

**PATIENT PRESENTING CLINICAL SIGNS**

Wishnick Hazen History: P presented for US due to not eating since Sat/Sun, urine dark and thickened, lethargy, small fake twig came out in poop. Owners concerned that she ate more and it perforated intestines. Owners very concerned

**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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Female Spayed

The left kidney is normal in size (3.60 cm in length) with an irregular shape. The cortex is variably thickened, with suspected cortical infarcts. There is mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

**AGE**

13 years 8 mos

The right kidney is normal in size (3.38 cm in length) with a slightly irregular shape. The cortex is variably thickened. There is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

**WEIGHT**

9.9 lbs

**Adrenal Glands**

The left adrenal gland is normal size (0.43 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 (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.83 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.

**IMAGING PERFORMED BY**

Kathleen Byrnes

**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.

**HOSPITAL NAME**

PCC High Country

**REFERRING VET**

Dr. Sturgill

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 visible/tortuous but not overtly dilated. The common bile duct measures 0.23 cm in diameter.

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**Gastrointestinal**

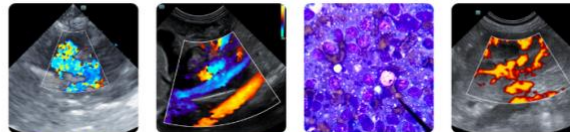
The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally fluid-distended (minimal-to-mild). The small intestinal wall is normal in thickness. There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The submucosal layer of the ileum is hyperechoic. The ileocecolic junction and colonic wall are normal. The proximal colonic lumen contains liquid-appearing fecal material. There is no obvious evidence of an obstructive pattern.

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**Pancreas**

The pancreas is diffusely visible, with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and homogenous in appearance. The



**PATIENT** pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Wishnick Hazen

**Lymph Nodes**

At least one prominent mesenteric lymph node is visualized (0.86 x 0.56 cm).

**SPECIES**

**Free Abdomen**

Feline

There is no obvious evidence of free fluid.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DSH

**Primary Findings**

**SEX**

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's long-term clinical history is recommended. Minor intestinal ileus is present.

Female Spayed

**AGE**

- Diarrheic stool

13 years 8 mos

**Secondary Findings**

**WEIGHT**

- Bilateral nonspecific age-related renal changes with suspected left cortical infarcts

9.9 lbs

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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- The hypoechoic pancreas may be a normal variant for this patient or may represent mild pancreatitis. Correlation with the patient's clinical history is recommended.

- Scant urinary bladder debris

\*There is no obvious evidence of an obstructive pattern on today's study.

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Kathleen Byrnes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

- Regarding the urine color, consider a urinalysis with culture and sensitivity, along with a full minimum database (including a CBC, chemistry panel, urinalysis, and T4).

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- A fecal evaluation for ova and Giardia is also recommended.

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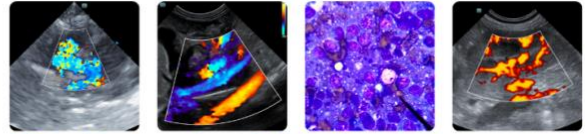
- While awaiting test results, symptomatic care is recommended. If clinical signs persist despite medical management, further work-up (thoracic radiographs, GI panel, +/- GI biopsies) may be indicated.

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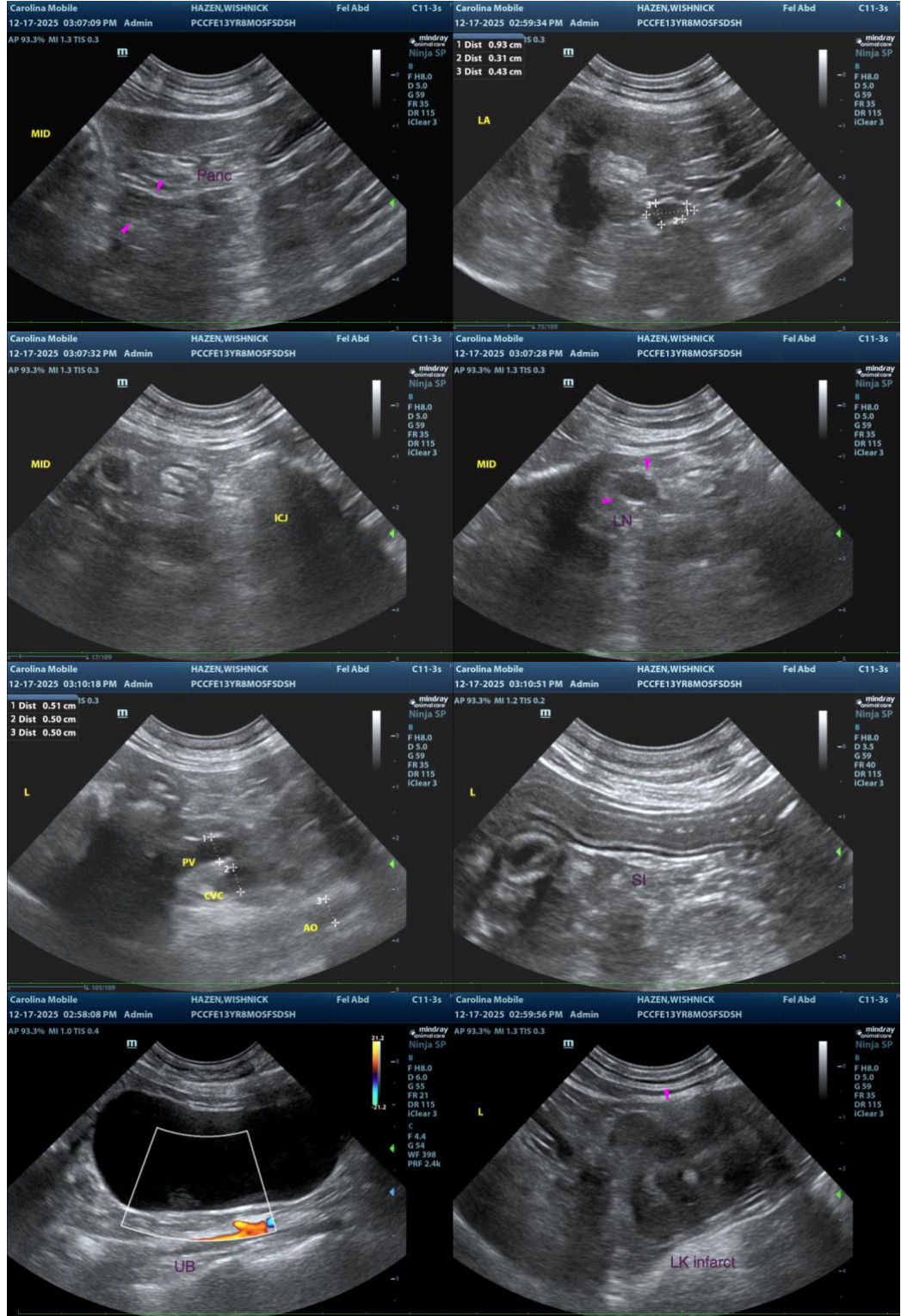
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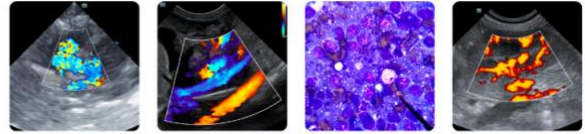
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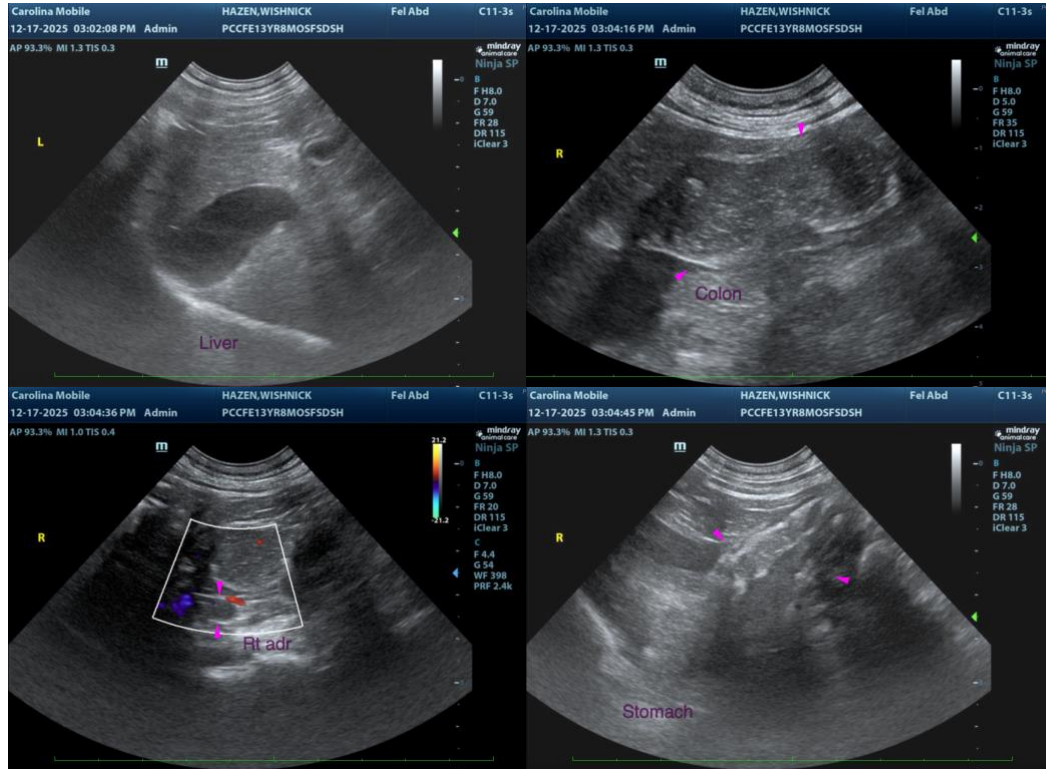
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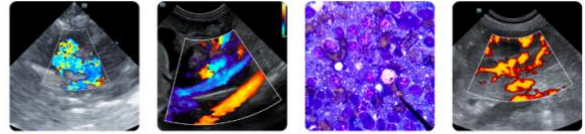
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)



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