



PATIENT PRESENTING CLINICAL SIGNS

Bucky Corrado History: Weight loss, Vomiting and Diarrhea. Lower K9 tooth missing (new) meds: Gabapentin
 Abnormal PE/Chem/CBC/UA Results: Lab: NSF

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

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 and visible portion of the proximal urethra are normal.

DSH

SEX

The left kidney is normal in size (4.01 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Neutered Male

AGE

The right kidney is normal in size (4.20 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

12

WEIGHT

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.

11.4 lbs

INTERPRETED BY

The right adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

Spleen

The spleen is normal in size (0.80 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.

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Liver

Rebecca Hamilton

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.

HOSPITAL NAME

Paws Wings and Scales AH

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/not seen.

REFERRING VET

Dr. Stancel

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- to mildly-thickened (up to 0.31 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio. In one segment, there is a trend toward a loss of the normal layering pattern. Discrete masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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Pancreas

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.

6-1-26



PATIENT *Lymph Nodes*

Bucky Corrado

A few prominent mesenteric lymph nodes are visualized (one measuring 1.25 x 0.78 cm). Surrounding mesentery is hyperechoic. One of the nodes is cystic in appearance.

SPECIES *Free Abdomen*

Feline

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

BREED

DSH

Primary Findings

SEX

Neutered Male

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis, lymphoid hyperplasia, or emerging lymphoma.

AGE

12

Secondary Findings

- Bilateral nonspecific age-related renal changes

WEIGHT

11.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

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Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia along with prophylactic deworming with fenbendazole.
3. 3-4-week limited antigen or hydrolyzed protein diet trial to assess for food allergies
4. Initiation with a probiotic as well as a fiber supplement (i.e., psyllium) may also prove beneficial.
5. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs are recommended prior to anesthesia.

**IMAGING
PERFORMED BY**

Rebecca Hamilton

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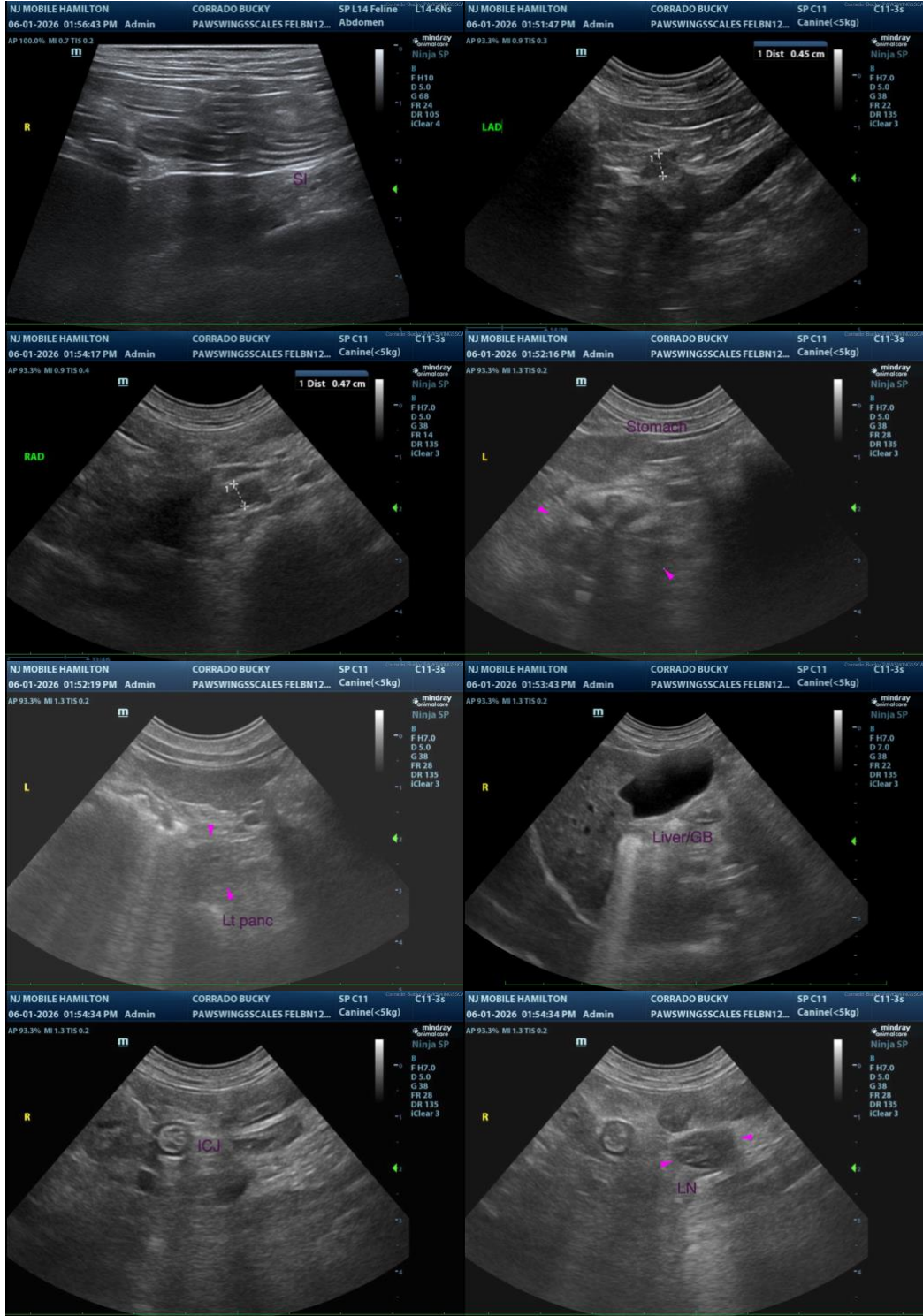
Dr. Stancel

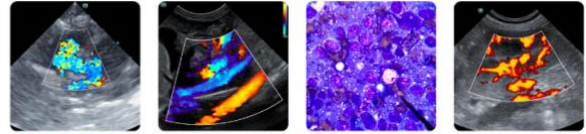
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SPECIES

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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