



## PATIENT

Taz Bartholomew

## SPECIES

Feline

## BREED

Domestic shorthair

## SEX

Male, neutered

## AGE

15 Yrs.

## WEIGHT

12.7 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway

## REFERRING VET

Dr. Maniar

## INVOICE

13633

## DATE

3/24/26

## PRESENTING CLINICAL SIGNS

History: Hx of diabetes, not acting right, lethargy

Abnormal PE/Chem/CBC/UA Results: Lipase 11.6

## 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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.46 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.49 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is normal size (0.45 cm 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 (0.94 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

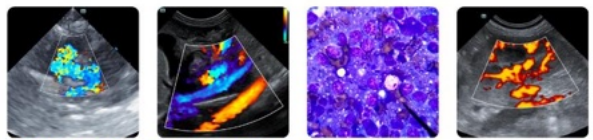
The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal.

### Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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. The small intestinal lumen is not dilated. The small intestinal wall is normal to moderately thickened (up to 0.36 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio or greater in some segments. Discrete masses are not identified. The colonic wall is normal. No obvious obstructive disease is noted.

### Pancreas



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The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is heterogeneous in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface of the left limb is mildly hyperechoic.

### Lymph nodes

The abdominal lymph nodes are normal/not visible.

### Free Abdomen

Trace free fluid is observed.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

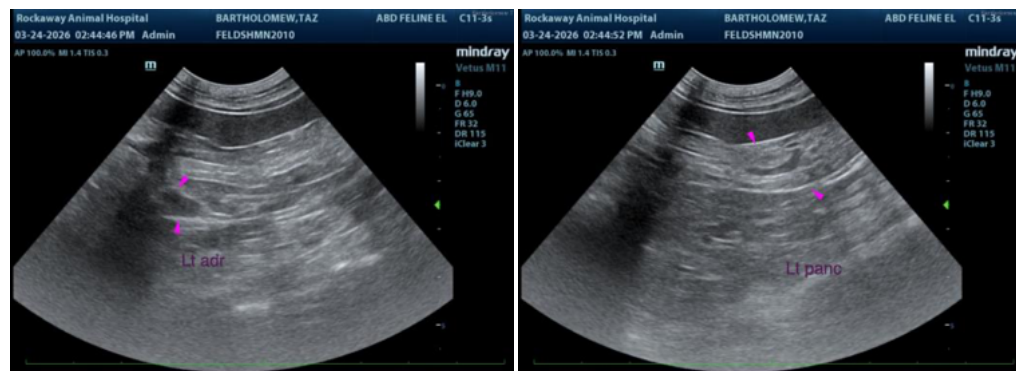
- The pancreatic changes are suggestive of mild acute or chronic active pancreatitis with parenchymal remodeling +/- fibrosis.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

### Secondary Findings:

- Bilateral nonspecific, age-related renal changes
- The hepatic changes are most consistent with a diabetic hepatopathy. However, other hepatopathies (i.e., hepatic lipidosis, inflammatory disease, emerging neoplasia cannot be completely excluded.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a GI panel including serum cobalamin, folate, TLI and PLI.
- Other considerations include the following:
  1. Urinalysis with culture and sensitivity
  2. Three-view thoracic radiographs to assess cardiopulmonary status
  3. T4/free T4 by equilibrium dialysis if not already performed
- While awaiting test results, symptomatic care is recommended.





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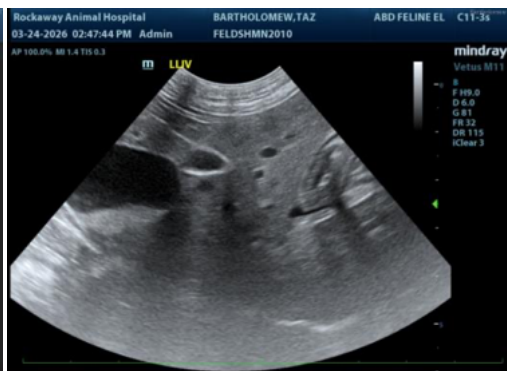
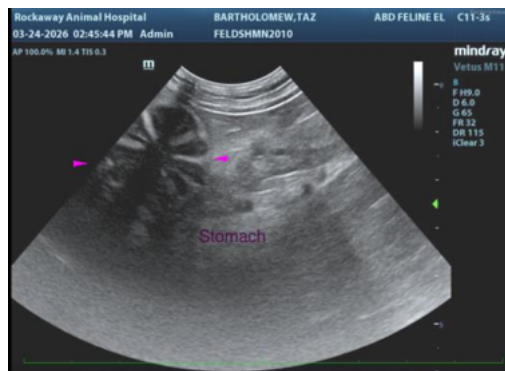
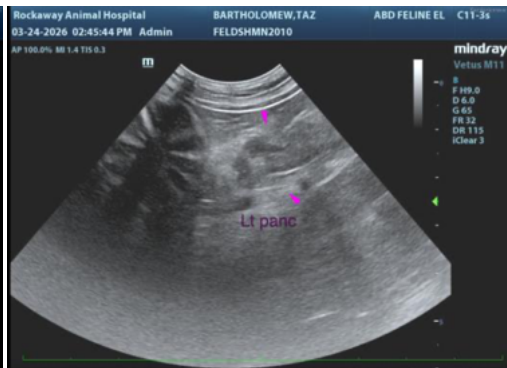
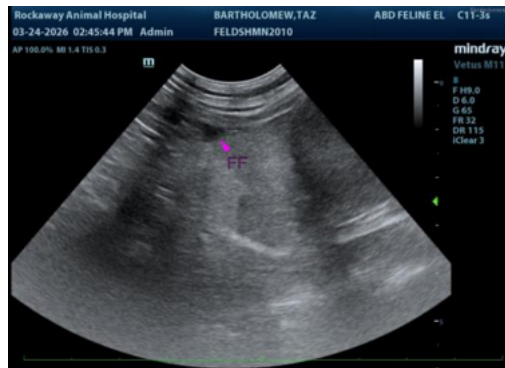
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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