PATIENT

Alex Haddad

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15

WEIGHT

8.14 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS,
Cert Vet Sonog (IVUSS)

HOSPITAL NAME

Mashpee VH

REFERRING VET

Mark Oldham, DVM

INVOICE

23085

DATE

5-31-26

PRESENTING CLINICAL SIGNS

History: Had weight loss despite ravenous appetite. No vomiting or diarrhea. Weight 2023: 13.14 lb, weight 2025 11.2 lb, weight May 2026 8.14 lb (this weight has stabilized [started new food] - weight today 8.14 lb). CBC/Chem WNL.

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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.00 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.16 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.45 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 (0.66 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 homogenous in appearance. Hepatic vasculature is subjectively dilated. Intrahepatic biliary tracts are normal.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.15 cm in width).

Gastrointestinal

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 in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas

The right 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

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific age-related renal changes
- Suspected dilation of hepatic vasculature. This may be a normal variant for this patient or could suggest increased hydrostatic pressure (i.e., secondary to cardiovascular disease, other).
- Minor pancreatic parenchymal remodeling in the right limb.

*An obvious cause for the patient's weight loss is not definitively identified in this study. Broad considerations include maldigestion/malabsorption, underlying metabolic issue (i.e., hyperthyroidism), occult neoplasia, orthopedic or neurologic disease other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A T4/free T4 by equilibrium dialysis is recommended if not already performed.
- Consider three-view thoracic radiographs to assess for occult pathology in the chest.
- Orthopedic and neurologic are also recommended if not already performed.
- GI panel including serum cobalamin and folate, TLI and PLI, along with a fecal evaluation for ova and Giardia.
- Depending on the results of the above diagnostics, further work-up may be indicated.

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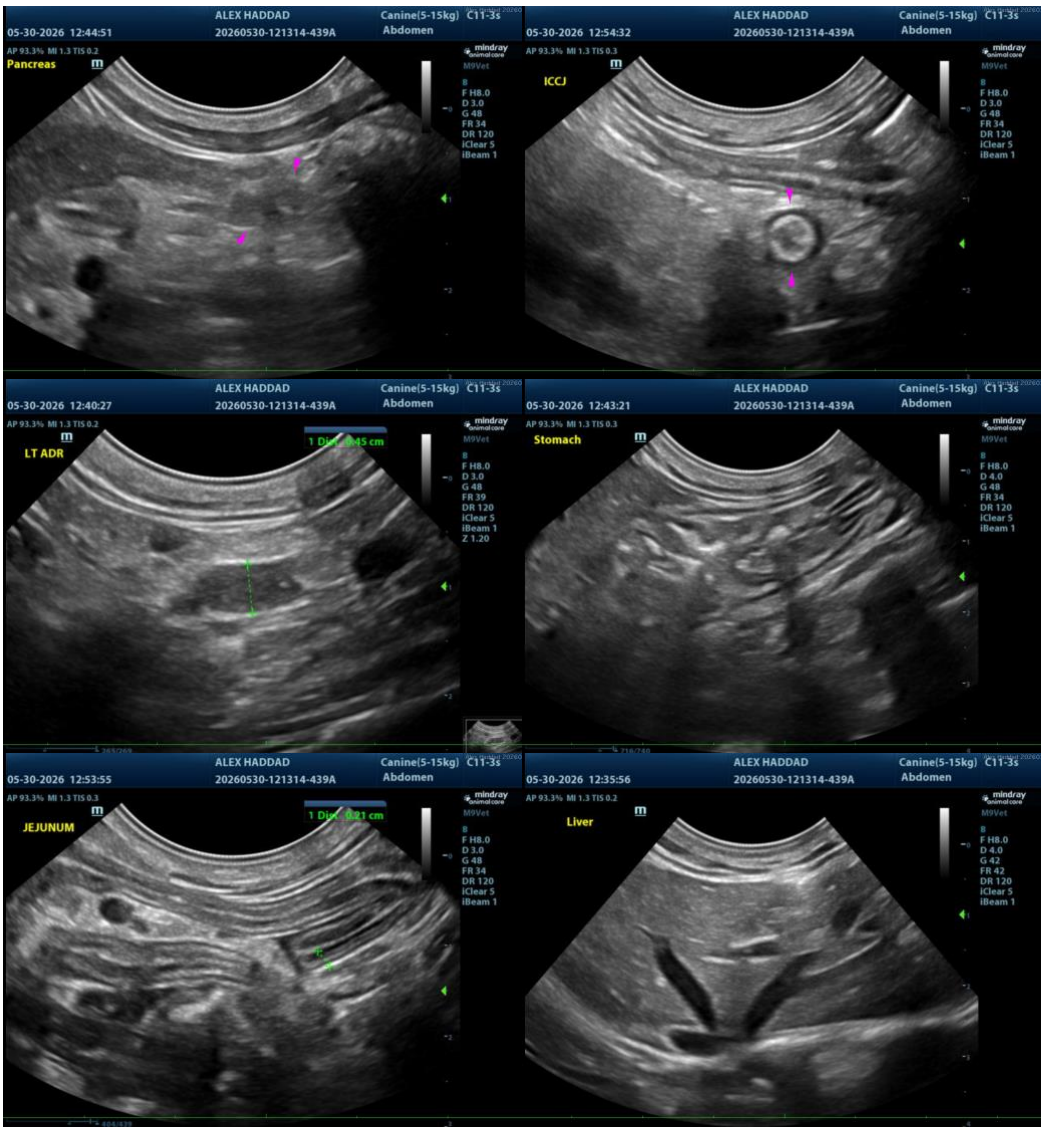

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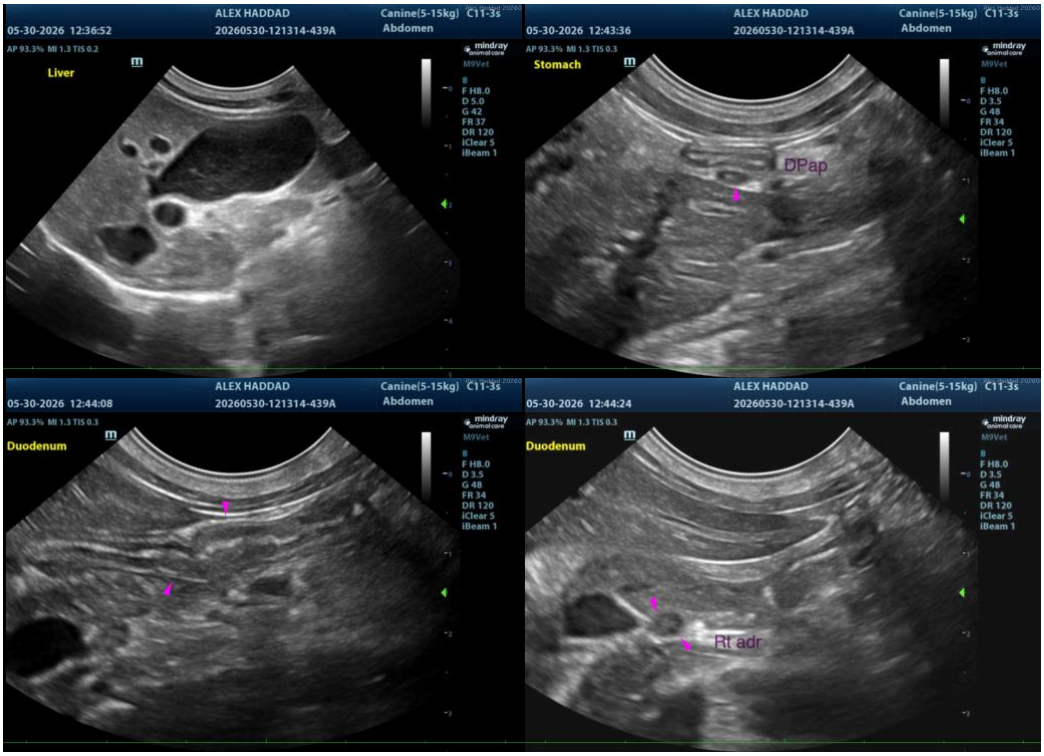

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com