

**PATIENT**

Toby Jackson

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

14 Yrs.

WEIGHT

13.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Cathleen Whitcraft

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Cathleen Whitcraft

INVOICE

13310

DATE

11/4/25

PRESENTING CLINICAL SIGNS

History: Toby presented yesterday for leaking bloody, mucousy, watery diarrhea. He had no rectal tone. He had no vomiting or diarrhea. He has not had much of an appetite in the hospital. He was diagnosed with hyperthyroidism last year and is well managed. BW 3 weeks ago looked good. It was repeated yesterday - see below. Abdominal x-rays were unremarkable. Lab work from 11/3/25 shows CBC chem WNL, USG 1.025, 1+ proteinuria, inactive sediment, fecal PCR panel negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity-dependent mineralized sand is observed within the lumen. No distinct calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.94 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. A few small non-obstructive nephroliths are visualized. Mild pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter.

The right kidney is normal in size (4.35 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. At least one small cortical cyst is seen. Mild pyelectasia is present (0.21 cm in the longitudinal plane). A few small mineralized foci are visualized. There is no evidence of infarcts or hydroureter.

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.

The right adrenal gland is mildly enlarged (0.50 cm width) with rounded peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

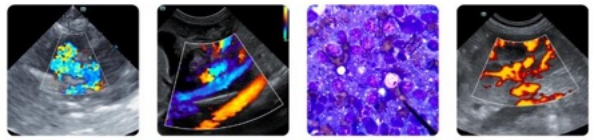
Spleen

The spleen is subjectively normal in size (0.86 cm in width at the level of the hilus) with an undulating medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to the spleen. On the right side, adjacent to the gallbladder, a 4.7 x 4.5 cm irregular/ill-defined, hyperechoic to heterogeneous multi-septated cystic mass is visualized. Within the mass, a 3.5 x 2.7 cm cystic structure is observed. The remaining hepatic parenchyma is relatively homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The lumen of the descending colon is moderately distended with liquid appearing fecal material. There is no evidence of an obstructive pattern.

Pancreas

The left limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and mottled in appearance. The pancreatic duct is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

Lymph nodes

At least one mesenteric lymph node is visualized measuring 0.85 x 0.53 cm.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The right cystic hepatic mass could be consistent with biliary cystadenoma or biliary cystadenocarcinoma.
- The pancreatic changes are suggestive of mild acute or chronic active pancreatitis with some pancreatic parenchymal remodeling.
- Diarrheic stool

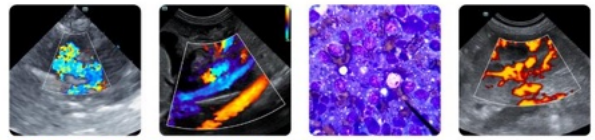
Secondary Findings:

- Mild bilateral age-related renal changes with non-obstructive nephrolithiasis and pyelectasia. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof.
- Urinary bladder sand
- The prominent right adrenal gland may be due to stress hyperplasia or less likely, an emerging tumor.
- The prominent mesenteric lymph node is likely reactive with a lower possibility of emerging neoplasia.

*It is unclear whether the patient's sonographic hepatic and/or pancreatic changes are the cause for the patient's current clinical signs or if a separate and concurrent disease process is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Despite the negative fecal evaluation, consider prophylactic deworming with fenbendazole.
2. Also consider a GI panel including serum cobalamin, folate, TLI and PLI.
3. Aggressive supportive care is recommended including fluid therapy, a probiotic, fiber supplement as well as a bland diet.



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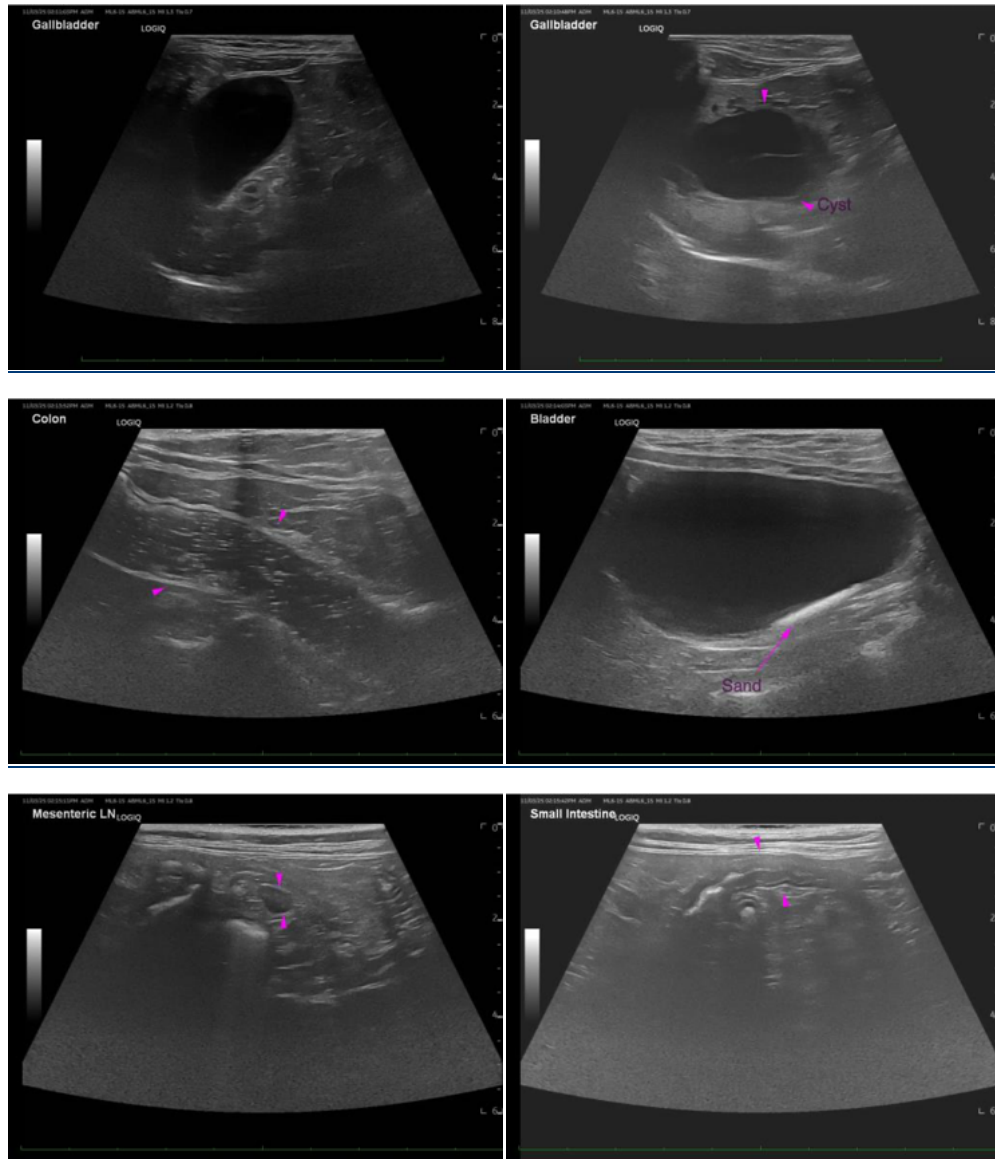
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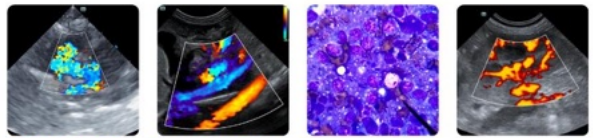
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4. Depending on the results of the above diagnostics as well as the patient's response to therapy, further workup may be indicated.





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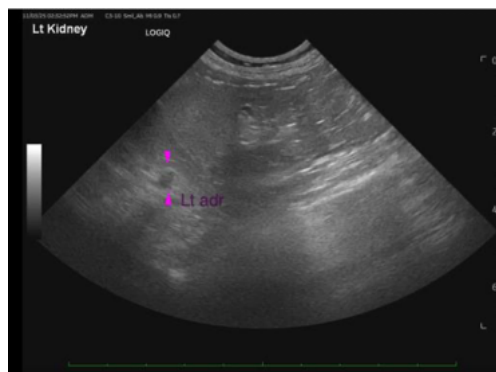
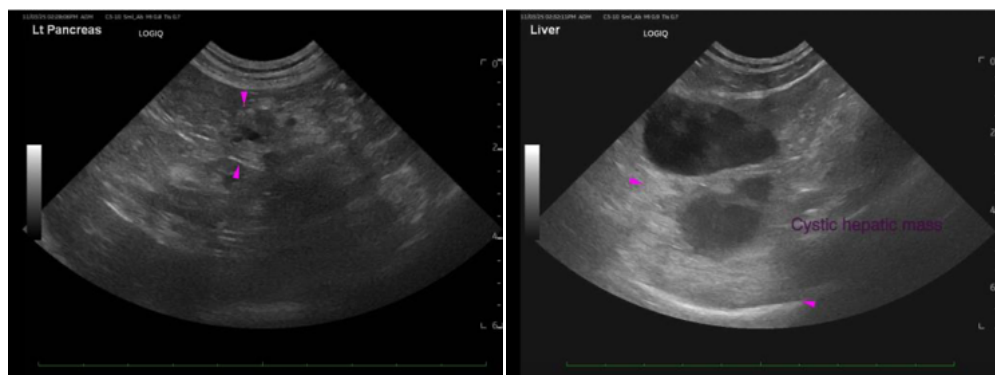
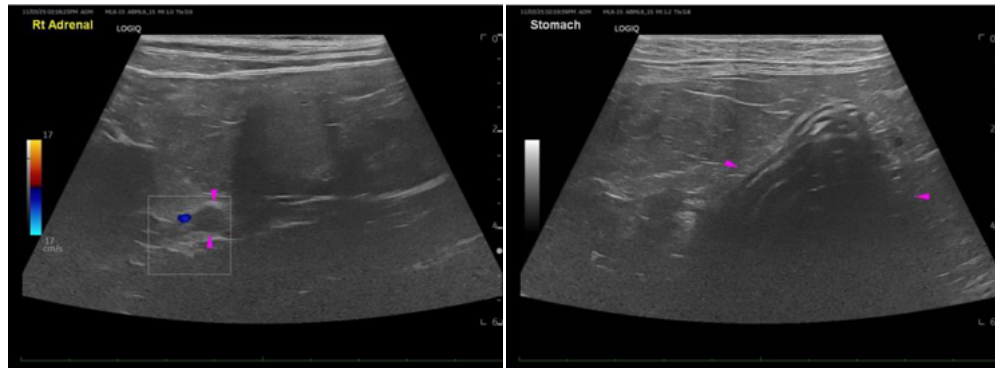
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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