leash supervision outside in summer  
 SPECIES Abnormal PE/Chem/CBC/UA Results: Unremarkable labs.

## Feline ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### BREED *Urinary System*

DMH 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 the proximal urethra, visible to a depth of 2 cm, are normal.

### SEX

Female Spayed The left kidney is normal in size (3.89 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.

### AGE

5.5

The right kidney is normal in size (3.82 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.

### WEIGHT

6.8 kg

### *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.

### INTERPRETED BY

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 Medicine)

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

### IMAGING PERFORMED BY

Dr Caroline Tan

### *Spleen*

The spleen is normal in size (0.80 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.

### HOSPITAL NAME

Silverado VH

### *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.

### REFERRING VET

Dr KD Marahar

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent, echogenic, debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

### INVOICE

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### *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 normal in thickness. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

### DATE

12-17-25

### *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.



**PATIENT**

Flora Bartkowski

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**SPECIES**

Feline

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

DMH

The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient.

**SEX**

Female Spayed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The following diagnostic/treatment recommendations can be considered:

**AGE**

5.5

**WEIGHT**

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1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. 3-4-week limited antigen or hydrolyzed protein diet trial to assess for food allergies
4. Initiation with a probiotic may also prove beneficial.
5. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
6. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs are recommended prior to anesthesia.
7. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider empirical treatment for Helicobacter gastritis, which includes a 14–21-day course of amoxicillin, metronidazole, clarithromycin and an acid blocker (i.e., omeprazole or famotidine)

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**REFERRING VET**

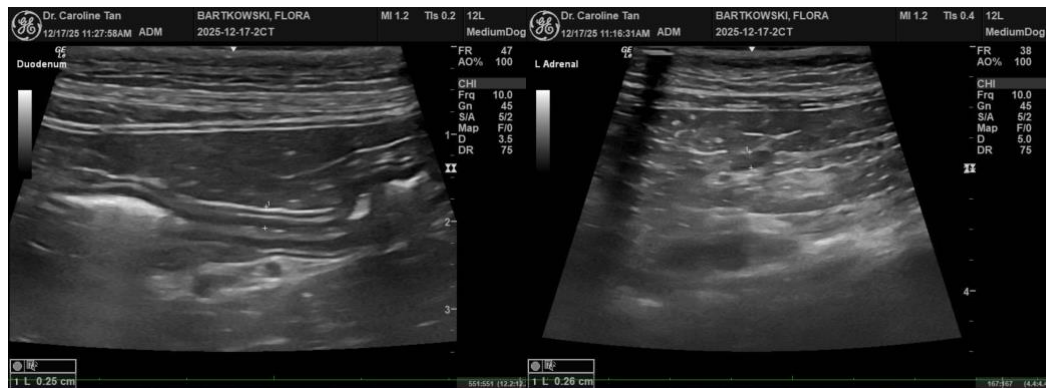
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**PATIENT**

Flora Bartkowski

**SPECIES**

Feline

**BREED**

DMH

**SEX**

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**AGE**

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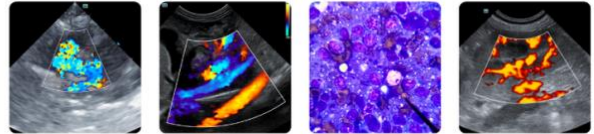
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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## SPECIES

Feline

## BREED

DMH

## SEX

Female Spayed

## AGE

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