



PATIENT PRESENTING CLINICAL SIGNS

- Rudy Stevens
- Acute onset hyporexia Sunday 3/8
 - Some vomiting
- SPECIES**
- Patient has history of constipation and has been on Miralax
 - 1 lb weight loss since October 2025

Feline

BREED

DSH

SEX

Neutered Male

AGE

9

WEIGHT

9.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Gudrun Gunther

INVOICE

22671

DATE

3-11-26

Abnormal PE/Chem/CBC/UA Results: Abdominal x-ray = no evidence of constipation, small amount of feces in descending colon CBC - WNL CHEM: Mild elevation ALT 164 (normal 12-130) mild elevation ALP 135 (normal 14-111) Elevated GGT 10 (normal 0-4) Tbili normal Cholesterol mildly elevated 261 (65-225) Pancreatic Lipase - normal

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 aggregated, echogenic, suspended debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.90 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.91 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.25cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.76 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 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder 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.

Gastrointestinal

The gastric lumen is mildly fluid-distended. Echogenic material is observed within the fluid. The gastric wall is mildly-thickened (up to 0.45 cm) and hyperechoic, with retention of the normal layering pattern. The



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mesentery effacing the serosal surface of the stomach is hyperechoic. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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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

A few prominent mesenteric lymph nodes are visualized (one measuring 0.65 x 0.34 cm). Surrounding mesentery is mildly hyperechoic.

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Neutered Male

Free Abdomen

The mesentery adjacent to the stomach is hyperechoic. There is no obvious evidence of free fluid.

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric wall changes are most consistent with gastritis, with a lower possibility of emerging neoplasia. Mild adjacent peritonitis is present.

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Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Minor bilateral age-related renal changes
- Urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history, consider the following:

1. Pre- and postprandial serum bile acids
2. +/- hepatic tissue sampling (i.e., aspirates or biopsies) assuming normal clotting status. Aerobic and anaerobic bile cultures would also be beneficial.
3. GI panel including serum cobalamin and folate, TLI and PLI
4. Fecal evaluation for ova and Giardia
5. While awaiting test results, supportive care for gastritis is recommended. If clinical signs persist despite medical management, endoscopic or surgical GI biopsies may also be indicated.

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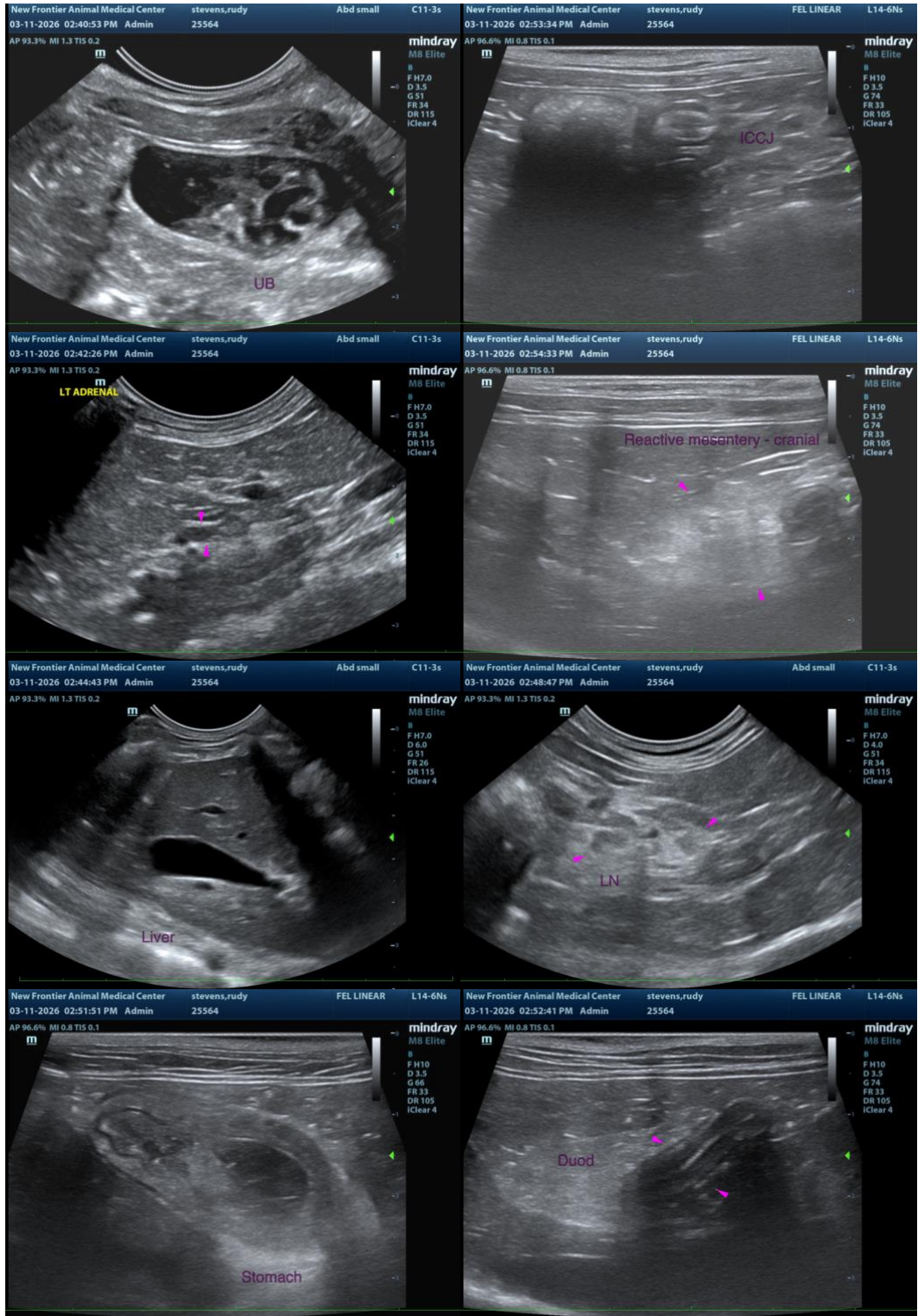
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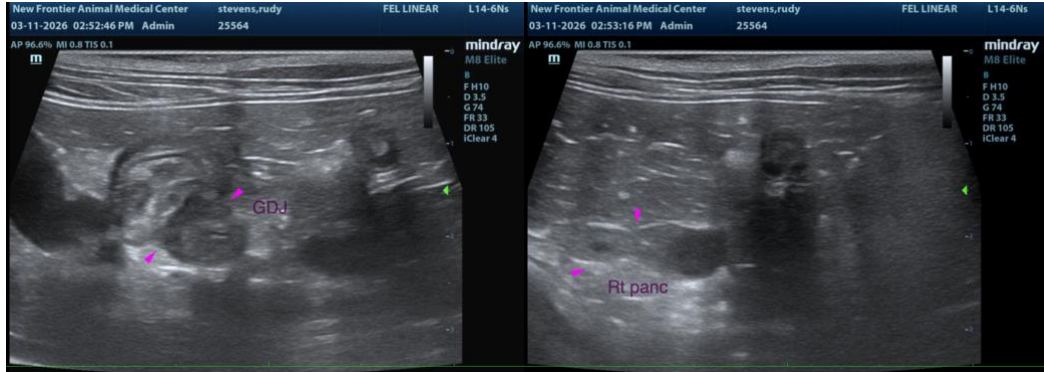
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com