



PATIENT

Tinker Belle Hawa

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

3/22/2011

WEIGHT

4.32 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

VCA Palmetto

REFERRING VET

Dr. Buerkle

INVOICE

13391

DATE

1/14/26

PRESENTING CLINICAL SIGNS

Seen by ER over the weekend for inappetence, severe lethargy, and some vomiting. Received SQ fluids and Cerenia Saturday, but did not improve. Sunday had bloodwork and radiographs. Lab work showed mild leukocytosis. On radiographs (1/11/25) one bowel loop was suspicious to radiologist and abdominal ultrasound was recommended. Owner declined transferring to 24-hr facility for continued workup. Was given Convenia and SQ fluids on 1/12/25 and started on Metronidazole and Mirtazapine. Per owner not improving.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.43 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. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.13 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. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.88 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 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. The portal vein to caudal vena cava ratio is approximately 1:1.

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.

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 duodenal wall is normal in thickness with a normal layering pattern. The jejunum and ileum are normal to borderline thickened (up to 0.26 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio. In one segment of jejunum measuring several cm, there is a trend toward a loss of the normal layering



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pattern. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.

Lymph nodes

A few prominent, irregular, hypoechoic mesenteric lymph nodes are visualized, one of the nodes measuring 2.18 x 0.69 cm. Surrounding mesentery is mildly hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes, particularly the jejunal segment with a trend toward a loss of normal layering, could be consistent with emerging lymphoma or inflammatory bowel disease.
- The mesenteric lymphadenopathy could be consistent with lymphoid hyperplasia, lymphadenitis or emerging neoplasia.

Secondary Findings:

- Bilateral non-specific, age-related renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. If an aggressive approach is desired, consider an abdominal exploratory with GI and mesenteric lymph node biopsies. A GI panel including serum cobalamin, folate, TLI and PLI is also recommended.
2. Three-view thoracic radiographs should also be considered to assess cardiopulmonary status, particularly if the patient is to undergo anesthesia.
3. If further testing is not pursued, empirical treatment for inflammatory bowel disease (i.e., corticosteroids, limited antigen diet) can be considered as long as the client understands the risks of treatment without a definitive diagnosis.



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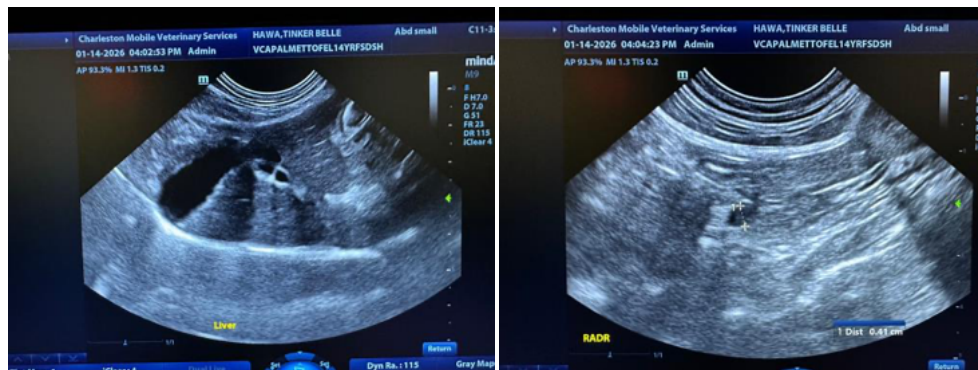
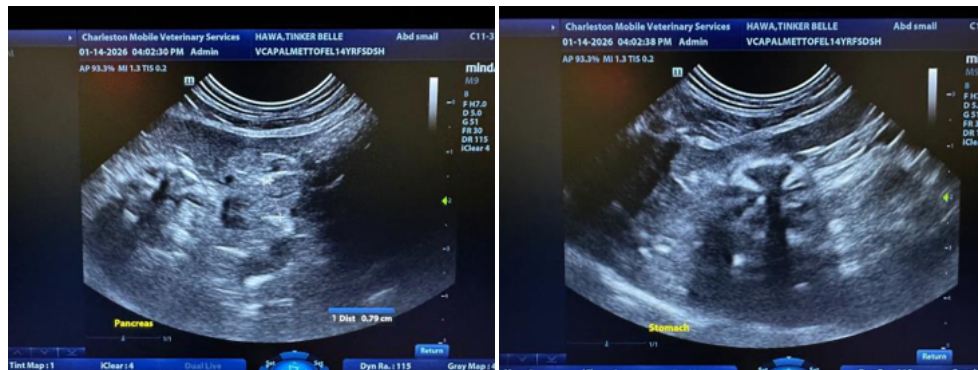
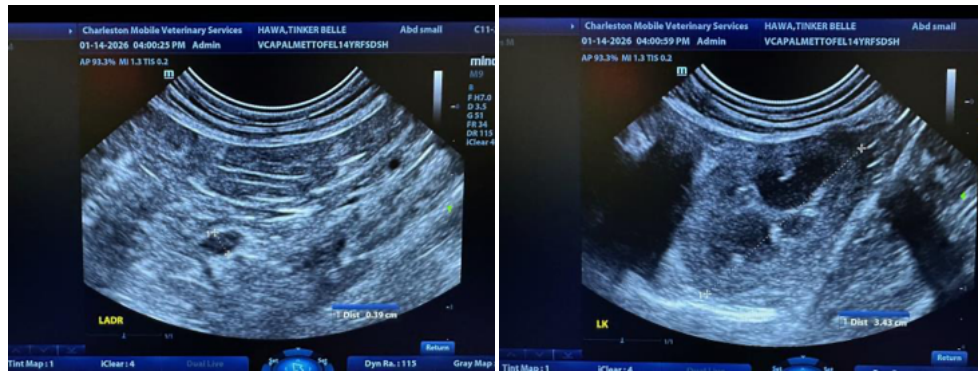
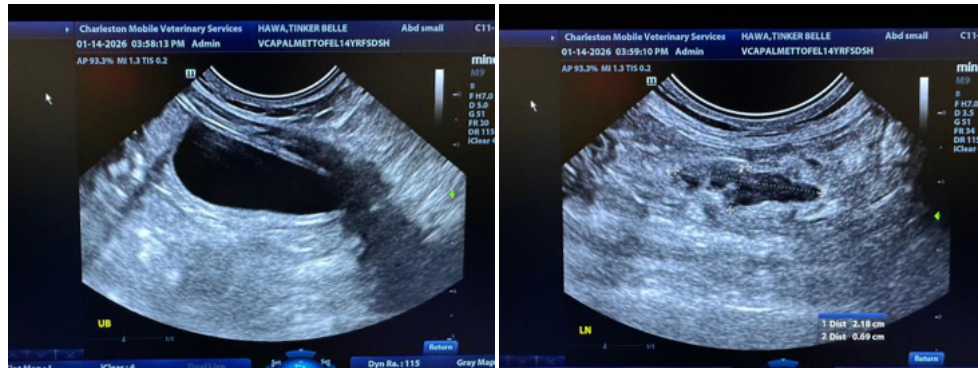
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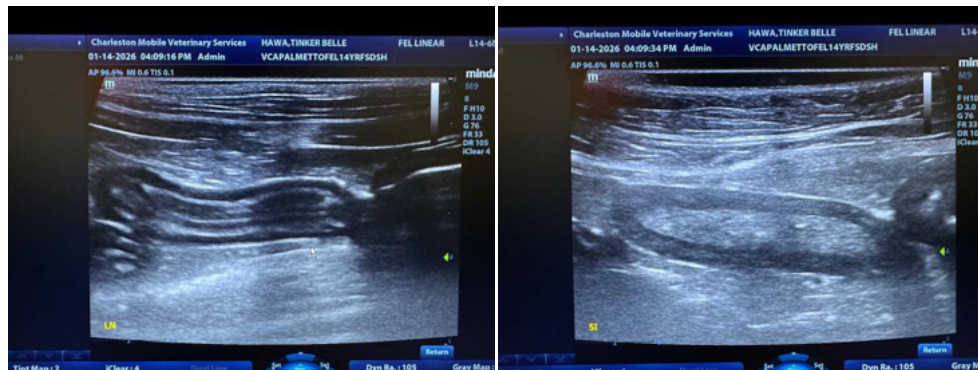
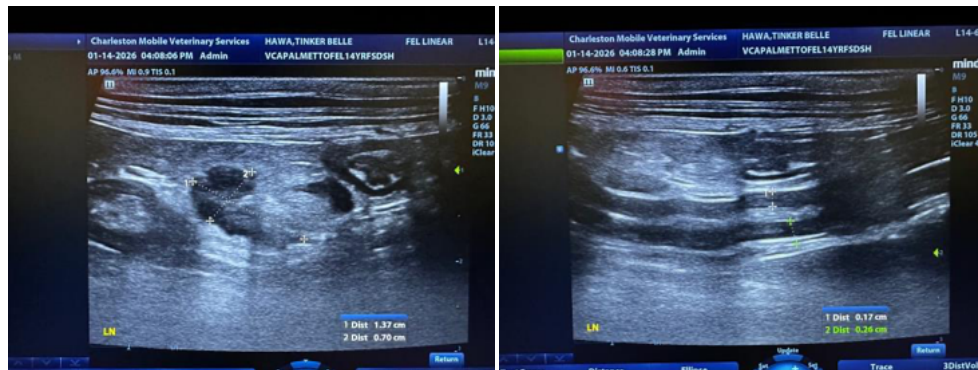
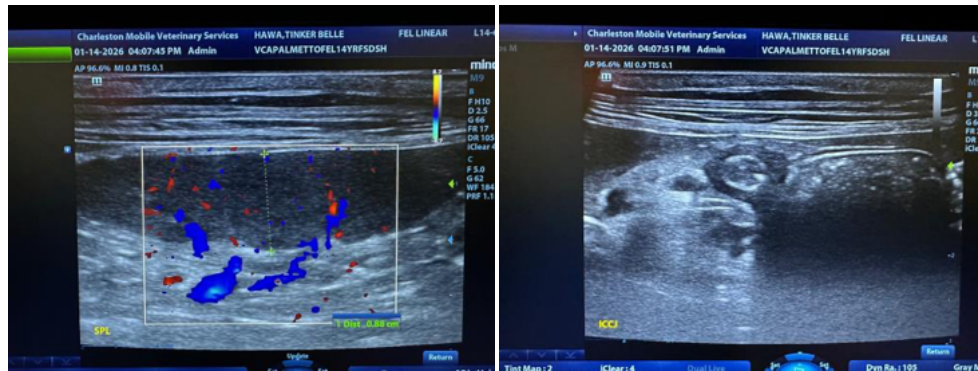
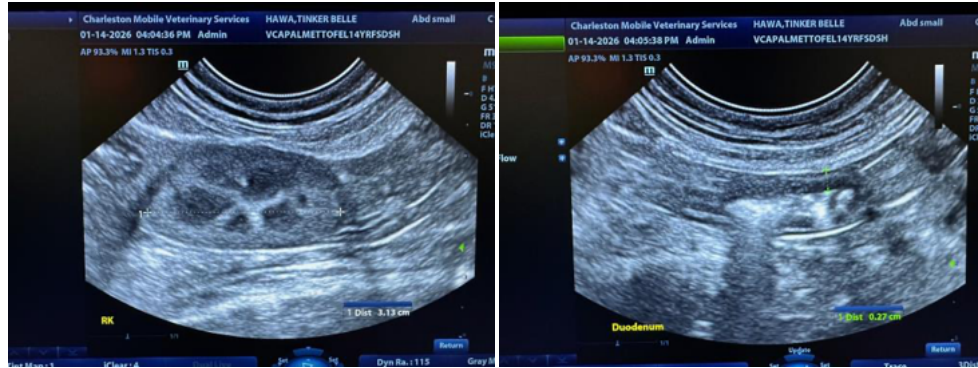
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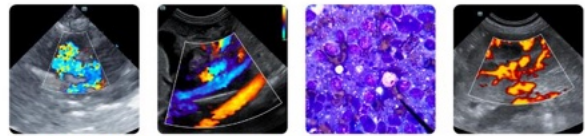
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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