



PATIENT PRESENTING CLINICAL SIGNS

Franz Kidd History: Pzotractas Vand D not responding to medical management. IBD vs GI dz LSA
 Abnormal PE/Chem/CBC/UA Results: Eos-0.12 mch-11.2 rdw-28.3

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small- to moderate amount of aggregated, echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

SEX

Neutered Male

The left kidney is normal in size (3.75 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 hydroureter. Renal vasculature is normal.

AGE

12

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 mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9.5 lbs

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

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 prominent-in-size (0.96 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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Kerri Becker

Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic- to slightly hypoechoic relative to the spleen. A 1.4 cm hyperechoic- to heterogenous cystic nodule is observed on the left side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Gruber

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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid-distended. The small intestinal wall is normal in thickness. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal.

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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.



PATIENT *Lymph Nodes*

The abdominal lymph nodes are normal/not visible.

Franz Kidd

Free Abdomen

SPECIES There is no obvious evidence of free fluid.

Feline

ULTRASONOGRAPHIC FINDINGS

BREED *Primary Findings*

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

SEX

Neutered Male

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

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- The left cystic hepatic nodule is most consistent with a biliary cystadenoma, with a lower possibility of a biliary cystadenocarcinoma.

Secondary Findings

WEIGHT

9.5 lbs

- Bilateral nonspecific age-related renal changes
- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- The mild splenomegaly could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or less likely, emerging neoplasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

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Kerri Becker

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 along with 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.

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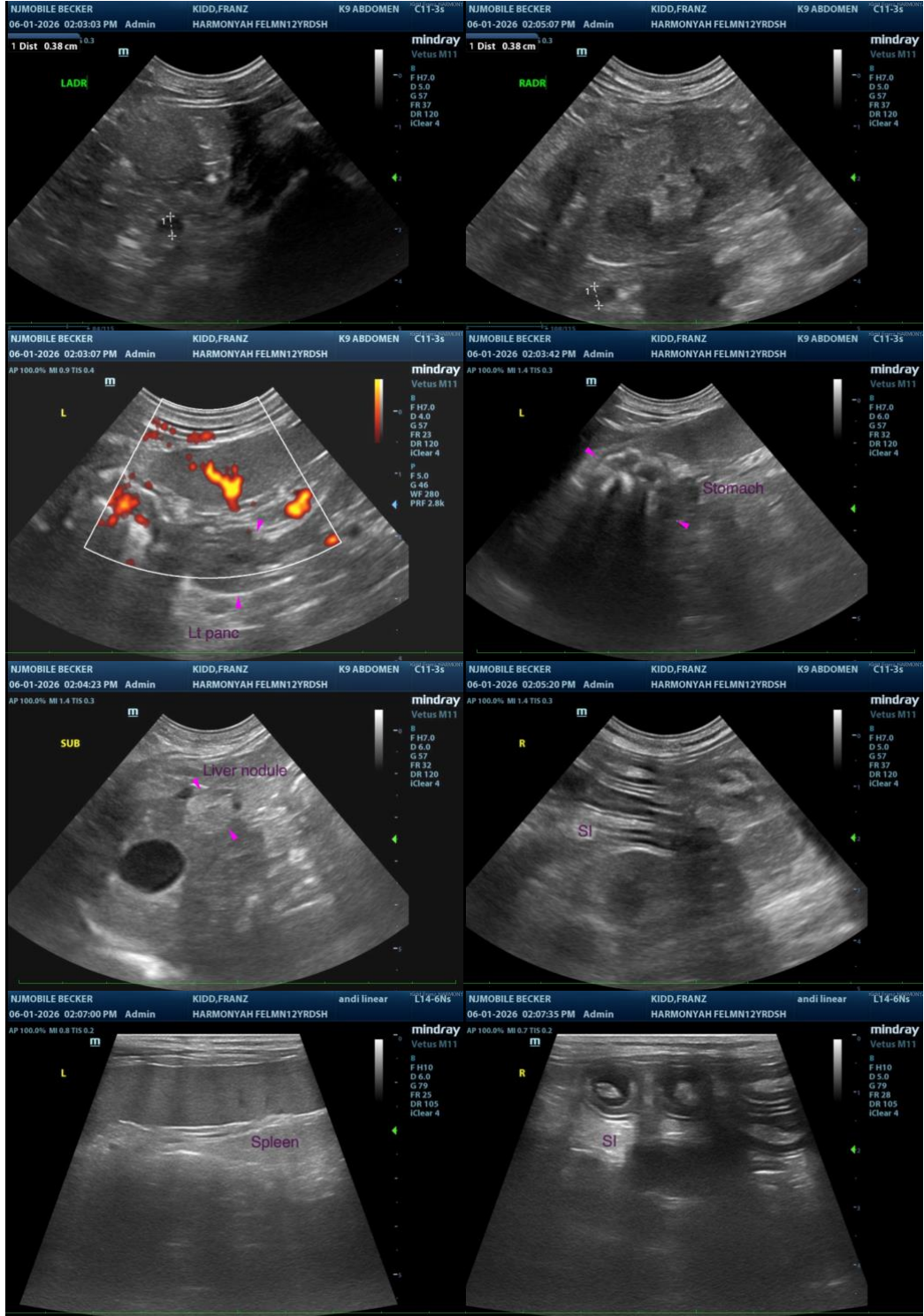
Dr. Gruber

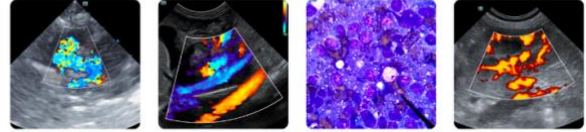
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PATIENT

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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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