



PATIENT

Bella LaFalce

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

8 Yrs.

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Readdy

INVOICE

13406

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: - New P to us for abdominal ultrasound due to weight loss, anorexia, lethargy and change in urinary habits - P is currently on Cerenia PO - No V/D/C/S, Drinking normal - No evidence of foreign body on radiographs - Very foul odor from the mouth but no dental disease Abnormal PE/Chem/CBC/UA Results: ALKP - 123 All remaining Superchem, CBC, T4 and HWT WNL

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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.11 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.64 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.70 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 slightly attenuating. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly to moderately distended. The wall is diffusely thickened (up to 0.39 cm), irregular and hyperechoic. Some echogenic debris is observed in the lumen. The cystic and common bile ducts are normal/not seen. The mesentery adjacent to the gallbladder is hyperechoic.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 diffusely thickened (up to 0.31 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio in several segments. Discreet masses are not identified. The colonic wall is normal. No obvious obstructive disease is noted.



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Pancreas

The left limb is visible/prominent with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

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 consistent with mild to moderate acute or chronic active pancreatitis with mild adjacent peritonitis.
- The gallbladder wall changes are most consistent with cholecystitis with a lower possibility of infiltrative neoplasia. Adjacent peritonitis is present.
- The hepatic parenchymal changes could be consistent with hepatic lipidosis, inflammatory disease (i.e., cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), emerging neoplasia (i.e., lymphoma) and/or other hepatopathy.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

Secondary Findings:

- Mild bilateral age-related renal changes with trace left pyelectasia.

*Given the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Concurrent empirical treatment for cholecystitis (i.e. broad-spectrum antibiotic therapy, Ursodiol) should also be initiated.
2. Regarding the small intestinal wall changes, also consider a GI panel including serum cobalamin, folate, TLI and PLI.
3. Given the change in urinary habits, a urinalysis +/- culture and sensitivity should be considered.
4. Depending on the results of the above diagnostics/therapeutics, further workup (i.e., GI and liver biopsies, aerobic and anaerobic bile cultures) may be indicated.



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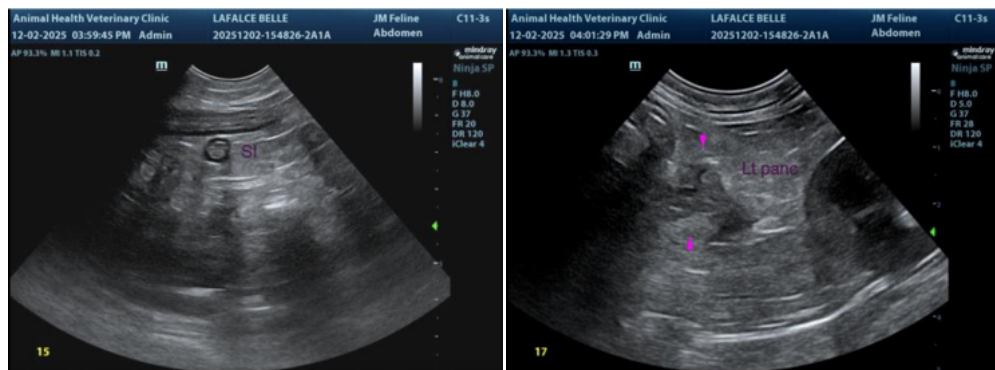
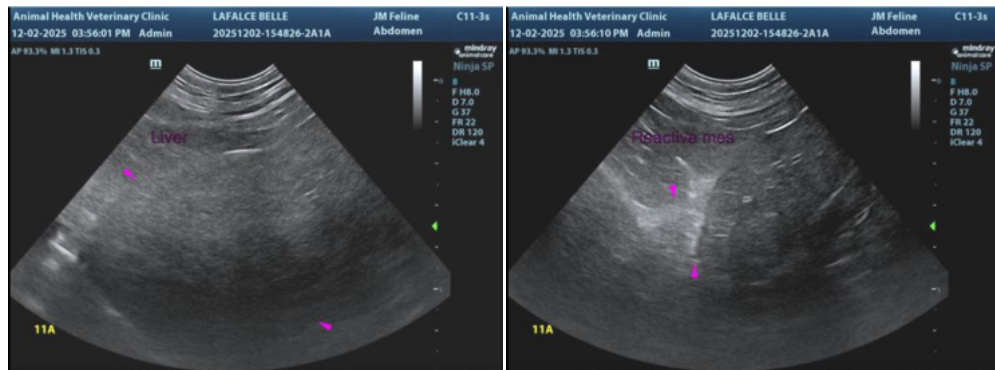
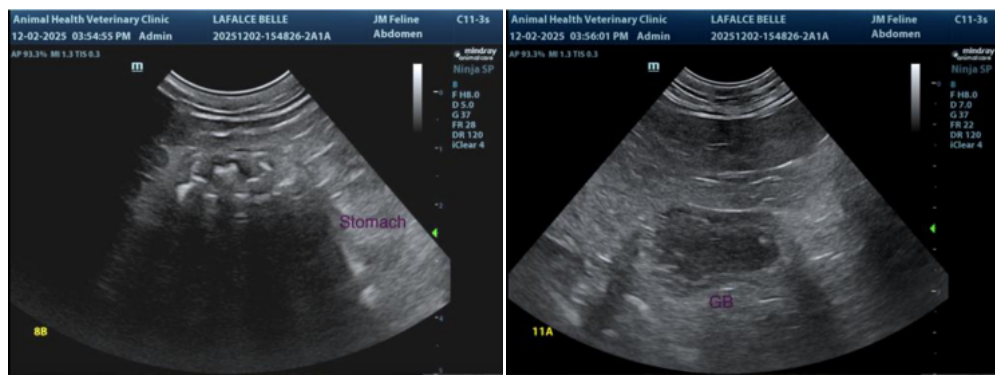
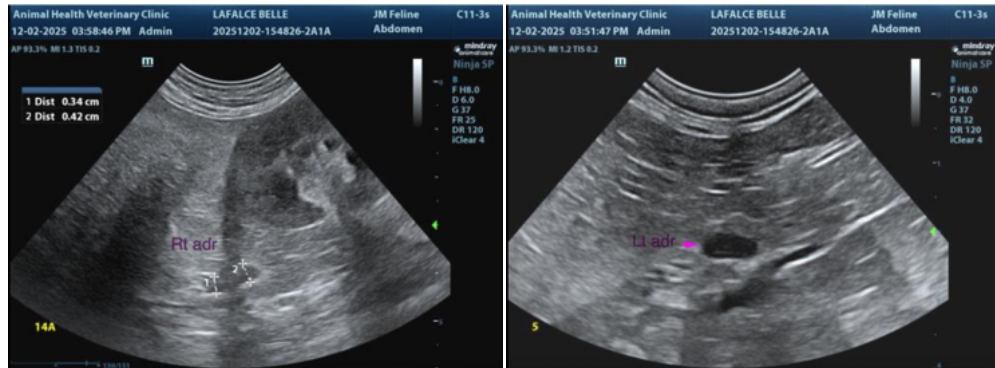
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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