



PATIENT PRESENTING CLINICAL SIGNS

Bacon Toal
SPECIES
 Feline

History: P originally seen 12/12/25 for decreased appetite, lethargy, and vocalizing for 4-5 days. PE and bloodwork show p is obstipated and has pancreatitis. P was hospitalized for supportive care (fluids and anti-emetics) and was de-obstipated under sedation that evening. P was eating well after procedure. P still had some hard stool, but were not able to manually remove more of it, p had several enemas (no BM), but was discharged 12/15 (abdomen not painful on palpation and eating well). P is stable at home, but still not passing BM.

BREED
 DSH

Abnormal PE/Chem/CBC/UA Results: 12/12/25 Chem 17 - Glob 5.3g/dL, Crea 2.1mg/dL (still technically WNL of reference range) - pre-renal vs actual, PancLipase 16.7 U/L CBC - WNL Electrolytes - WNL Pro-BNP - Normal

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Neutered Male
Urinary System

AGE
 14 years 11 mos

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 is normal.

WEIGHT
 14.6 lbs

The left kidney is normal in size (3.73 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild-to-moderate pyelectasia is present (0.34 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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

The right kidney is normal in size (3.72 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is a questionable cortical infarct at the caudal pole. Trace pyelectasia is present. There is no evidence of nephroliths, or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY
 Brandi Kurzowski

Adrenal Glands
 The left adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME
 Corfu VC

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

REFERRING VET
 Dr. Brooke Beatty

Spleen
 The spleen is normal in size (0.74 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.

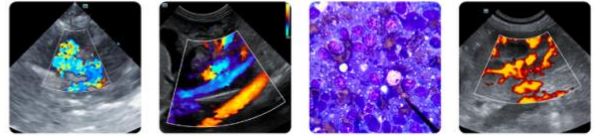
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Liver
 The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.6 x 0.8 cm multiseptated nodule is observed on the left side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

DATE
 12-18-25

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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 disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The left limb and base are prominent-in-size, with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and mottled in appearance, with ill-defined hypoechoic nodules. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are suggestive of chronic pancreatitis with parenchymal remodeling. The hyperechoic pancreatic nodules likely represent benign nodular hyperplasia, with a lower possibility of infiltrative neoplasia.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for older feline this patient.

Secondary Findings

- Bilateral nonspecific age-related renal changes with trace pyelectasia and a suspected right cortical infarct.
- The left cystic hepatic nodule is most consistent with a biliary cystadenoma or biliary cystadenocarcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued symptomatic care for constipation is recommended as needed.
- If pancreatitis flare-ups occur, supportive care should be initiated.
- Regarding the patient's creatinine level, serial monitoring of the patient's renal values is recommended to assess progression. Also consider a urinalysis to assess for isosthenuria, proteinuria, etc.



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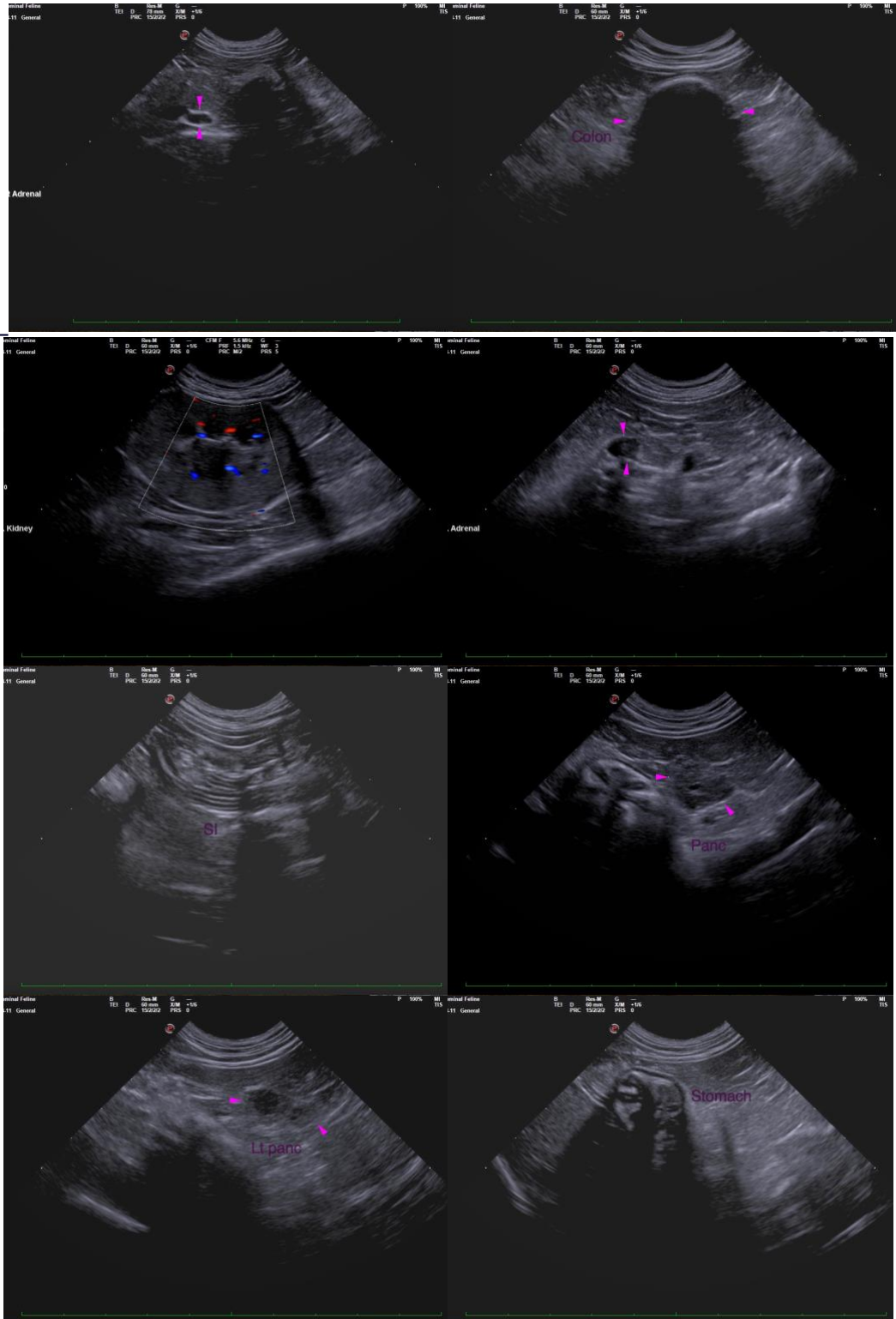
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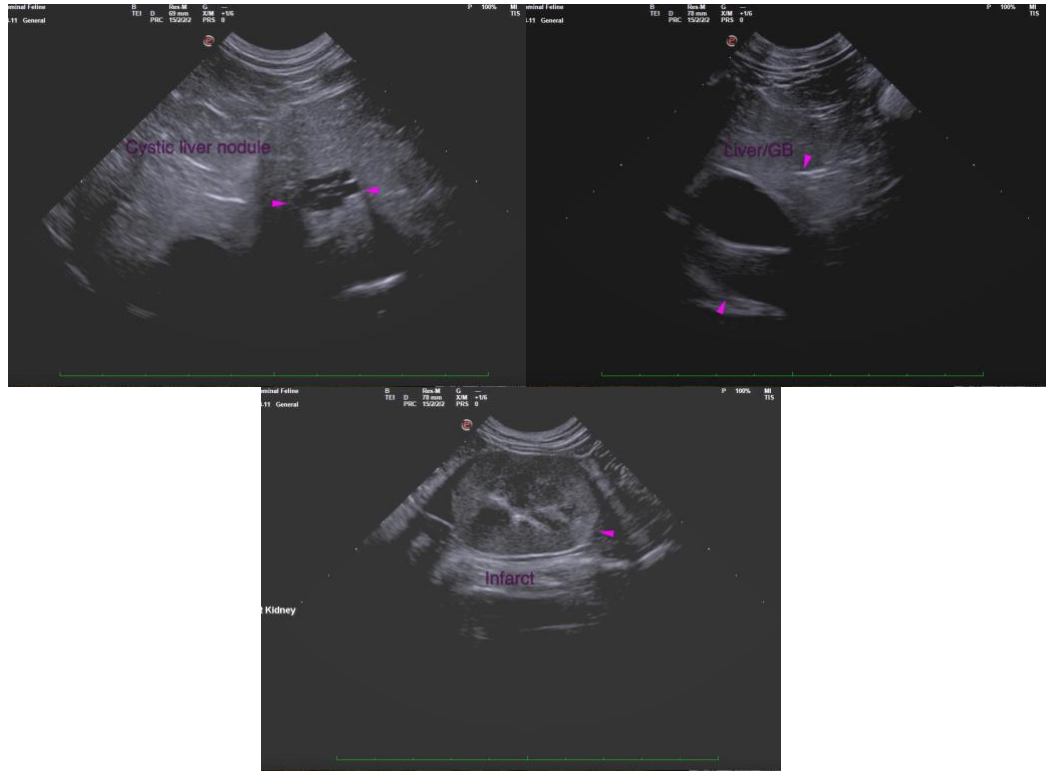
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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