



PATIENT PRESENTING CLINICAL SIGNS

- Jack Wilner
- Weight loss, lethargy, hyporexia
 - BCS 4/9, paraspinal muscle wasting, chronic dental disease 3/FORL
- SPECIES**
- On Miratax transdermal daily

Feline Abnormal PE/Chem/CBC/UA Results: WBC 22,800, PMNs 18,012, Mono 912, Eos 1368, glob 5.6 Fecal pending

BREED

DSH

SEX

Neutered Male

AGE

13

WEIGHT

8

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley
Vet Associates

REFERRING VET

Troy Hexter

INVOICE

22728

DATE

3-25-26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. A small 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 (3.60 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis.

The right kidney is normal in size (4.16 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.

Adrenal Glands

The left adrenal gland is normal size (0.34 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 (0.84 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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. 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 mildly distended with ingesta. 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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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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 1.04 x 0.53 cm sublumbar lymph node is visualized. One- to two prominent periportal lymph nodes are also seen (one measuring 1.3 x 0.47 cm). A few prominent mesenteric lymph nodes are also visualized (one measuring 1.37 x 0.46 cm).

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease, emerging neoplasia, dental disease, or may be a normal variant for this patient. Correlation with the patient's long-term clinical history is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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.

*An obvious cause for the patient's weight loss and hyporexia is not definitively identified in this study. Broad considerations include maldigestion/malabsorption, dental disease, occult neoplasia, infectious/parasitic disease, underlying metabolic issue, orthopedic or neurologic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Orthopedic and neurologic examinations are recommended
- Three-view thoracic radiographs should be considered to evaluate for occult pathology in the chest.
- A fecal evaluation for ova and Giardia as well as a GI panel including serum cobalamin and folate, TLI and PLI, are also recommended.
- Depending on the results of the above diagnostics, further work-up may be indicated.



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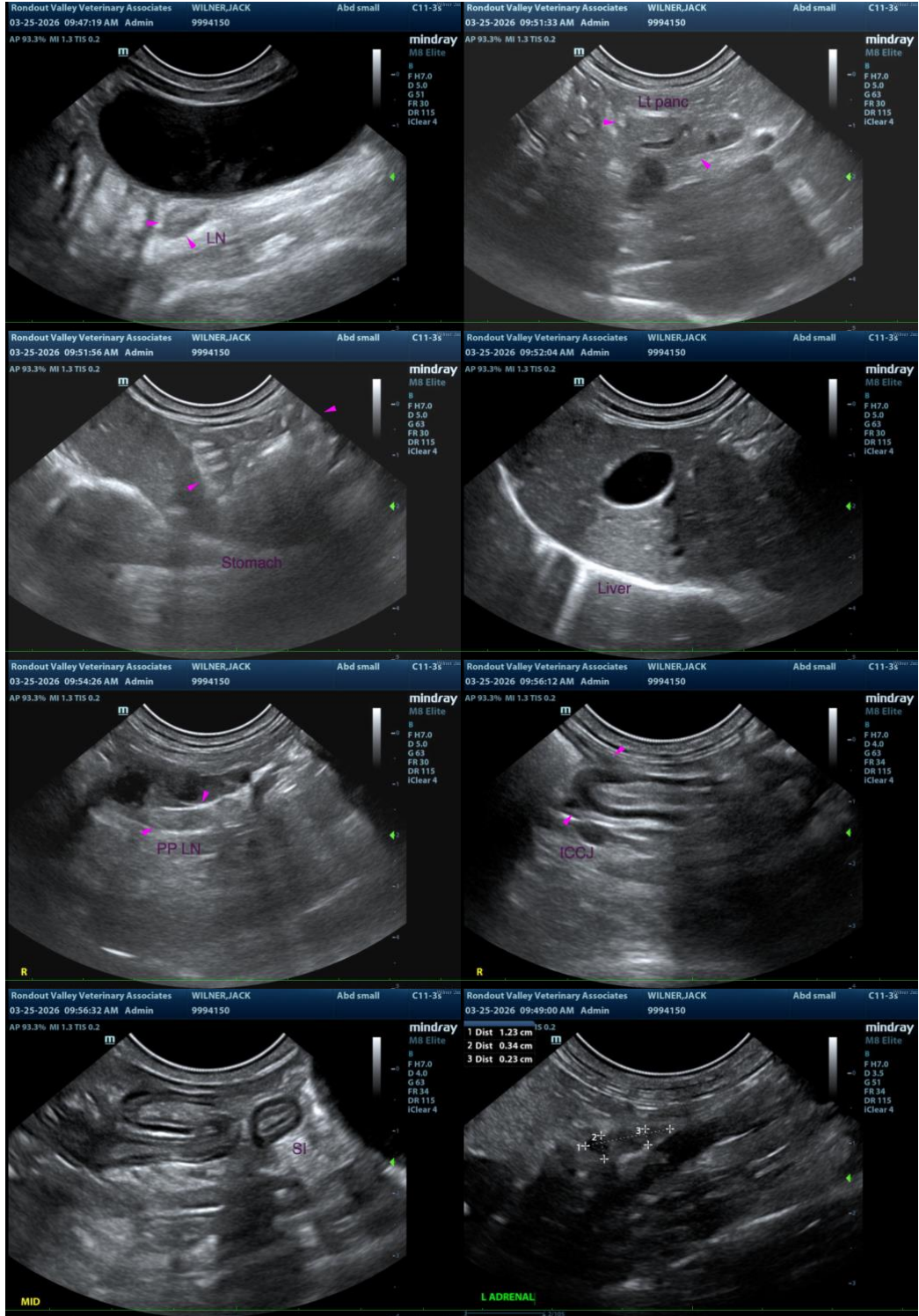
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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

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