



## PATIENT

Astro Proschko

## SPECIES

Feline

## BREED

Domestic shorthair

## SEX

Male, neutered

## AGE

15 Yrs.

## WEIGHT

4 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Lara

## HOSPITAL NAME

Allure VH & UC

## REFERRING VET

Dr. Lara

## INVOICE

13631

## DATE

3/24/26

## PRESENTING CLINICAL SIGNS

Patient presented with a history of intermittent vomiting for approximately 1 week. The vomitus is described as smelling like fecal matter. Increased to 4 times today. Constipation was noted to have started this morning.

**Abnormal PE/Chem/CBC/UA Results:** Patient had pale mucous membranes, painful abdomen, obvious hard fecal matter felt on palpation, prolonged skin tenting. 3/24 CBC Hematocrit 24.2 (30.3 - 52.3 %) L Hemoglobin 8.3 (9.8 - 16.2 g/dL) L MCV 32.2 (35.9 - 53.1 fL) L MCH 11.0 (11.8 - 17.3 pg) L RDW 30.6 (15.0 - 27.0 %) H Reticulocytes 59.4 (3.0 - 50.0 K/ $\mu$ L) WBC 69.86 (2.87 - 17.02 K/ $\mu$ L) Neutrophils \*65.17 (2.30 - 10.29 K/ $\mu$ L) Monocytes \*0.72 (0.05 - 0.67 K/ $\mu$ L) H Eosinophils 0.03 (0.17 - 1.57 K/ $\mu$ L) Chem Glucose 170 (71 - 159 mg/dL) H GGT 6 (0 - 4 U/L) H Catalyst Pancreatic Lipase 5.6 (0.0 - 4.4 U/L)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is normal in thickness and 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 is normal.

The left kidney is normal in size (4.17 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic to hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.25 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic to hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### Adrenal Glands

In the available video clips, the adrenal glands are not definitively visualized.

### Spleen

The spleen is normal in size (0.75 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A >4 cm segment of bowel (which may represent small or large intestine) is thickened (up to 0.85 cm) and irregular with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is mildly hyperechoic. Some soft shadowing material is observed within the lumen in a portion of this segment. In the identified segments



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of small intestine, the wall is normal in thickness with disruption in the normal 1:3 muscularis: mucosal ratio.

### **Pancreas**

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

### **Lymph nodes**

A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 1.00 x 0.30 cm.

### **Free Abdomen**

There is no obvious evidence of free fluid.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- Segmental bowel wall thickening. Neoplasia (i.e., lymphoma, adenocarcinoma) is of top concern, however a focal inflammatory process cannot be excluded. Mild adjacent peritonitis is present. The regional lymphadenopathy could be consistent with emerging neoplasia or reactive change.

### Secondary Findings:

- Bilateral nonspecific, age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the thickened bowel segment (assuming normal clotting status). A 25 gauge needle should be used. If cytology results are inconclusive, an abdominal exploratory with biopsies of the thickened bowel segment or resection and anastomosis of this region may be indicated. If pursued, consultation with a board-certified surgeon is recommended.



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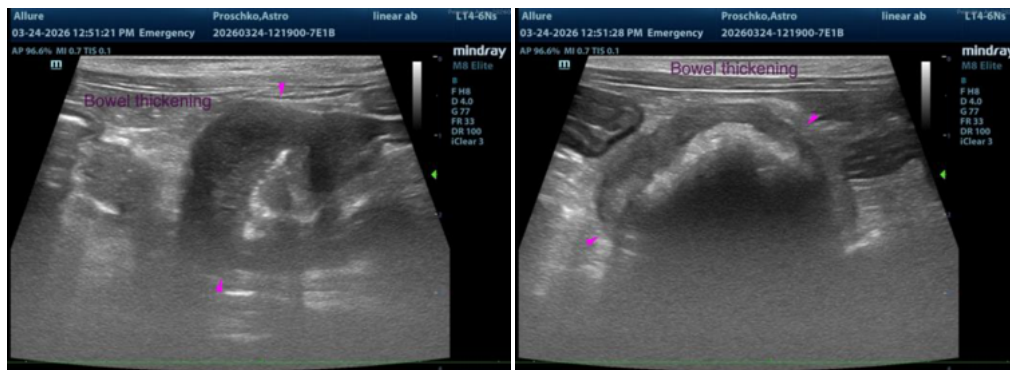
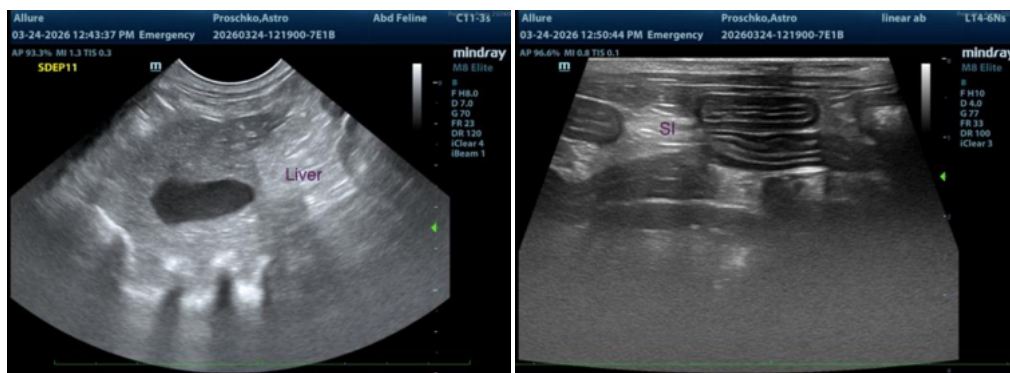
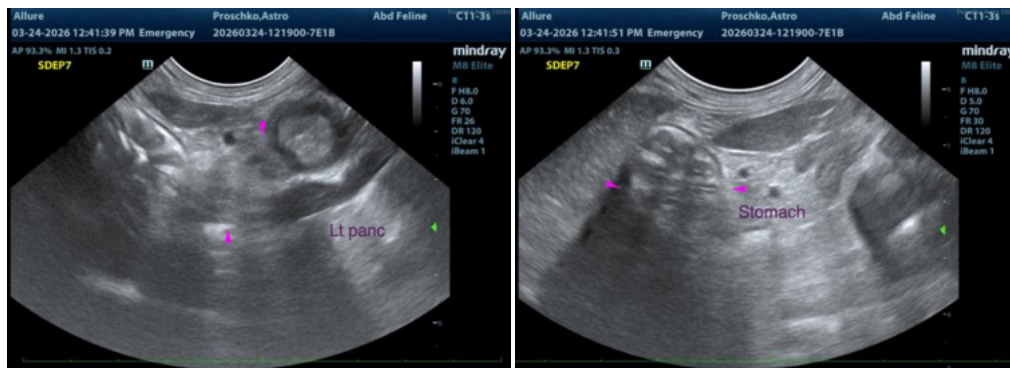
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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