



PATIENT PRESENTING CLINICAL SIGNS

Nora Alam History: Anorexia. Decreased fecal output. Weight loss.
Abnormal PE/Chem/CBC/UA Results: Elevated ALT, AST, ALP, and GGT. Mild anemia. Thrombocytopenia
Mild hyperglycemia, suspected stress-related Total T4 within normal limits. Weight loss Anorexia. Mild elevated bilirubin

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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 is normal.

SEX

Female Spayed

The left kidney is normal in size (3.23 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

AGE

14

The right kidney is normal in size (3.50 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

WEIGHT

14

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

INTERPRETED BY

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

Spleen

The spleen is contracted (0.47 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.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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.

IMAGING PERFORMED BY

Dr. Sharkawy

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.24 cm in width).

HOSPITAL NAME

Union Vet AH

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall 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.

DATE

6-7-26

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 0.86 x 0.28 cm).



PATIENT *Free Abdomen*

There is no obvious evidence of free fluid.

Nora Alam

ULTRASONOGRAPHIC FINDINGS

SPECIES

Primary Findings

Feline

- 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.

BREED

DSH

- Gallbladder debris, non-mucocele

SEX

Female Spayed

- The small intestinal wall changes could be consistent with inflammatory bowel disease, emerging lymphoma, or normal variation for this older feline patient. Correlation with the patient's clinical history is recommended.

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Secondary Findings

- Bilateral nonspecific age-related renal changes with subtle dystrophic mineralization
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

- If the patient's clotting status can be stabilized, hepatic tissue sampling (i.e., aspirates or biopsies) can be considered. Aerobic and anaerobic bile cultures would also be beneficial. In the meantime, empirical treatment for cholangiohepatitis and hepatic lipidosis (broad-spectrum antibiotic therapy, nutritional support) is recommended, with close monitoring of the patient's liver values to assess progression.

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- Also consider the following:

Dr. Sharkawy

- Feline leukemia, FIV, and FIP testing
- GI panel including serum cobalamin and folate, TLI and PLI
- Three-view thoracic radiographs to assess cardiopulmonary status

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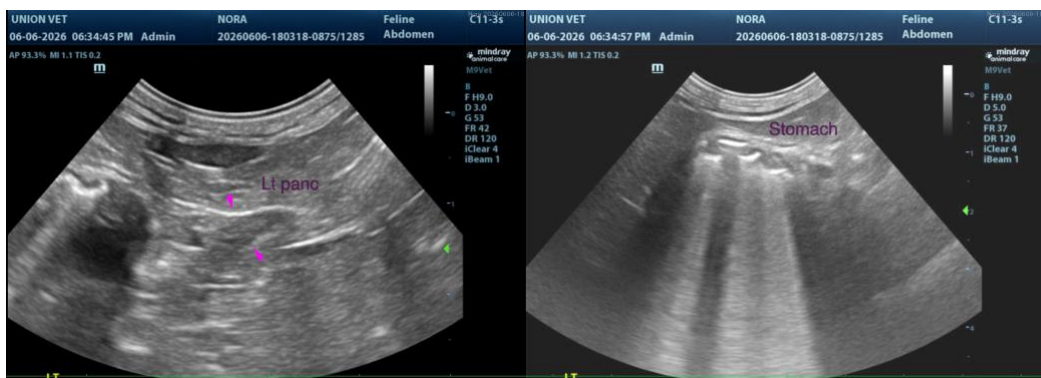
Dr. Joseph

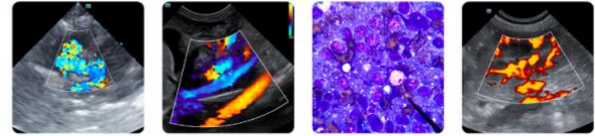
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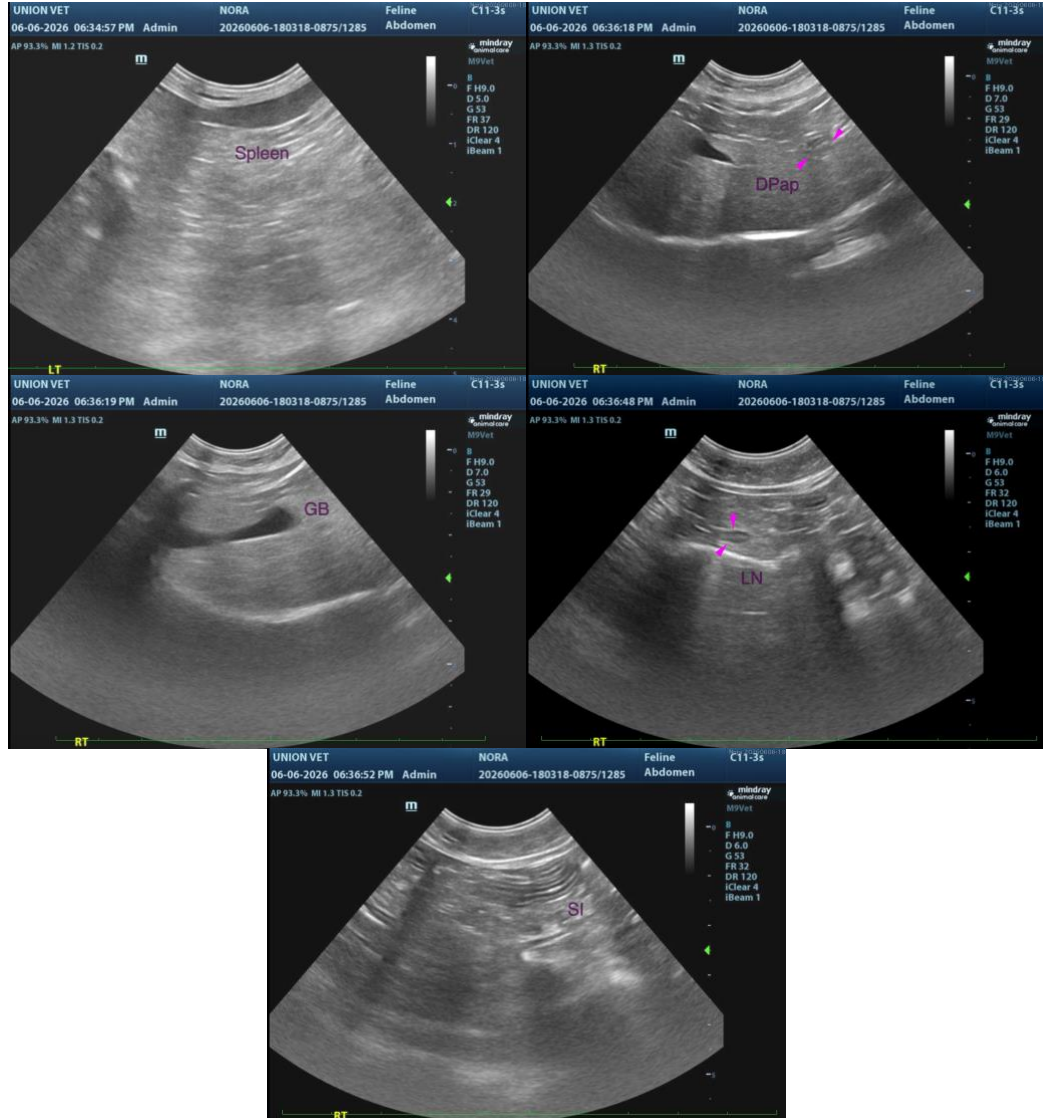
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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