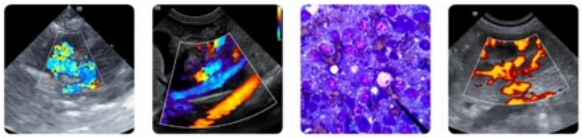

PATIENT

Annie Laughrey

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

7/8/2023

WEIGHT

6.6 lbs.

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

Cat's Meow VH

REFERRING VET

Dr. Levy

INVOICE

13385

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Presented for annual exam and concerns about weight loss.
Weighed 8.69 lbs on Nov 08, 2024 and weighed 6.6 lbs today (Nov 25, 2025)

Pt was sedated with Isoflurane for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. The bladder is minimally to mildly distended. Luminal contents are anechoic. A few tiny cystic calculi are observed within the lumen, one of the stones measuring 0.17 cm in diameter. 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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.30 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.25 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 prominent in size (0.98 cm in width at the level of the hilus) with smooth peripheral contour. A light micronodular pattern is observed throughout the organ. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. 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 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.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. 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

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pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and homogeneous in appearance. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Lymph nodes

A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 0.84 x 0.29 cm.

Free Abdomen

There is no obvious evidence of free fluid.

Other

In the visualized portion of the thorax, there are several suspected B-lines.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or emerging neoplasia (i.e., round cell tumor).
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Tiny cystic calculi
- The suspected B-lines in the thoracic cavity could be consistent with pulmonary parenchymal disease.

Secondary Findings:

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

*Ultrasound guided fine needle aspiration of the spleen was performed at the end of this study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the splenic aspirates for cytologic evaluation is recommended.

- Other considerations include the following:
  1. Feline leukemia, FIV and FIP testing (if not already performed)
  2. CBC with clinical pathology review, particularly in light of the lymphocytosis
  3. Three-view thoracic radiographs to assess for occult pathology in the chest
  4. Repeat chemistry panel to reevaluate the abnormal values.

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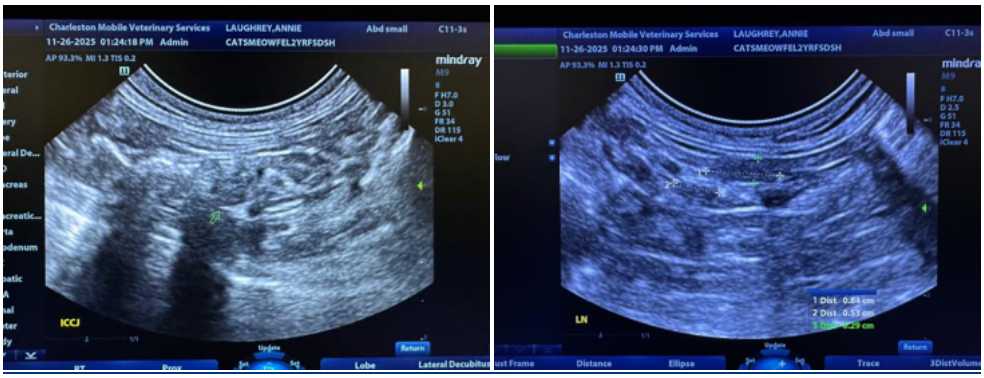
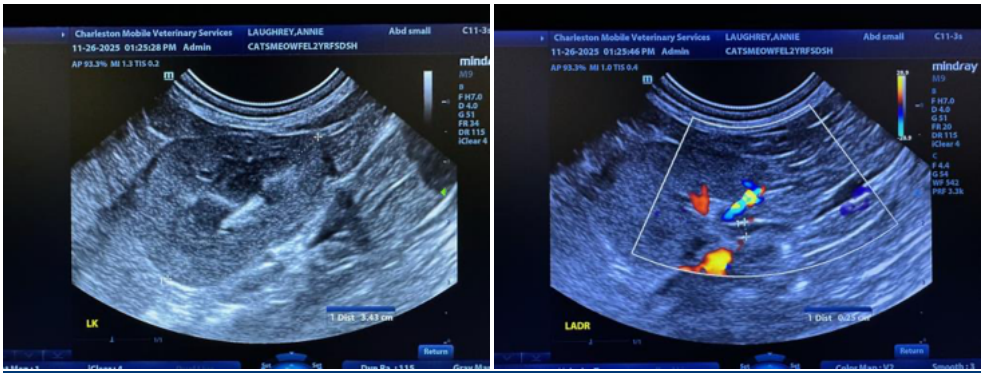
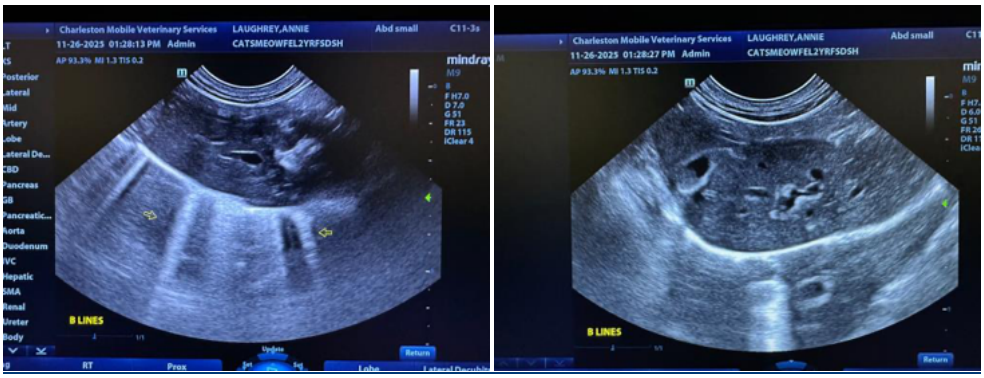
5. If hyperglobulinemia persists, consider serum protein electrophoresis.
6. If the above diagnostics are inconclusive, consider a bone marrow aspirate.

- Regarding the cystic calculi, consider cystotomy with stone removal, analysis and culture. Alternatively, an attempt at medical dissolution can be considered.







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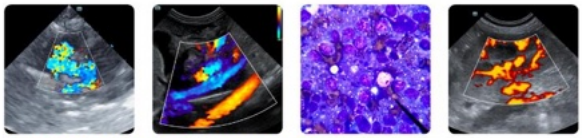

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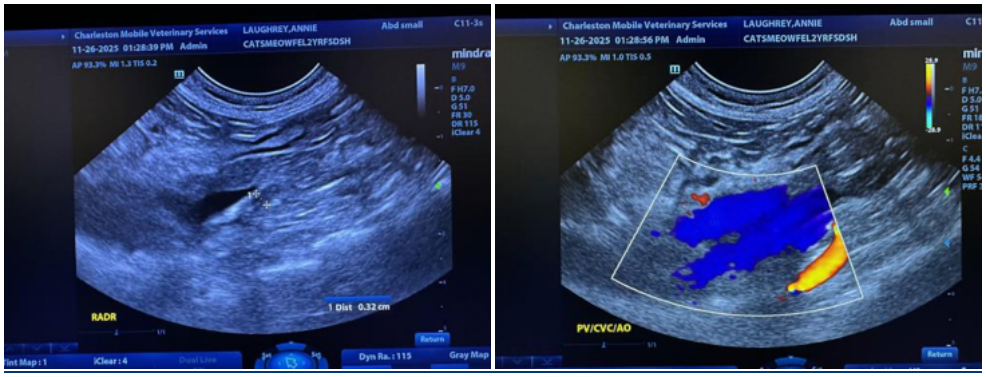

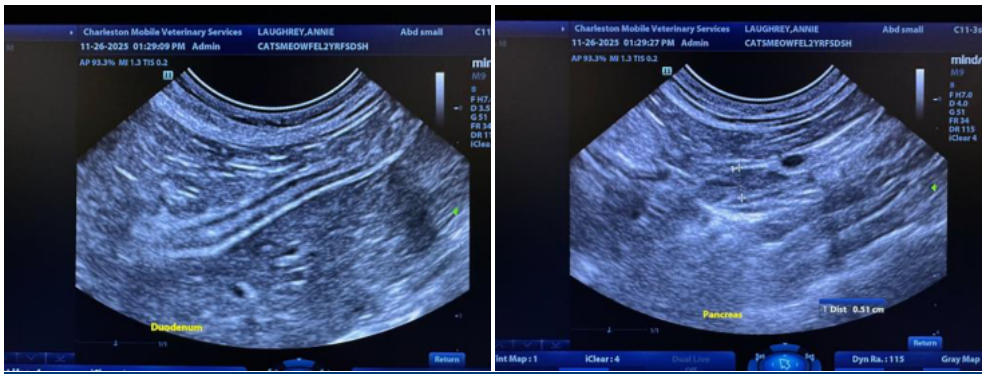

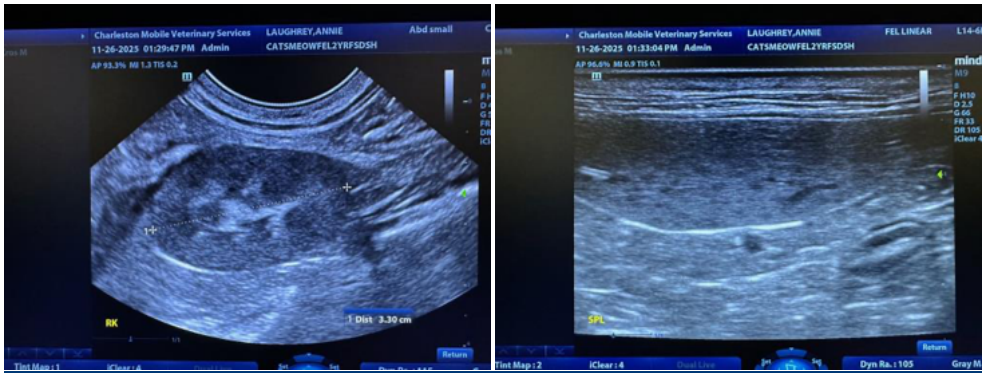

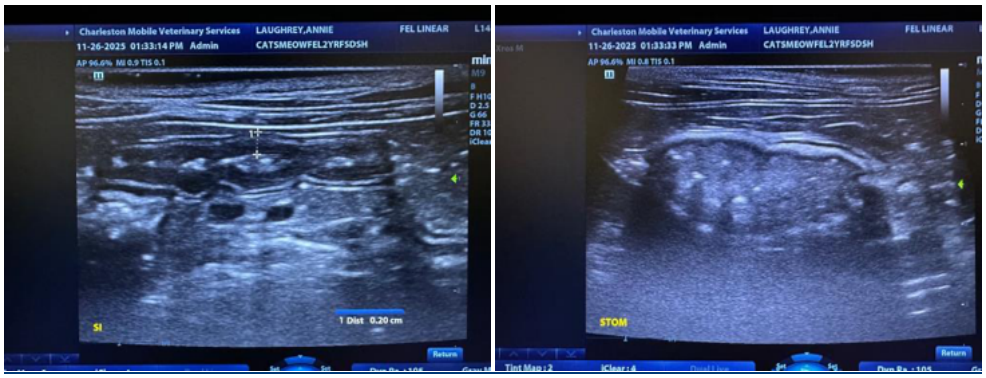

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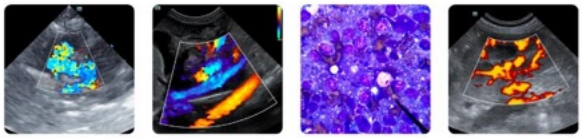

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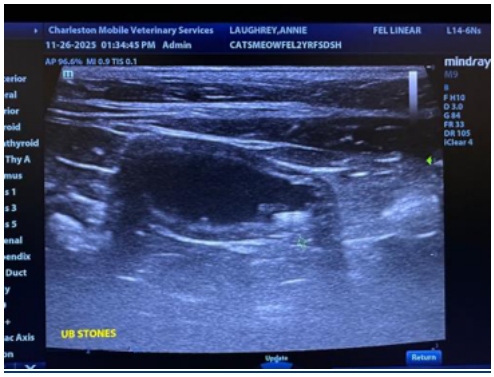

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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