

PATIENT PRESENTING CLINICAL SIGNS

Lionel Lucia
SPECIES History: patient presented yesterday, 2/5/26 for vomiting and anorexia. No known FB ingestion. P is very fearful and was treated as outpatient with Cerenia and SQ fluids. P came back today for no improvement- hospitalized for supportive care. Radiograph yesterday - Large amount of gas in colon and SI -no appreciable FB or obstructive pattern

Feline

Abnormal PE/Chem/CBC/UA Results: 2/5/26 CBC- HCT 56.2%, HGB 17.6 g/dL, lymph 0.76 k/uL, eos 0.04 k/uL, PLT 108 k/uL Chem/lytes- Phos 4.4 mg/dL Pancreatic lipase- normal (1.5 U/L)

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered Male

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

AGE

1.5

The left kidney is borderline small-in-size (3.09 cm in length) with a normal shape, architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

6.9 lbs

The right kidney is normal in size (3.30 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

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

Spleen

The spleen is normal in size (0.77 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.

IMAGING PERFORMED BY

Brandi Kurzowski

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.

HOSPITAL NAME

Corfu VC

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

REFERRING VET

Dr. Brooke Beatty

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

DATE

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.

2-6-26



PATIENT *Lymph Nodes*

A few prominent mesenteric lymph nodes are visualized (one measuring 1.05 x 0.54 cm).

Lionel Lucia

Free Abdomen

There is no obvious evidence of free fluid.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

DSH

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include, dietary indiscretion, toxicity, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, other.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Supportive care for gastroenteritis is recommended. If clinical signs persist despite medical management, further GI work-up (i.e., fecal evaluation, GI panel, +/- GI biopsies) may be warranted.

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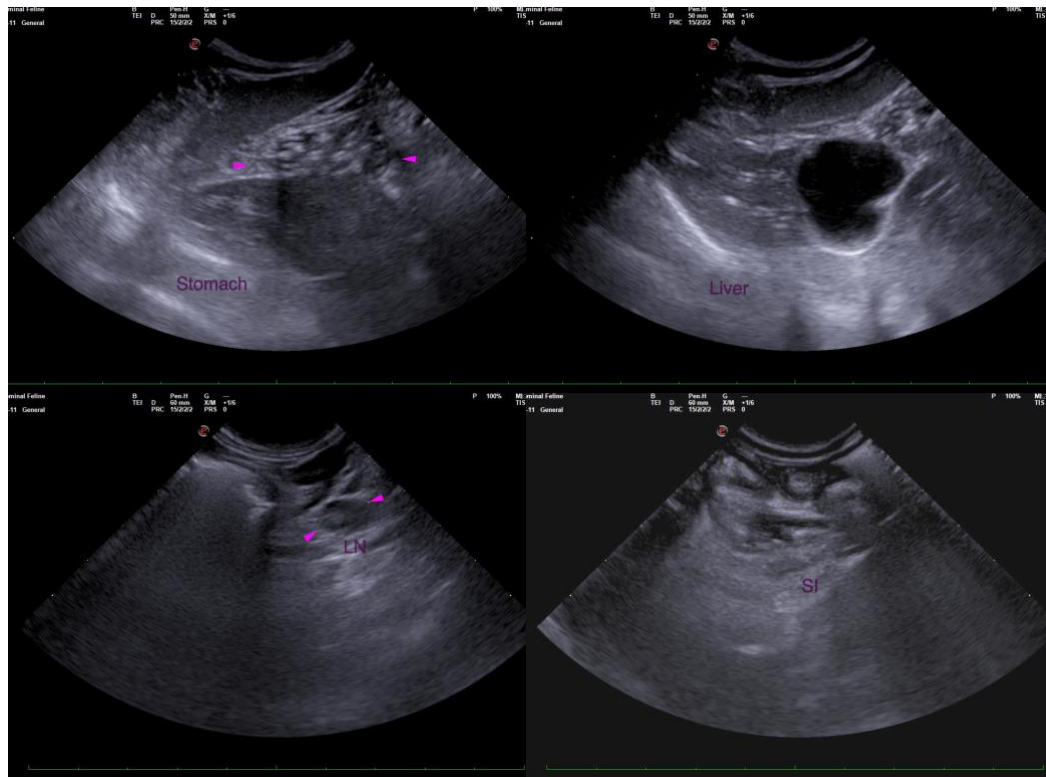
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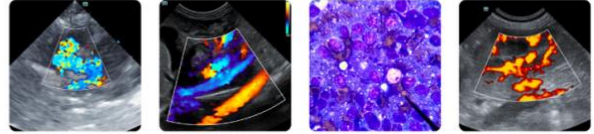
DATE

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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.



PATIENT

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