



PATIENT	PRESENTING CLINICAL SIGNS
Maggie May Schnabel	Patient has a history of chronic weight loss over the past year (has lost 4 lbs). Abnormal lab-work values: RBC 11.72, Monocytes 0.91, Platelets 590, IDEXX SDMA 22, Na 144, NaK ratio 28, Cl 113
SPECIES	Current Medications: No meds Radiographic Findings: No images taken
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.
SEX	
Female Spayed	
AGE	The left kidney is borderline small-in-size (2.92 cm in length) with a normal shape, architecture and smooth peripheral contours . There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
11/02/2010	
WEIGHT	The right kidney is borderline small-in-size (2.99 cm in length) with a normal shape, architecture and smooth peripheral contours . There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
2.10kgs	
INTERPRETED BY	Adrenal Glands The left adrenal gland is normal size (0.38 cm width) with smooth peripheral contours. One- to two hyperechoic foci are visualized within the parenchyma. Glandular echogenicity and detail are otherwise normal. The phrenicoabdominal vein and surrounding vasculature are normal.
Andrea Nicastro DVM Diplomate ACVIM (Sm Animal Internal Med)	
IMAGING PERFORMED BY	The right adrenal gland is normal size (0.44 cm width) with smooth peripheral contours. One- to two hyperechoic foci are visualized within the parenchyma. Glandular echogenicity and detail are otherwise normal. The phrenicoabdominal vein and surrounding vasculature are normal.
Andrea Nicastro DVM Diplomate ACVIM (Sm Animal Internal Med)	
HOSPITAL NAME	Spleen The spleen is normal in size (0.59 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.
PawMed VUC W Ashley	
REFERRING VET	Liver The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.
Dr. Erin Watts	
INVOICE	The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are visible/tortuous, but not overtly dilated. The duodenal papilla is normal-in-size (0.30 cm in width).
22819	
DATE	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 segmentally dilated with chyme. The small intestinal
4-4-26	



PATIENT

Maggie May Schnabel

wall thickness is normal. 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. No obstructive disease is noted.

SPECIES

Feline

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

BREED

DSH

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.88 x 0.53 cm).

SEX

Female Spayed

Free Abdomen

There is no obvious evidence of free fluid.

AGE

11/02/2010

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

2.10kgs

- The small intestinal wall changes are most consistent with inflammatory bowel disease. However, emerging lymphoma cannot be excluded.
- The pancreatic changes are consistent with chronic pancreatitis.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The hyperechoic foci in both adrenal glands likely represent a benign age-related incidental finding.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Minor geriatric hepatic parenchymal changes

**IMAGING
PERFORMED BY**

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(Sm Animal Internal Med)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI to assess for maldigestion/malabsorption and pancreatitis.
- 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. If pursued, three-view thoracic radiographs are recommended prior to anesthesia.
- If further testing is not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, limited antigen diet, cobalamin supplementation) as long as the client understands the risks of treatment without a definitive diagnosis

HOSPITAL NAME

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REFERRING VET

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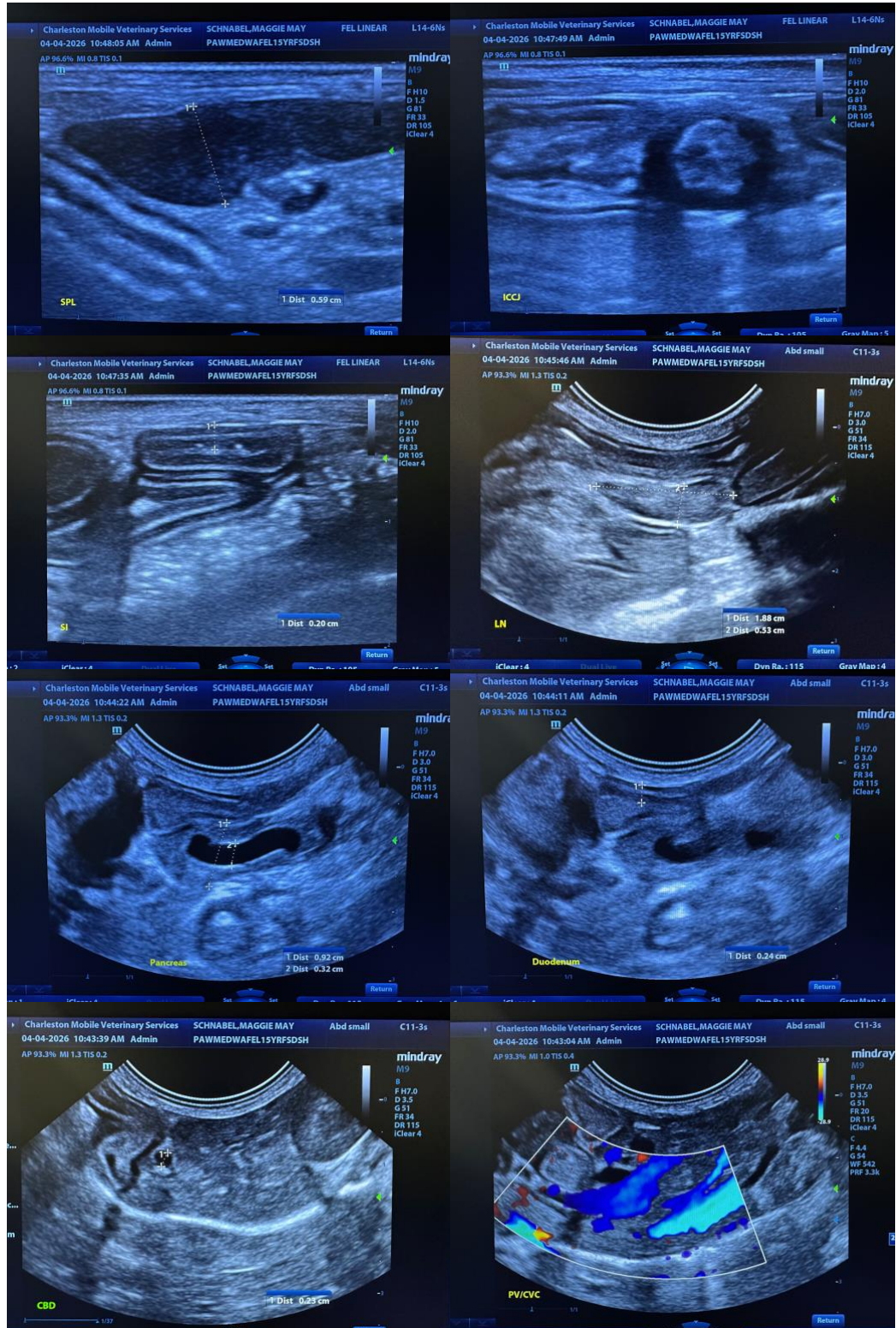
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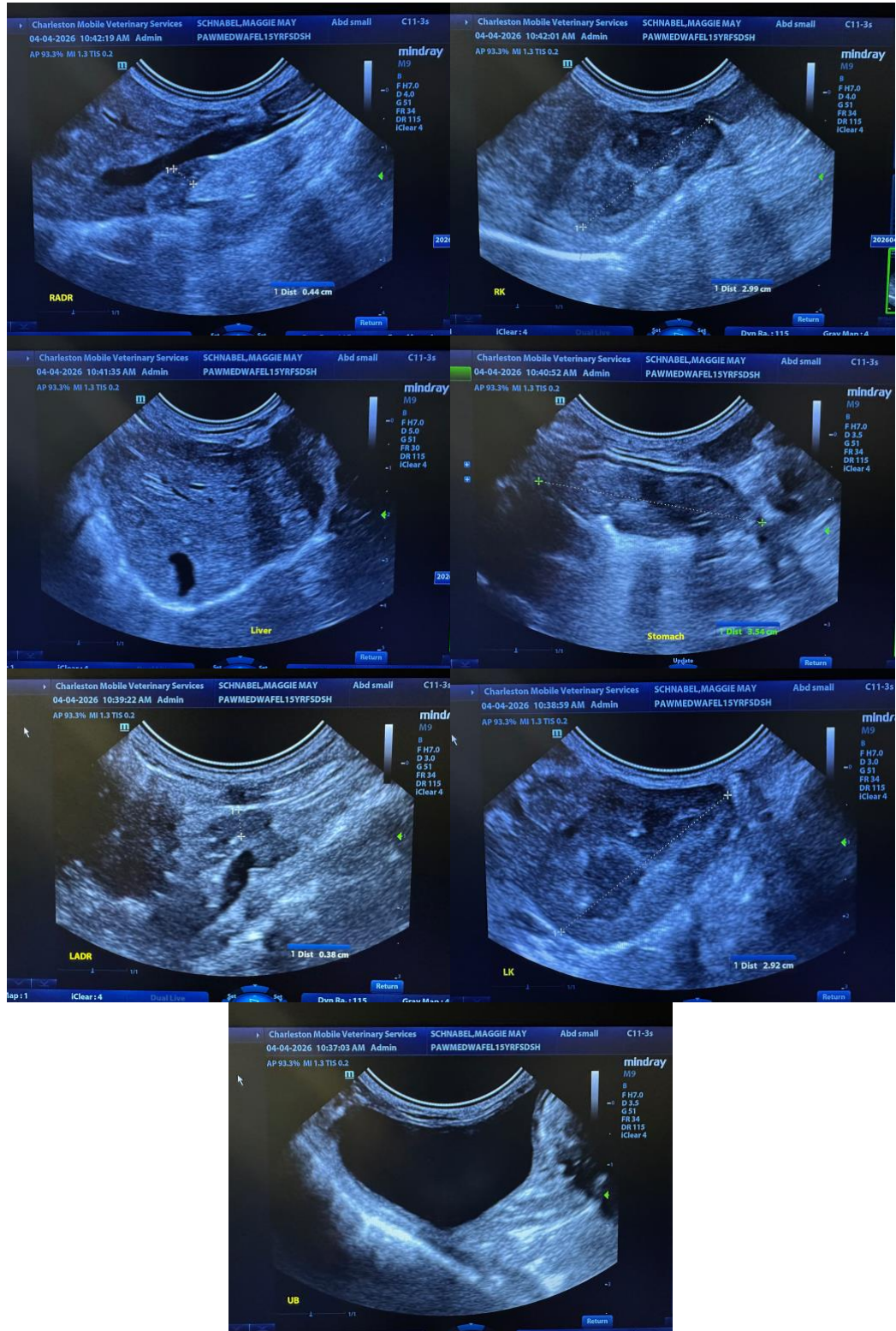
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

BREED

DSH

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