

PATIENT PRESENTING CLINICAL SIGNS

Cowboy Restivo History: Patient has a history of vomiting, weight loss, and periodontal disease. Normal labs and thyroid level completed 3/17/2026.

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 years 3 mos

WEIGHT

9.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Aaron Lucas

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Aaron Lucas

INVOICE

22839

DATE

4-6-26

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 normal in size (3.42 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.93 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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 (0.90 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. 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.

Gastrointestinal

The gastric lumen is mildly fluid-distended. The gastric wall is variably thickened (up to 1.30 cm). In the thickened regions, there is loss of the normal layering pattern. The mesentery effacing the serosal surface of the stomach is hyperechoic. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. 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, with a 1:1 ratio in some segments. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.



PATIENT *Pancreas*

Cowboy Restivo

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.

SPECIES *Lymph Nodes*

Feline

A 0.93 x 0.55 cm lymph node is observed in the left cranial- to mid-abdomen, just medial to the spleen. A 1.08 x 0.73 cm lymph node is also observed in the right cranial quadrant.

BREED *Free Abdomen*

DLH

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Neutered Male

- The gastric wall changes are concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, gastritis cannot be excluded. Adjacent peritonitis is present. The regional lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.

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- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

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Secondary Findings

- Mild bilateral nonspecific age-related renal changes

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspiration of the thickened portion of the gastric wall (if accessible and if clotting status is appropriate). A 25-gauge needle should be used.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Depending on the results of the above diagnostics, consultation with a board-certified oncologist may be indicated.
- A GI panel including serum cobalamin and folate, TLI and PLI should also be considered.

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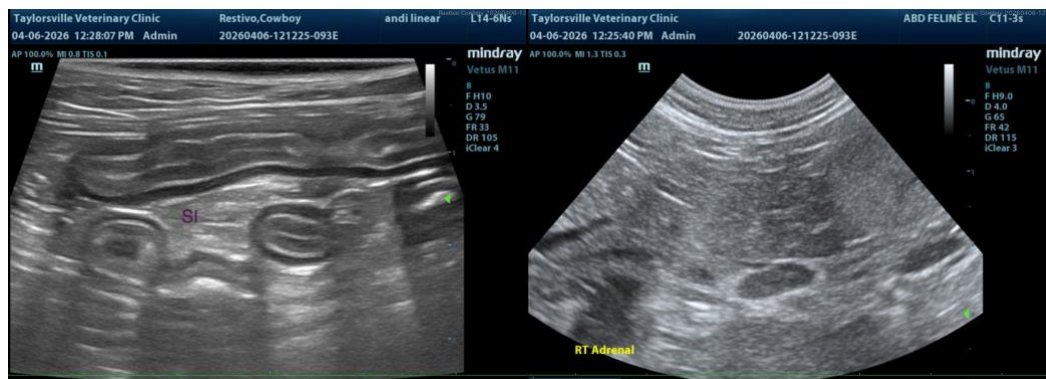
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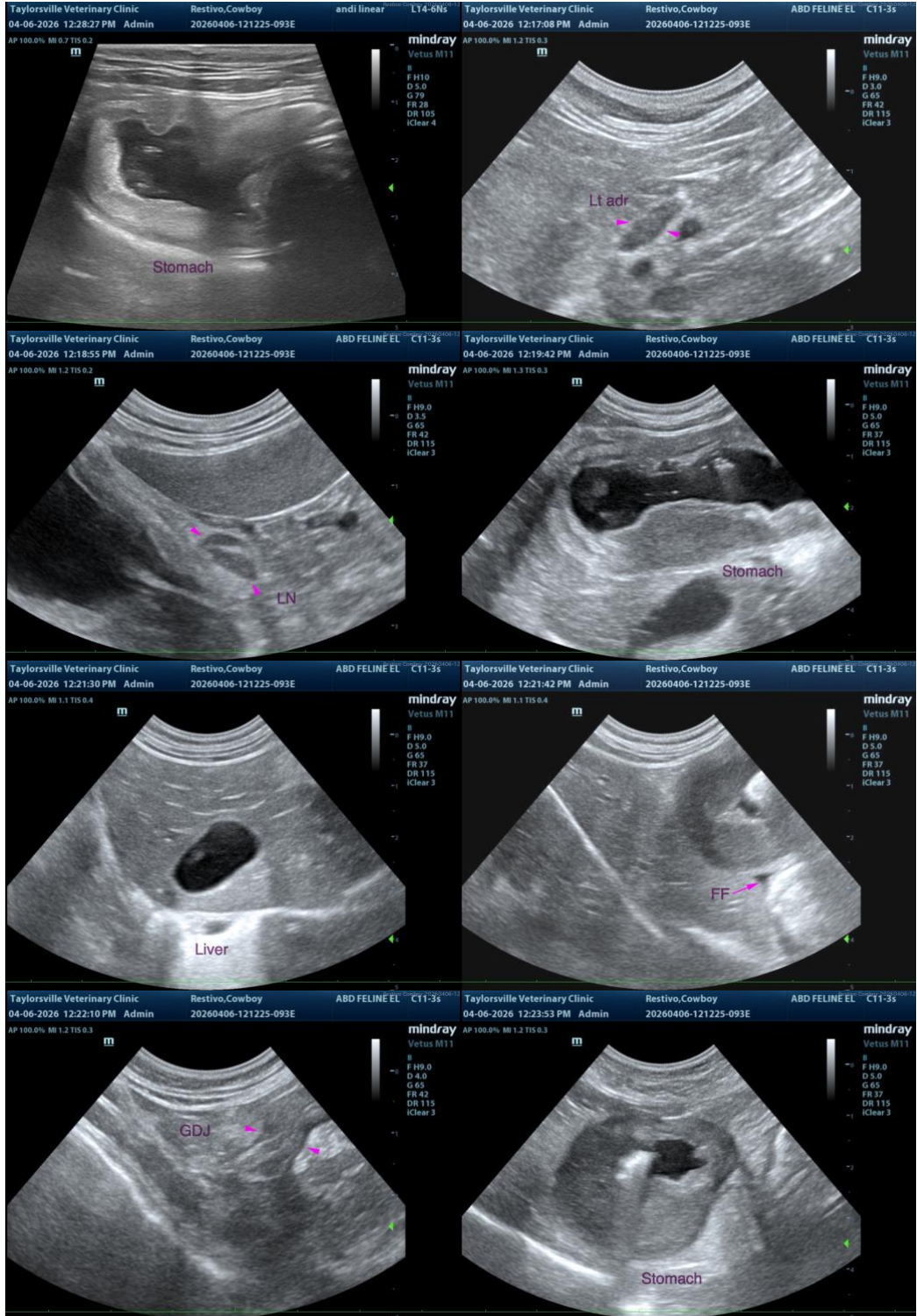
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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