



PATIENT

Sparky Hayes

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10/29/2013

WEIGHT

13.8 lb

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Kind Care AH

REFERRING VET

Dr. Michael Marino

INVOICE

22879

DATE

4-17-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Significant weight loss. 5 lbs since Aug 2025. Kidneys felt slightly small.
Abnormal lab-work values: MCV 54.9. Platelets 129. ALP less than 10.
Current Medications: None
Radiographic Findings: Will be emailed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. 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 visible portion of the proximal urethra are normal.

The left kidney is upper limits of normal size (4.44 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.44 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, 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 right adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small- to moderate amount of aggregated, echogenic, mostly gravity-dependent debris/sludge 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 mildly- to moderately-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 segmentally dilated with chyme. The small intestinal wall is normal- to mildly-thickened (up to 0.32 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.



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Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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 cluster of rounded to irregular hypoechoic mesenteric lymph nodes are observed (one measuring 1.1 x 0.67 cm). Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The mesenteric lymphadenopathy could be consistent with emerging neoplasia (i.e., lymphoma). Alternatively, lymphoid hyperplasia or lymphadenitis are considerations.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

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.

*Ultrasound-guided fine-needle aspiration of a mesenteric lymph node was performed at the end of this study without incident. Sedation with butorphanol was used.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the mesenteric lymph node aspirates for cytologic evaluation is recommended.
- Other considerations include the following:
 1. GI panel including serum cobalamin and folate, TLI and PLI
 2. Fecal evaluation for ova and Giardia
 3. Limited antigen or hydrolyzed protein diet trial to assess for food allergies
 4. Three-view thoracic radiographs to evaluate cardiopulmonary status
- Depending on the results of the above diagnostics, further work-up (i.e., GI and lymph node biopsies) may be indicated.



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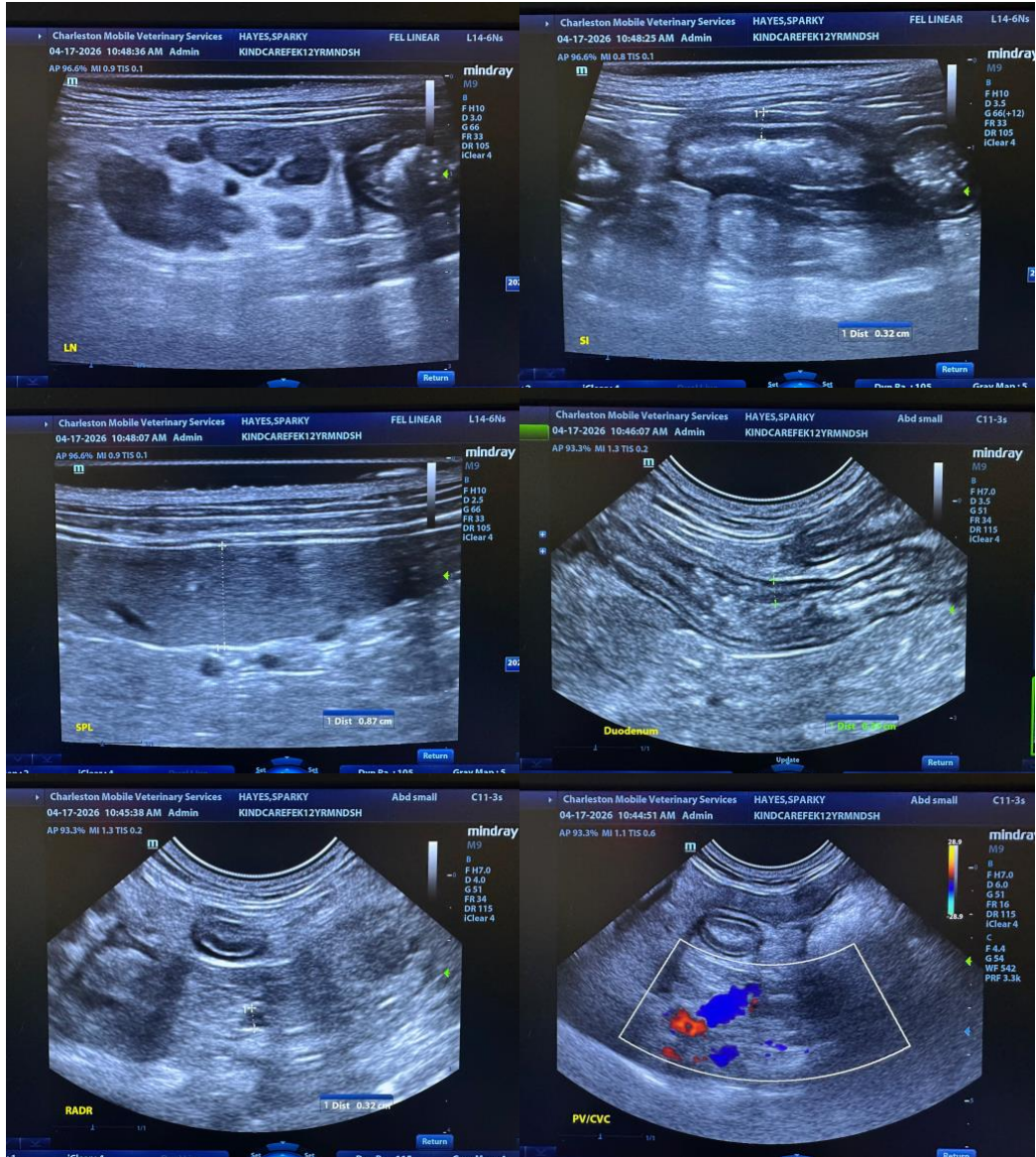
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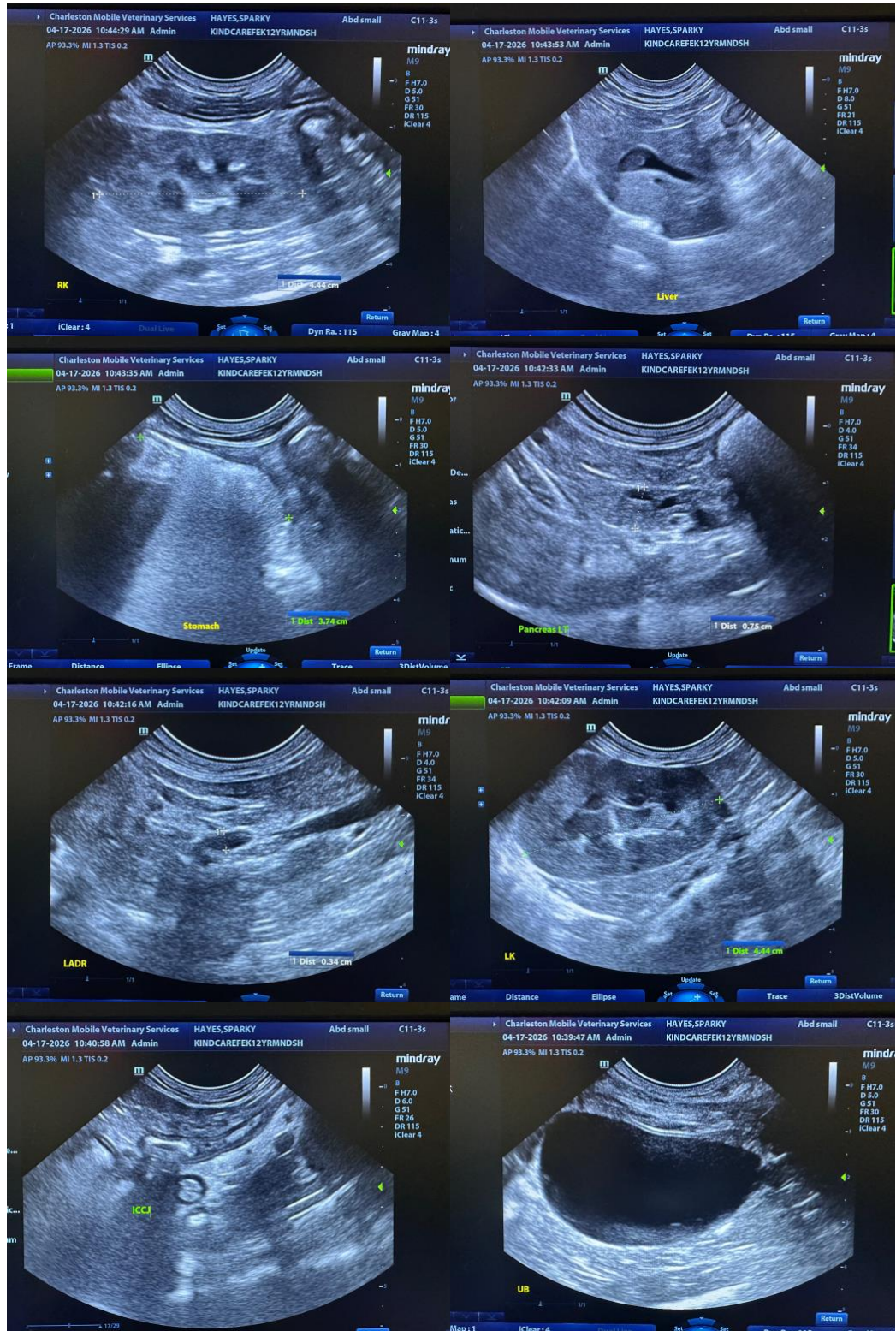
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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