



PATIENT

Gizmo Duck Boxill

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

8.57 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Munoz

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Munoz

INVOICE

13593

DATE

3/9/26

PRESENTING CLINICAL SIGNS

History:

- Unexplained weight loss otherwise clinically doing well. On PE missing 204 with purulent material, and gingivitis around 204 and 205. Ropy intestines.
- BW from Dec revealed monocytosis 0.52, low ALT 23, USG 1.045 with 2 + urine protein, TT4 <0.4 Today's full body rads and Aus performed.

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 to moderate amount of suspended echogenic debris is observed within the lumen. 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 size (4.23 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.16 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.47 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 (0.83 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 mildly thickened (up to 0.19 cm) and hyperechoic. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal



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layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with gas and chyme. 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 colonic wall is normal. The colonic lumen contains shadowing fecal material. No obvious obstructive disease is noted.

Pancreas

A portion of the pancreas may be obscured due to gastric distention. In the visualized portion of the left limb, the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is isoechoic to slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

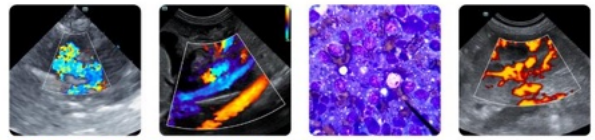
Secondary Findings:

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with a lower possibility of infiltrative neoplasia.
- Minor pancreatic parenchymal remodeling in the right limb.
- The gallbladder wall changes could be consistent with cholecystitis or benign age-related hyperplasia. Correlation with the patient's liver values is recommended.
- Urinary bladder debris

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further evaluate for causes of weight loss, consider the following:
 1. Three-view thoracic radiographs to assess for occult pathology in the chest
 2. Fecal evaluation for ova and Giardia
 3. GI panel including serum cobalamin, folate, TLI and PLI
 4. Orthopedic and neurologic examinations if not already performed
 5. Depending on the results of the above diagnostics, further workup (i.e., GI biopsies) may be necessary to get a definitive diagnosis.
- Given the proteinuria, a UPC is recommended if there is no evidence of a urinary tract infection.



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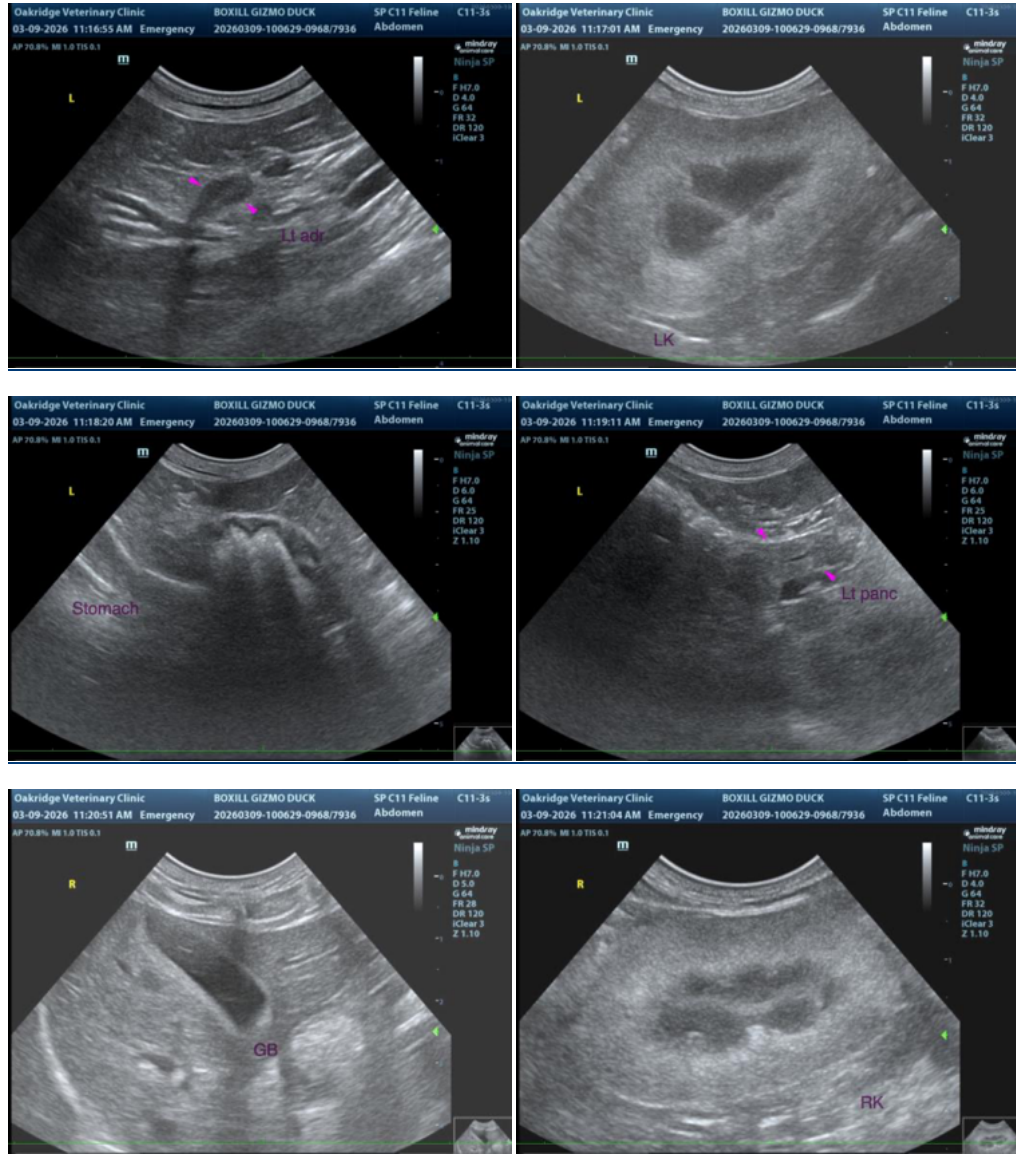
Dr. Munoz

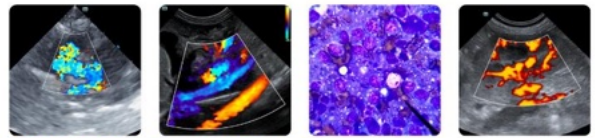
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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