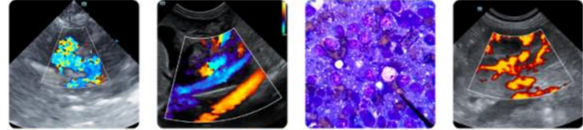
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™
www.charlestonmobile.net
info@charlestonmobile.net 800.403.5408

PATIENT
Junebug Kurczy

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
12/03/2022

WEIGHT
5.20 kg

INTERPRETED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME
PawMed VUC W Ashley

REFERRING VET
Dr. Erin Watts, DVM

INVOICE
22235

DATE
12-8-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: P presented on 12/03/2025 for hematemesis. P was seen again on the on the 6th for persistent vomiting despite supportive care. On the 7th, O reported that P vomited a string. There were NSF on PE. P went to Blue Pearl on the 7th PM for radiographs and continued supportive care where O was advised to schedule an abdominal ultrasound.

Abnormal lab-work values: CBC - wnl. Plt 32k but smear showed 225k with large clumps
Chem - wnl
Current Medications: n/a
Radiographic Findings to Keystone: 3 orthogonal images of the abdomen performed December 7, 2025.
FINDINGS: The stomach is gassy but nondistended. The small bowel are variably mildly gas dilated and overall uniform in diameter, without evidence of segmental or pathologic bowel dilation. A few of the gassy segments of small bowel have the impression of diffuse wall thickening. The colon is mildly gassy with a mild volume of heterogeneous feces.
The liver, spleen, kidneys and urinary bladder are normal in size. On the right lateral view, there is a rounded soft tissue opacity along the ventral aspect of the liver, possibly a distended gallbladder. The serosal margin detail of the abdomen is normal. The included portion of the thorax appears normal. The remaining soft tissue and skeletal structures appear

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is midlly 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.

The left kidney is normal in size (3.97 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.

The right kidney is normal in size (3.87 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen
The spleen is normal in size (0.88 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 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. The

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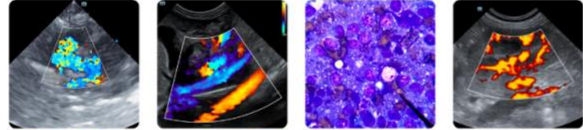

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portal vein to caudal vena cava ratio is approximately 1: 1.

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. The duodenal papilla is normal-in-size (0.32 cm in width).

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 segmentally fluid-distended (minimal-to-mild) The small intestinal wall is diffusely thickened (up to 0.38 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging small cell lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The following diagnostic/treatment recommendations can be considered:

  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)

- While awaiting test results, continued symptomatic care is recommended.

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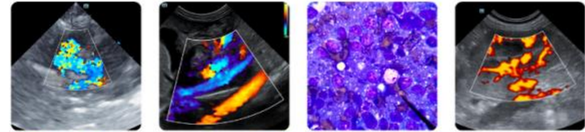

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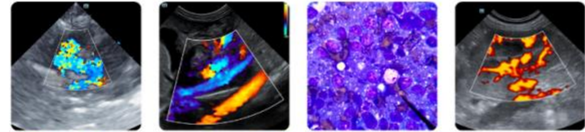

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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