



PATIENT

Tiberius Adams

SPECIES

Feline

BREED

Siamese

SEX

Male Neutered

AGE

10-16-16

WEIGHT

6.94

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Cats Meow VH

REFERRING VET

Kate Gibson

INVOICE

22291

DATE

12-19-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Tiberius presented 12-12-25 for losing weight/increased appetite.
Notes: BAR, HR: 150 bpm, R: 40 bpm; BCS 3/5; m.m. pink, slightly tacky, CRT= 2sec, dehydrated
Oral: mild tartar/staining, possible resorptive lesion of 407

EEN:

Eyes: both eyes are bright and clear

Ears: both ears are nonpainful with minimal ceruminous debris

Nose: no nasal discharge noted

PLNS – peripheral LNs palpate within normal limits

Cardiovascular--Grade 2/6 holosystolic murmur

Respiratory-- respiratory rate and effort are normal. normal bronchovesicular sounds

Abdomen– soft, non-painful, no palpable organomegaly, masses, or other abnormalities;

Integument-- healthy coat, no scabbing or alopecia noted, no fleas seen

Musculoskeletal – ambulatory on all 4 with no evidence of lameness

Neurological – normal gait and mentation, CNs normal; full neurologic exam not performed

Diagnostic testing: CBC/Chem/T4: NSF. pan lipase: 0.8 U/L

Current Medications: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The left kidney is normal in size (3.57 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate 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 (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.46 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



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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 gallbladder 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 is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is segmentally-thickened (up to 0.75 cm). There are several areas where there is loss of the normal layering pattern. In the remaining segments, there is disruption in the normal 1:3 muscularis: mucosal ratio. The ileocecolic junction and colonic wall is normal. There is no obvious 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

At least two-to-three enlarged, hypoechoic-to-heterogenous, irregular, mesenteric lymph nodes are visualized (one measuring 3.2 x 1.8 cm).

Free Abdomen

A small amount of free fluid is present.

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 are more most concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of multifocal-to-diffuse inflammatory disease.
- The mesenteric lymphadenopathy is also concerning for infiltrative neoplasia, with a lower possibility of lymphadenitis or lymphoid hyperplasia.
- Trace ascites

Secondary Findings

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspirates of the enlarged mesenteric lymph nodes and thickened small intestinal segments (assuming normal clotting status). Twenty-five gauge-needles should be used.
- Also consider three-view thoracic radiographs to assess cardiopulmonary status.



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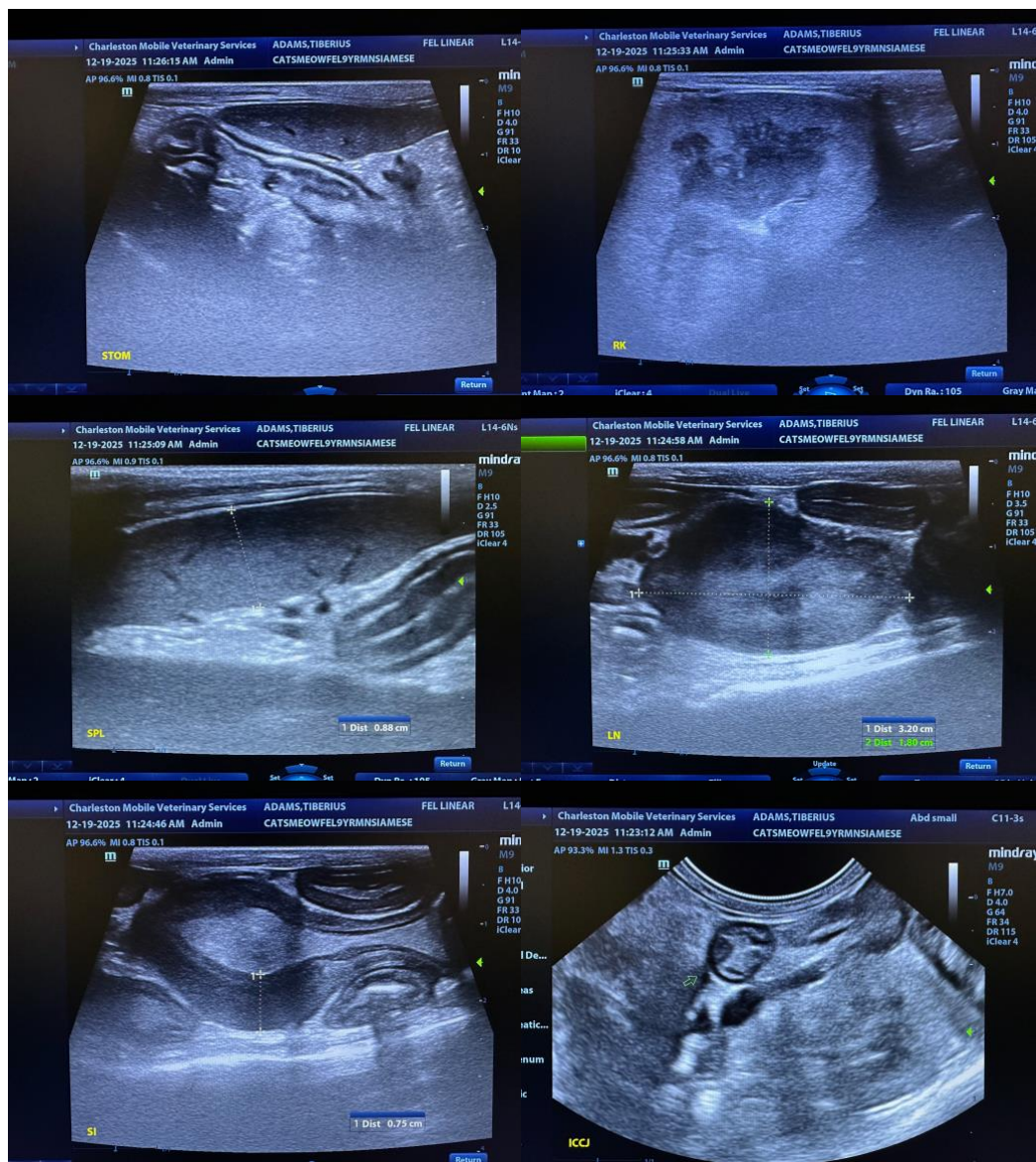
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- Consider a GI panel including serum cobalamin and folate, TLI and PLI
- Depending on the results of the above diagnostics, consultation with a board-certified oncologist may be indicated.
- If further testing is not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids +/- limited antigen diet) as long as the client understands the risks of treatment without a definitive diagnosis.





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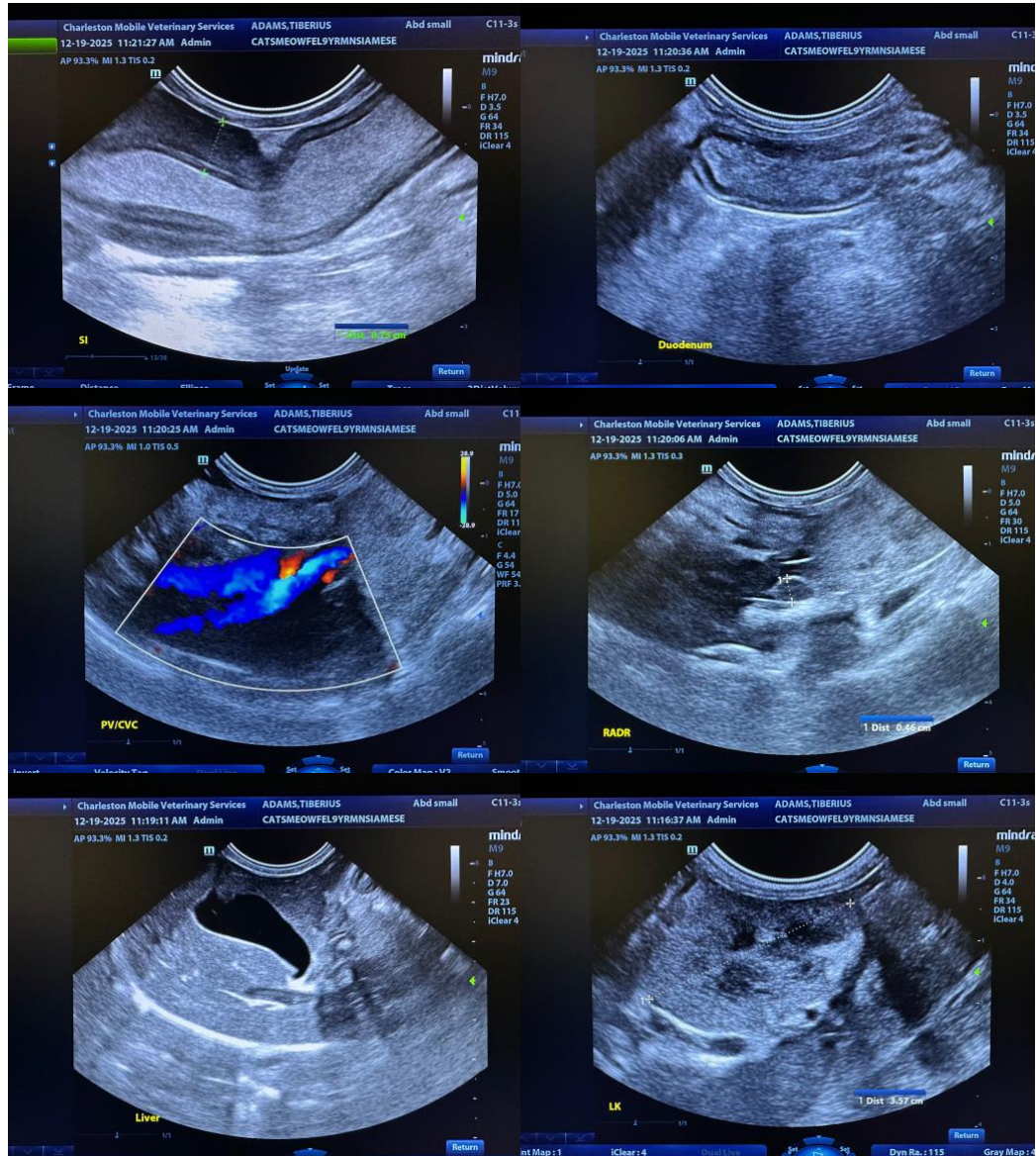
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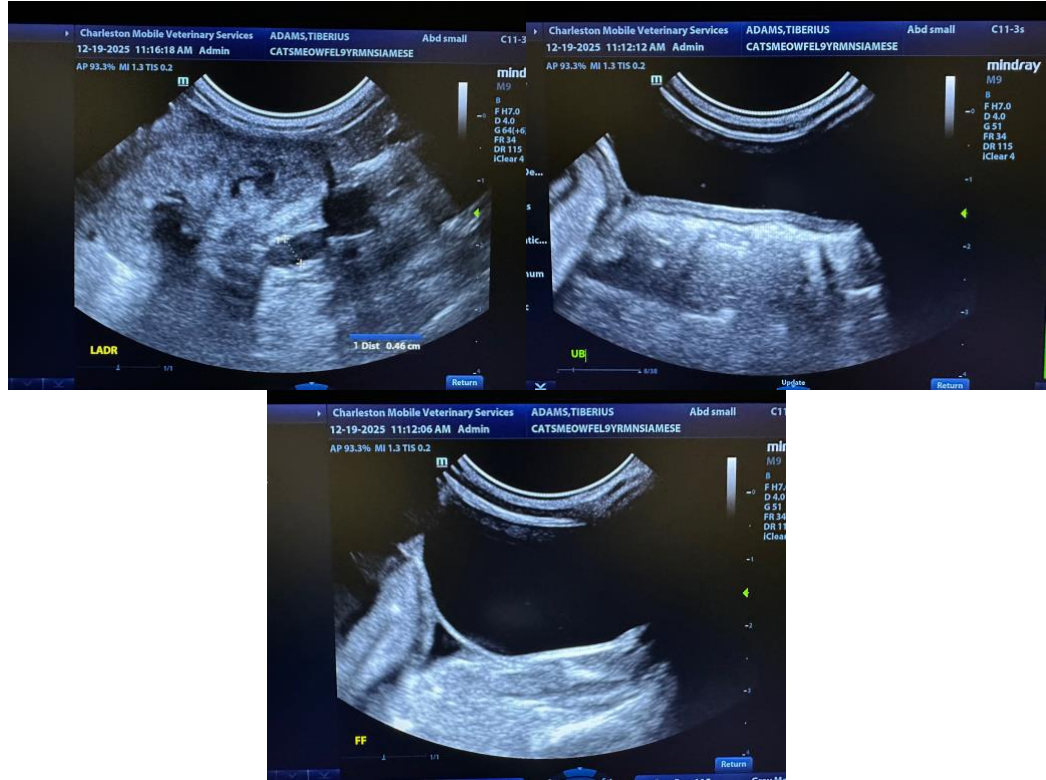
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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