



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Minnie Sobczak  
History: On atenolol 25 mg 1/4 sid for HCM - doing well per last exam/echo 12/22, chest rads NSF o weighs at home - notes 2-lb weight loss o notes P seems hungry/goes up to food/turns nose up started Mirtazapine transdermal No vomiting or diarrhea.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: CBC/chem/T4 - clumped/low platelets otherwise nsf UA - 1.047 1+ protein, neg sediment.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**SEX**

Spayed Female

The left kidney is normal in size (3.19 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. A few small cortical cysts are seen (the largest measuring 0.77 cm in diameter). Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

10 years

The right kidney is normal in size (4.05 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. Renal vasculature is normal.

**WEIGHT**

10.3 lbs

**Adrenal Glands**

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

**INTERPRETED BY**

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

The right adrenal gland is normal size (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Dr. Sheldon

**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.

**HOSPITAL NAME**

Advanced PetCare of  
Oakland

**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. No pathological hepatic lymphadenopathy observed.

**REFERRING VET**

Dr. Sheldon

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

**INVOICE**

12276

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to moderately distended with soft, shadowing material. 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 with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in a few

**DATE**

2.23.23



**PATIENT**

Minnie Sobczak

segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**SPECIES**

Feline

**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.

**BREED**

DSH

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**SEX**

Spayed Female

**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.
- The ingesta within the gastric lumen could be consistent with foreign material (i.e., hairball) and/or normal ingesta. A trichobezoar is suspected.

**AGE**

10 years

**Secondary Findings**

- Bilateral chronic age-related renal changes with dystrophic mineralization

**WEIGHT**

10.3 lbs

\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include maldigestion/malabsorption, occult neoplasia, other.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI, as well as a fecal evaluation for ova and Giardia.
- Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

**IMAGING PERFORMED BY**

Dr. Sheldon

**HOSPITAL NAME**

Advanced PetCare of  
Oakland

**REFERRING VET**

Dr. Sheldon

**INVOICE**

12276

**DATE**

2.23.23



**PATIENT**

Minnie Sobczak

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

10.3 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sheldon

**HOSPITAL NAME**

Advanced PetCare of  
Oakland

**REFERRING VET**

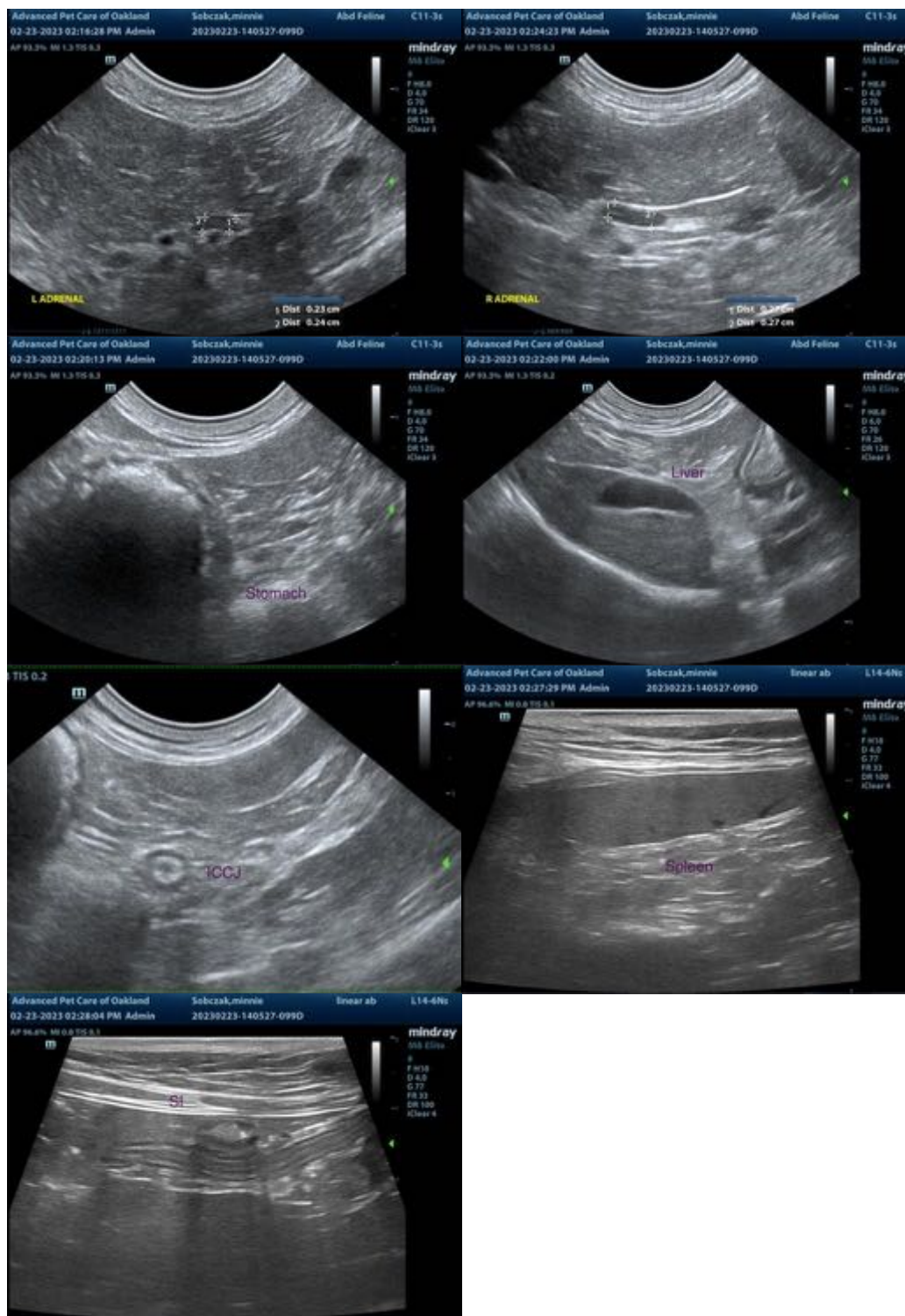
Dr. Sheldon

**INVOICE**

12276

**DATE**

2.23.23



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.



**PATIENT**

Minnie Sobczak

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

10.3 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sheldon

**HOSPITAL NAME**

Advanced PetCare of  
Oakland

**REFERRING VET**

Dr. Sheldon

**INVOICE**

12276

**DATE**

2.23.23