



PATIENT

Charlie Zois

PRESENTING CLINICAL SIGNS

Patient has a history of diarrhea. Initially lost 3 lbs, but the weight has since stabilized. Potassium mildly low.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

BREED

Ragdoll

SEX

Male Neutered

The left kidney is normal in size (3.89 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is mild loss of corticomedullary distinction. The cortex is isoechoic- hyperechoic relative to the spleen. Several, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

10-27-13

The right kidney is normal in size (4.38 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. The cortex is isoechoic-hyperechoic relative to the spleen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

12

Adrenal Glands

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.71 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.

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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.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic 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 mildly-thickened. 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.

INVOICE

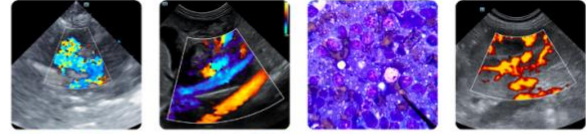
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Pancreas

The pancreas is diffusely prominent-in-size, with slightly irregular peripheral contours. The parenchyma is



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mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is diffusely-dilated (up to 0.34 cm). Some echogenic debris is observed within the lumen of the pancreatic duct. The mesentery effacing the serosal surface is mildly hyperechoic.

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Lymph Nodes

Two- to three prominent mesenteric lymph nodes are visualized (one measuring 0.99 x 0.49 cm).

Free Abdomen

There is no obvious evidence of free fluid.

BREED

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Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

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Male Neutered

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- The pancreatic are most consistent with chronic active pancreatitis.
- The small intestinal wall changes could be consistent with inflammatory bowel disease, or less likely, emerging lymphoma.

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Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Mild bilateral age-related renal changes with nonobstructive nephrocalcinosis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia +/- a fecal PCR infectious disease panel is recommended.
- Consider prophylactic deworming with fenbendazole.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI.
- Consider a 3-4-week limited antigen or hydrolyzed protein diet trial.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

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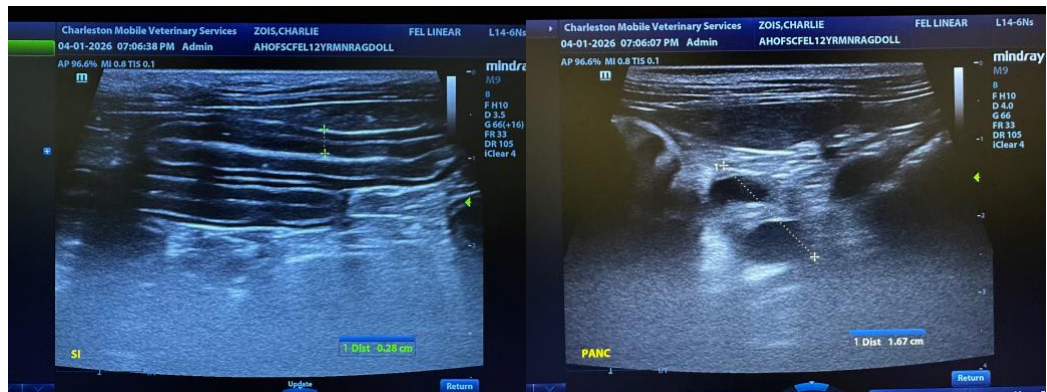
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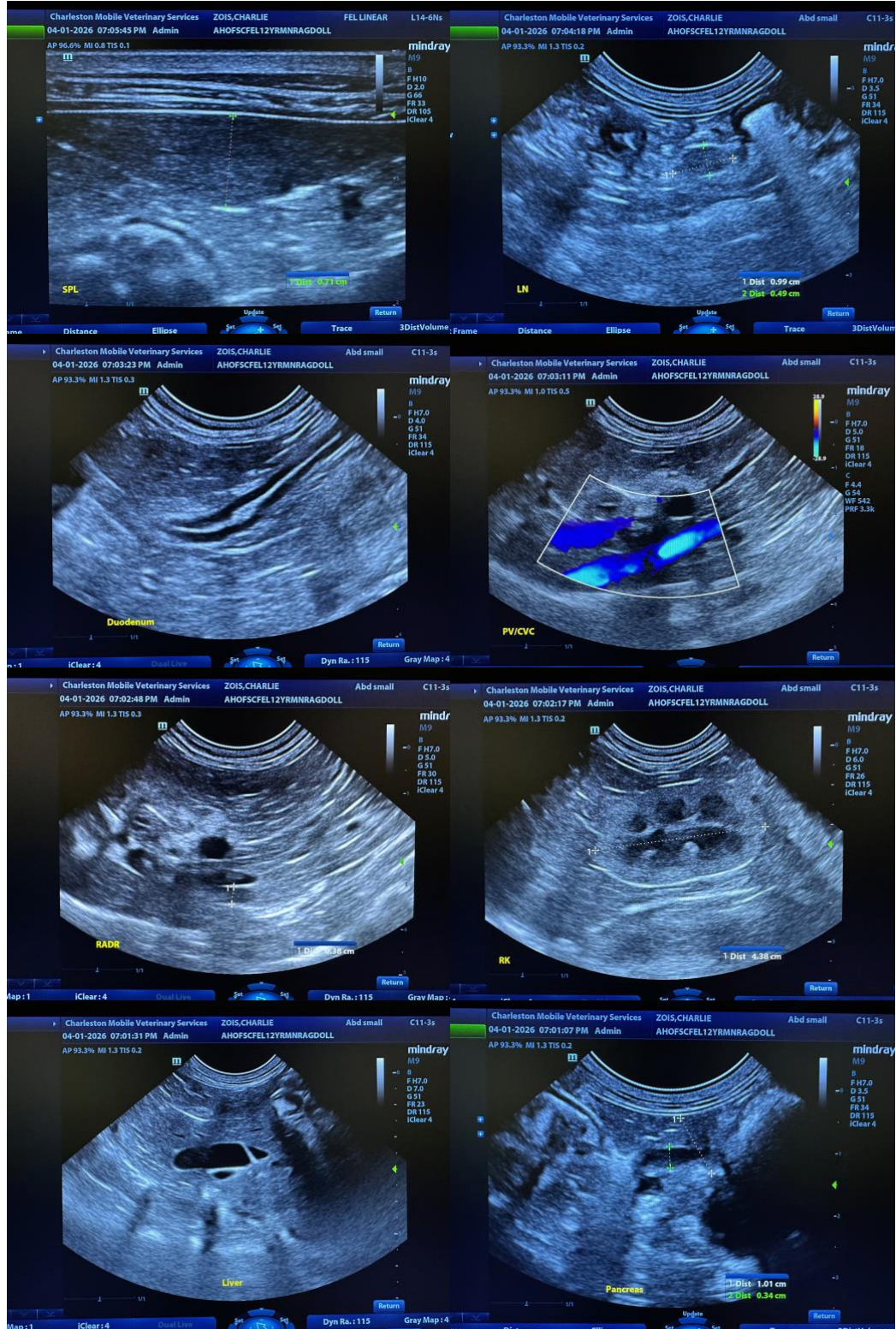
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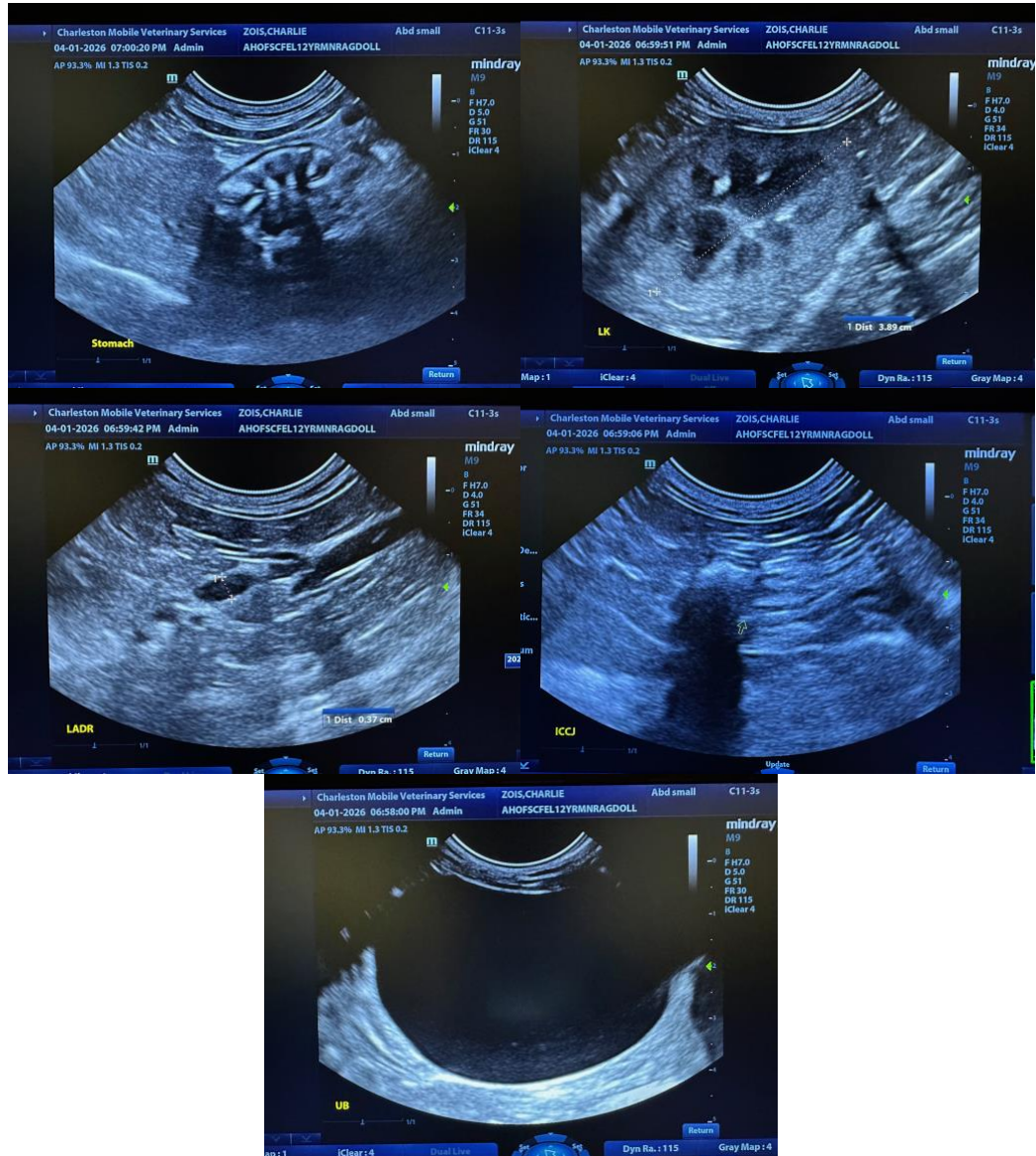
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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