



PATIENT PRESENTING CLINICAL SIGNS

Britta Snyder History: Acute onset inappetence and vomiting 2/15 with softer stool since the 2/8. Now starting to hide
PE: Tense and uncomfortable on abdominal palpation; otherwise, unremarkable

SPECIES

Feline

Labs: CBC: Neutrophils 1.69 (L) Eosinophils 0.12 (L) Platelets 26 (L) Plateletcrit 0.04 (L)
In-Vue: Immature Neutrophils 5.8% Neutrophils 3.51 (n) Immature Neutrophils 0.31 Lymphocytes 0.89 (L)
Eosinophils 0.12 (L) Platelet Estimate >150 (adequate). Chem: NSF. Pancreatic lipase: 2.3 N. EPOC: lactate 3.91 H

BREED

DLH

Rads 6pm: 1. Poss corrugation of small intestines in the right cranial abdomen, with 1-2 loops containing a small amount of heterogenous soft tissue and gas opacity material. currently no definitive evidence of a complete mechanical obstruction mild or early intestinal plications not excluded. changes may be secondary transiting linear foreign material, developing linear foreign body obstruction or GI

SEX

Female Spayed

5am Repeat rads: The stomach is relatively empty. There is persistent heterogenous material within a small intestinal loop in the mid to caudal abdomen, ventrally. in a very similar location to the previous rads, persistent partially obstructive foreign material is more likely. mild bunching of intestine region meaning that this foreign material could have element of a linear component.

AGE

4.5

WEIGHT

5.05 kg

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

INTERPRETED BY

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

The left kidney is normal in size (4.08 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Lindsay Powell, CVT

The right 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 mild loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Hershey AEC

Adrenal Glands

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Brittany Lang

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

INVOICE

22562

Spleen

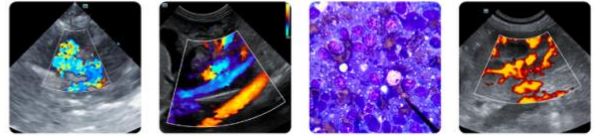
The spleen is normal in size (0.90 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

DATE

2-16-26

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



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

Britta Snyder The gallbladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.24 cm in width).

SPECIES

Feline

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally 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 colonic lumen contains some liquid-appearing fecal material. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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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.

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Lymph Nodes

Two-to-three prominent mesenteric lymph nodes are visualized (one measuring 0.89 x 0.42 cm).

WEIGHT

5.05 kg

Free Abdomen

There is no obvious evidence of free fluid.

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(Small Animal Internal
Medicine)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease, with a lower possibility of emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

IMAGING PERFORMED BY

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Secondary Findings

HOSPITAL NAME

Hershey AEC

- Bilateral nonspecific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Brittany Lang

- A fecal evaluation for ova and Giardia is recommended.
- Consider a GI panel including serum cobalamin and folate, TLI and PLI.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.
- In the meantime, symptomatic care is recommended.
- When the patient is eating again, consider transitioning to a limited antigen or hydrolyzed protein diet, particularly if the patient has a prior history of GI signs.

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HOSPITAL NAME

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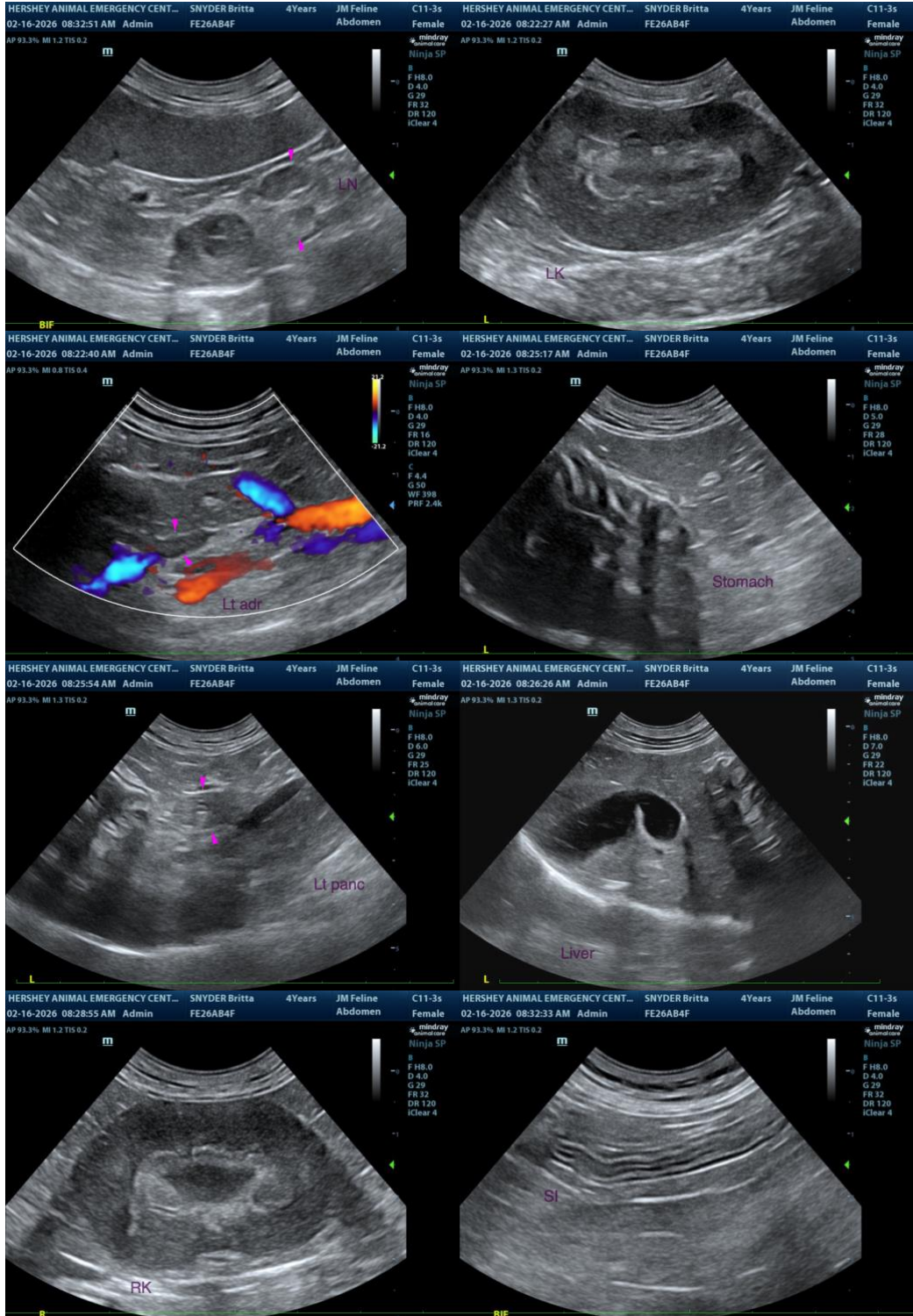
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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