

PATIENT

Lady Bird Banks

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10

WEIGHT

8.2 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS,
Cert Vet Sonog (IVUSS)

HOSPITAL NAME

Abrar Syed, DVM

REFERRING VET

Banks AH

INVOICE

22356

DATE

12-29-25

PRESENTING CLINICAL SIGNS

History: Elevated calcium 9.4, elevated Free T4 62.6, normal T4 1.9. No clinical signs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.04 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild-to-moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (3.53 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild-to-moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.24 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.79 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.

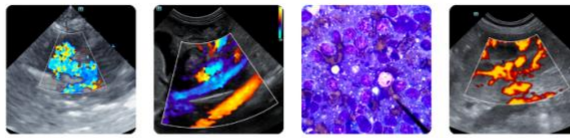
Liver

The liver is subjectively 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 lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly-to-moderately fluid-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 thickness is normal. There is disruption in the normal 1:3 muscularis:mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.



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Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.22 x 0.54 cm). Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

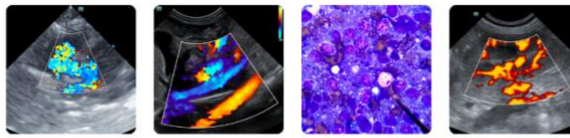
Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.
- Gastric ileus, likely functional, as there is no obvious evidence of a mechanical outflow tract obstruction
- Minor pancreatic parenchymal remodeling
- Bilateral nonspecific age-related renal changes with dystrophic mineralization
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*An obvious cause for the patient's bloodwork abnormalities is not definitively identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the calcium remains persistently elevated, consider the following:
 1. Three-view thoracic radiographs to assess for occult pathology in the chest
 2. PTH/PTHrP/ionized calcium
 3. +/- bone marrow aspirate (if indicated)
- Regarding the discordant thyroid results, consider rechecking these values in 1-2 months.



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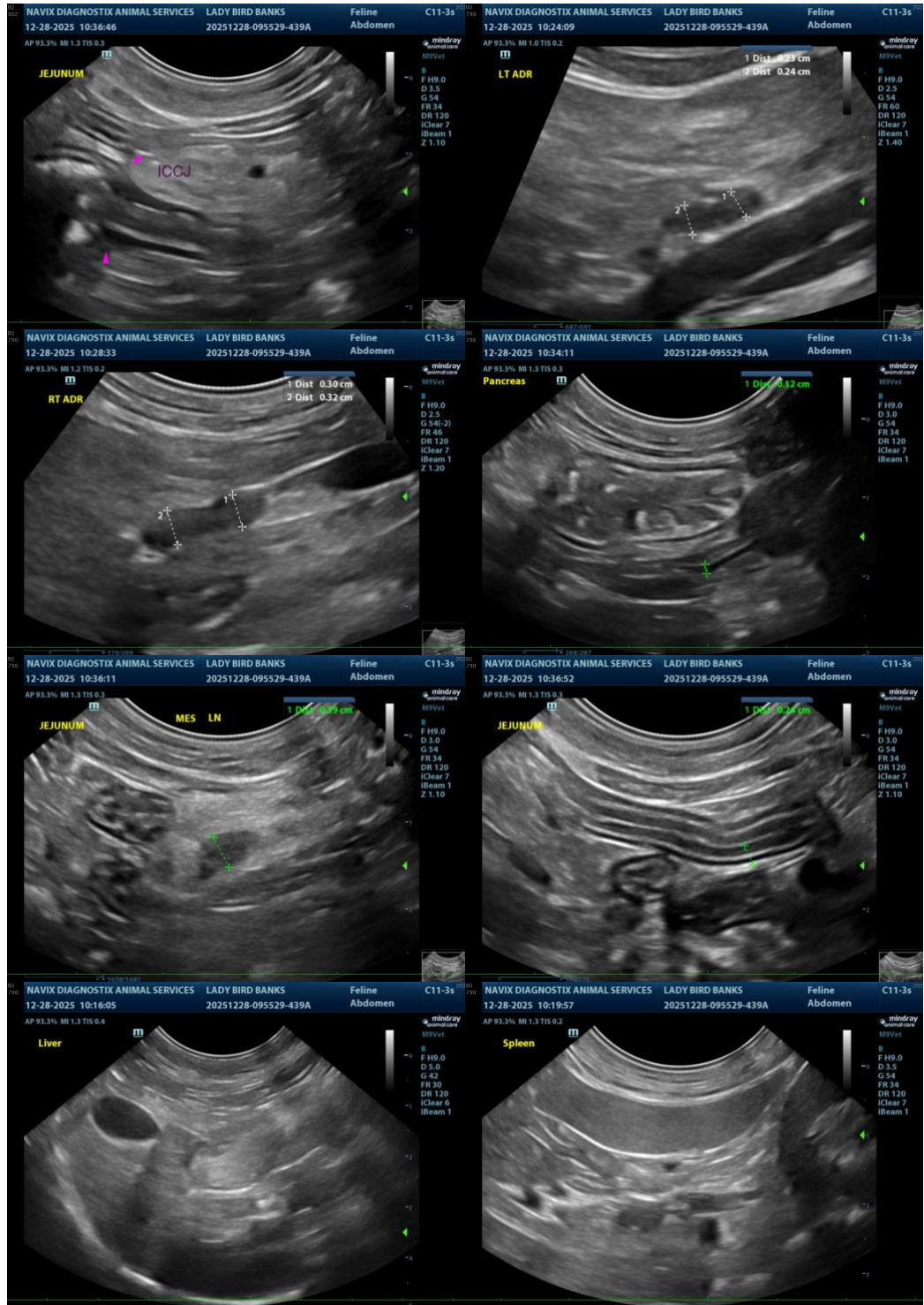
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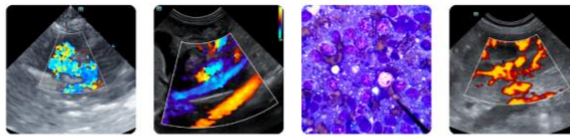
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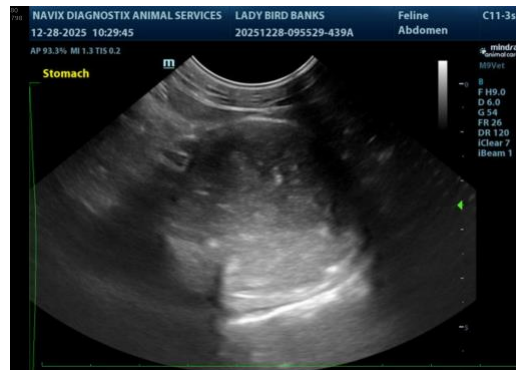
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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