



PATIENT PRESENTING CLINICAL SIGNS

Buffy Strand History: P presents for evaluation of mild weight loss prior to COHAT. History of jejunal mast cell tumor from 2020.

SPECIES Abnormal PE/Chem/CBC/UA Results: Senior labs pending

Feline ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DLH The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small- to moderate 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.

SEX

Female Spayed The left kidney is subjectively normal-in-size, with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic 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.

AGE

15

The right kidney is normal in size (3.76 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic 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.

WEIGHT

10.8 lbs

Adrenal Glands

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

INTERPRETED BY

Spleen

The spleen is normal in size (0.87 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 gallbladder 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. 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 colonic wall is normal. There is no evidence of an obstructive pattern. (See also "Other" category).

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus PH

REFERRING VET

Laura Bukowski

INVOICE

22761

DATE

3-29-26



PATIENT

Buffy Strand

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

SPECIES

Feline

Other

In one video clip, a 1.31 x 0.53 cm hypoechoic area is observed in the midabdominal region either adjacent to or arising from the small intestine.

BREED

DLH

- The significance of the hypoechoic area observed in the midabdominal region is unclear. It may represent an imaging artifact, or it may be a lesion within the small intestinal wall or adjacent to the small intestine.

SEX

Female Spayed

- Bilateral nonspecific age-related renal changes
- The urinary bladder could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets.

AGE

15

*An obvious cause for the patient's weight loss is not definitively identified in this study. Considerations include sarcopenia, orthopedic or neurologic disease, maldigestion/malabsorption, occult neoplasia, underlying metabolic issue, other.

WEIGHT

10.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the one video clip of a hypoechoic area in the region of the small intestine, consider obtaining additional video clips of this region or performing an abdominal CT scan, particularly in light of the patient's history of jejunal mast cell disease.
- Other diagnostic considerations include the following:
 1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
 2. Orthopedic and neurologic disease examination
 3. Fecal evaluation for ova and Giardia
 4. GI panel including serum cobalamin and folate, TLI and PLI

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus PH

REFERRING VET

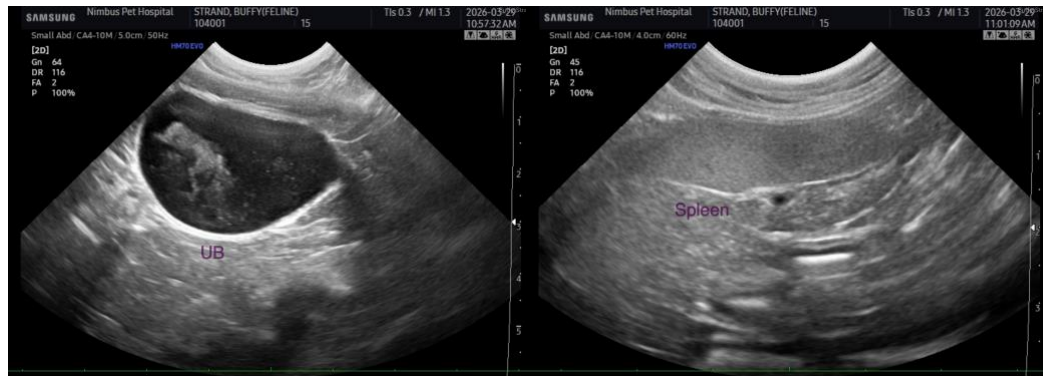
Laura Bukowski

INVOICE

22761

DATE

3-29-26





PATIENT

Buffy Strand

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

15

WEIGHT

10.8 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Saum Hadi

HOSPITAL NAME

Nimbus PH

REFERRING VET

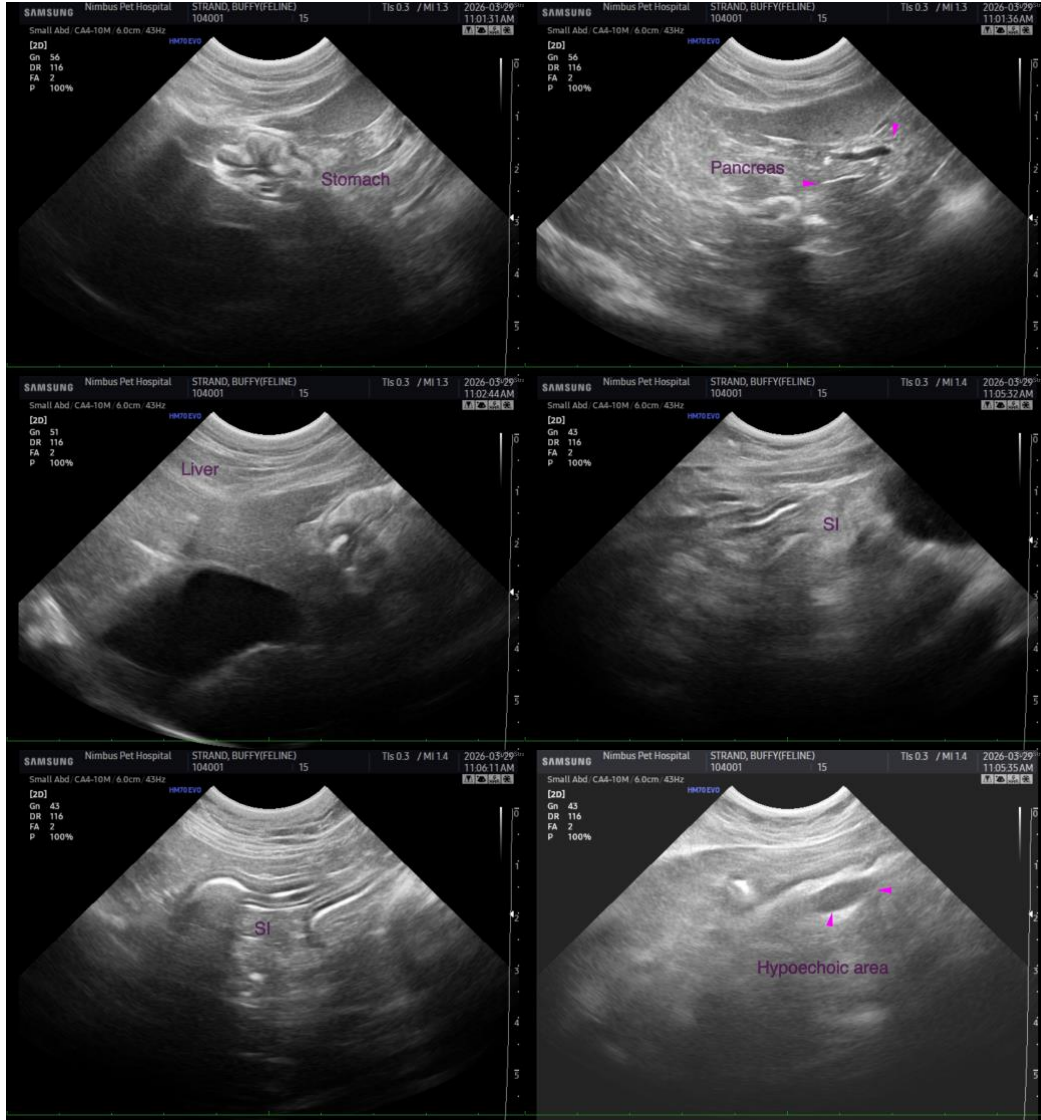
Laura Bukowski

INVOICE

22761

DATE

3-29-26



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