



PATIENT PRESENTING CLINICAL SIGNS

Lumiere Brown History: 3.5 week history of off and on vomiting. Maropitant was started 1-29-26 and there was only one episode of vomiting since then. That episode produced a large hairball.

SPECIES Appetite and water intake was increased
Yesterday Lumiere stopped eating

Feline

BREED

Persian Mix

Abnormal PE/Chem/CBC/UA Results: Bloodwork from 1-29-26: Hemoglobin 10.2 (10.6-16.7) Reticulocyte hemoglobin 13.3 (14.4-19.3) Monocyte 0.76 (0.042-0.467) TCO2 (Bicarbonate) 24 (12-22) AST 14 (16-67) Creatinine Kinase 63 (64-440) T4, fPL, proBNP, electrolytes, blood glucose, kidney values - all within normal limits

SEX

Neutered Male

AGE

13 years 3 mos

WEIGHT

11.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Samantha L Hudgins DVM

HOSPITAL NAME

Petvacx AH

REFERRING VET

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INVOICE

22513

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2-5-26

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 moderate 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 (4.10 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. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.32 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.59 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 peripheral contours. The parenchyma is isoechoic relative to the spleen. An approximately 1.0 cm hyperechoic nodule is observed adjacent to the diaphragm. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

Gastrointestinal

The gastric lumen is severely fluid-distended and hypomotile. Echogenic debris is suspended within the lumen, along with some shadowing material. Several small intestinal segments are moderately fluid-



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distended. Other small intestinal segments are empty. A small amount of shadowing material is observed in at least one bowel segment. In one focal area of small intestine, the wall is moderately to severely thickened (up to 0.52 cm) with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. In the remaining segments, there is disruption in the normal 1:3 muscularis: mucosal ratio.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastrointestinal obstructive pattern. Considerations include mechanical obstruction and functional ileus. The shadowing material observed within the stomach and in at least one bowel segment could be consistent with foreign material (i.e., hair, other).
- The focal thickening of small intestine is concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) with a lower possibility of an inflammatory process. Adjacent peritonitis is present.

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The hyperechoic hepatic nodule could be consistent with a myelolipoma, lipogranuloma, inflammatory focus, or less likely, emerging neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to assess for and remove any foreign material. GI biopsies should also be obtained, with particularly attention to any segments that appear neoplastic. Three-view thoracic radiographs are recommended prior to anesthesia.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI.



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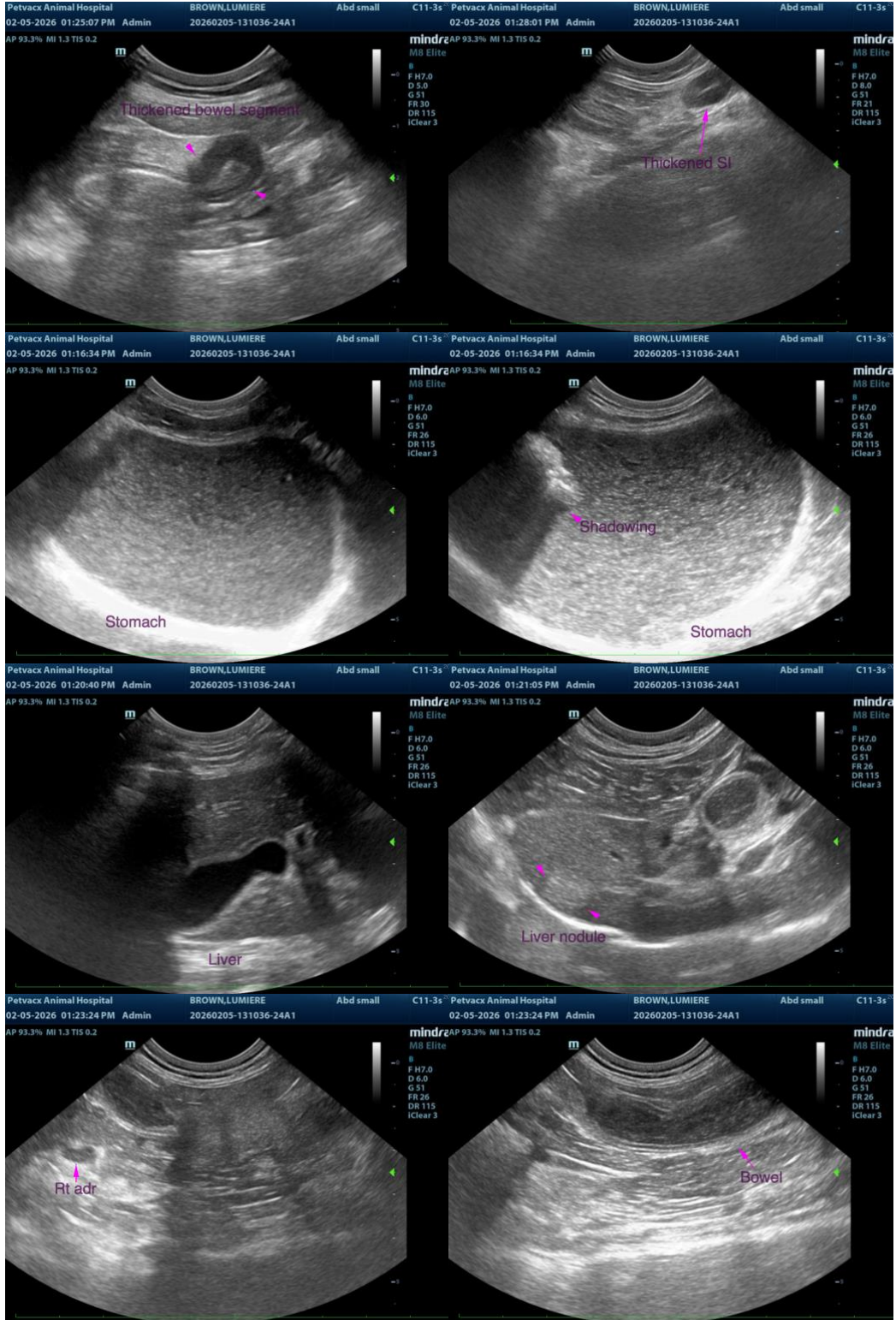
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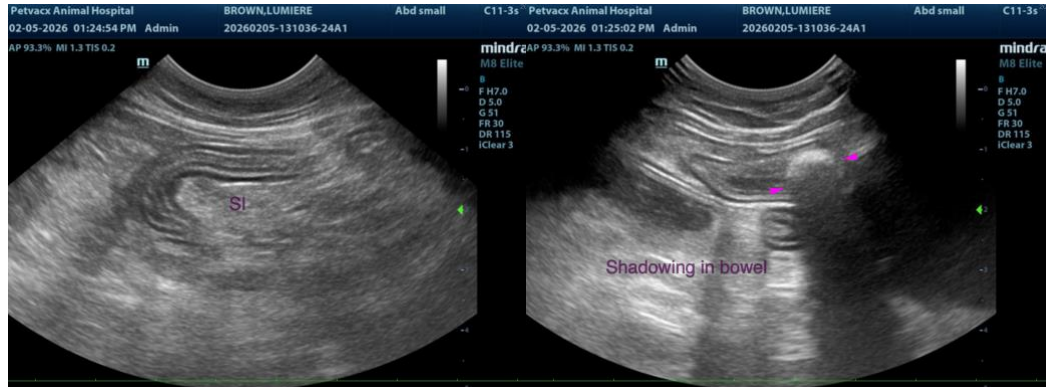
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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