



PATIENT

Mabel Jacobs

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Male, neutered

AGE

8 Yrs. 10 months

WEIGHT

15.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Dr. Budden

INVOICE

13577

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: Presented 5/19/26 for anorexia and lethargy. Tense on abdominal palpation. Hardened stool palpated in colon. Enema performed and fluids given. Symptoms improved. On lab work an elevated ALT found. Ultrasound to assess for underlying cause. Currently eating and drinking okay. No signs of constipation. Medications: none Abnormal PE/Chem/CBC/UA Results: Exam: BCS 7/9, mildly tense on abdominal palpation, but anxious, no thyroid slip, peripheral LNs normal, euhydrated, normal exam otherwise Labs: Senior panel 5/19/26 AST high 230 ALT high 1481 Cholesterol high 432 Triglyceride high 335 Amylase high 1316 Remainder of chemistry normal Lymphocytes low 611 Remainder of CBC normal Thyroid high normal 3.3 USG 1.055 Protein 2+ RBC 21-50 Struvite 0-1 pH 8.5 Fecal sample pending Free T4 pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*46 still images and 17 video clips are available for interpretation.

Urinary System

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

The left kidney is normal in size (3.98 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.26 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.70 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 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 thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal in size (0.27 cm in width).

Gastrointestinal



PATIENT

Mabel Jacobs

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Male, neutered

AGE

8 Yrs. 10 months

WEIGHT

15.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Dr. Budden

INVOICE

13577

DATE

5/26/26

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. An approximately 3.54 cm segment of jejunum is plicated. The remainder of the jejunum appears normal. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

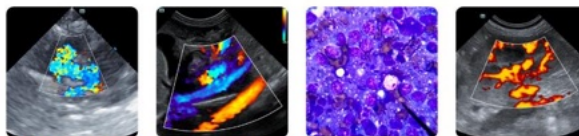
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- The segment of jejunal plication could be consistent with a linear foreign body (however in the absence of clinical signs, this seems less likely), hyperperistalsis due to an underlying metabolic issue, normal peristalsis, adhesions, other.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Feline leukemia, FIV and FIP testing is recommended if not already performed.
2. Regarding the elevated liver values, consider hepatic tissue sampling (i.e., aspirates or biopsies) assuming normal clotting status. Aerobic and anaerobic bile cultures would also be beneficial. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 3-4 weeks and 1 week beyond normalization of the liver values.
3. Regarding the jejunal changes, if the patient is currently asymptomatic, consider a recheck ultrasound in 2-3 days to reassess the area of jejunal plication.
4. Also consider a GI panel including serum cobalamin, folate, TLI and PLI to assess for concurrent GI and pancreatic disease.



PATIENT

Mabel Jacobs

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Male, neutered

AGE

8 Yrs. 10 months

WEIGHT

15.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

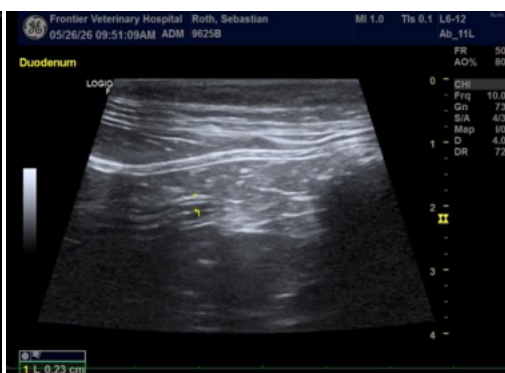
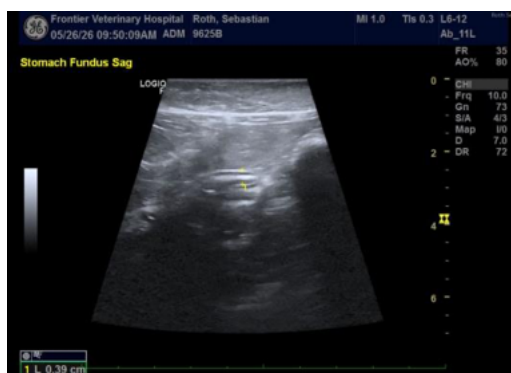
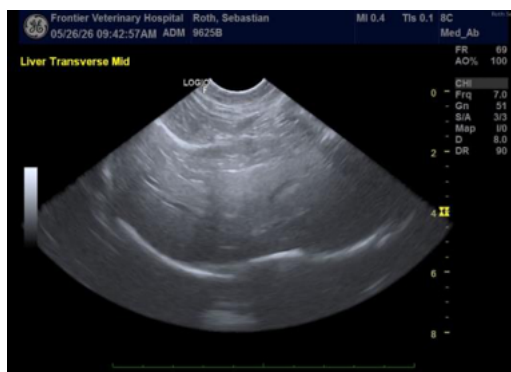
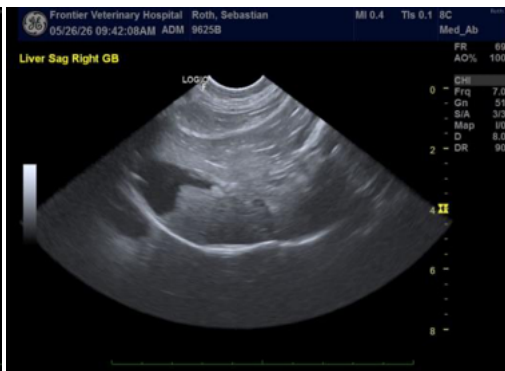
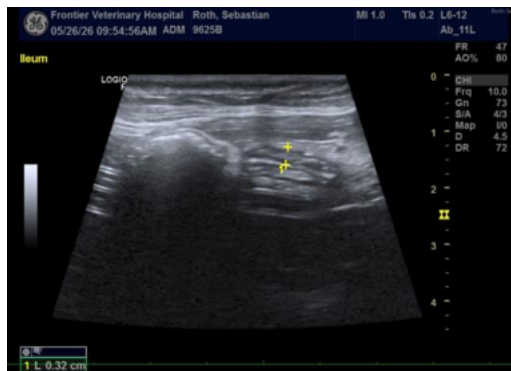
Dr. Budden

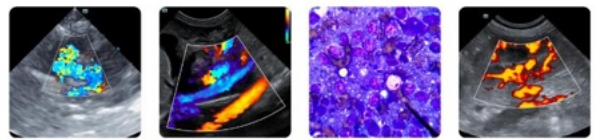
INVOICE

13577

DATE

5/26/26





PATIENT

Mabel Jacobs

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Male, neutered

AGE

8 Yrs. 10 months

WEIGHT

15.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

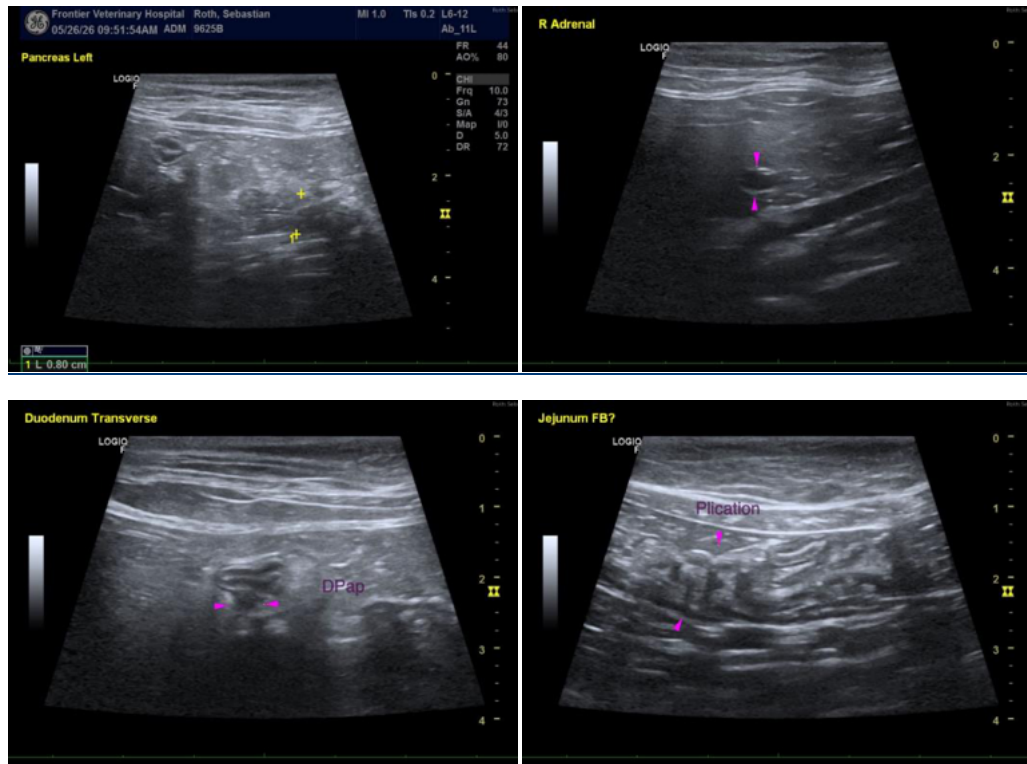
Dr. Budden

INVOICE

13577

DATE

5/26/26



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)
info@SonoPath.com