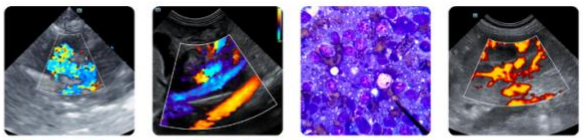
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE
www.charlestonmobile.net
info@charlestonmobile.net
800.403.5408



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Mosby Brown

SPECIES

Feline

BREED

Abyssinian mix

SEX

Male Neutered

AGE

5/29/2011

WEIGHT

4.92 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr Abby Clayton

INVOICE

22547

DATE

2-12-26

PRESENTING CLINICAL SIGNS

Sept 2025: Hyperthyroidism diagnosed after history of intermittent vomiting and T4 4.7. Initially tried Hill's y/d diet, vomiting stopped temporarily, but T4 continued to increase and eventually vomiting returned.

Nov 2025: T4 4.8, ALT 131, platelet count 600, and T4 5.7. Started on transdermal methimazole 2.5mg q12h due to intolerance of oral administration. Vomiting began again approximately 10 days after starting methimazole, occurring usually once or twice daily after eating. Episodes involved regurgitation of full meals, appearing as "soup-like" wet food. Client feeding 4-5 times daily due to continued appetite and begging behavior. Patient maintains normal energy level, continues to play and interact with housemate. Returned to previous diet (Wellness) after poor acceptance of Hill's YD diet.

December 2025: T4 3.9, continuing transdermal methimazole 2.5mg q12h. Kidney and liver values WNL.

January 2026: O reports vomiting has stopped and P doing well

Feb 2026: Vomiting has returned.

Current Medications: Owner reports today that patient has not been on methimazole recently.

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 and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.20 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.91 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.35 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

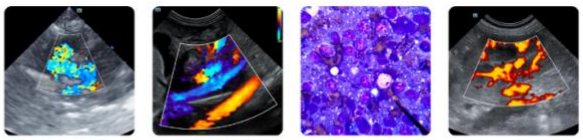
The spleen is normal in size (0.66 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, small, hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

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.

Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE
www.charlestonmobile.net
info@charlestonmobile.net
800.403.5408



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Mosby Brown

SPECIES

Feline

BREED

Abyssinian mix

SEX

Male Neutered

AGE

5/29/2011

WEIGHT

4.92 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr Abby Clayton

INVOICE

22547

DATE

2-12-26

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 small intestinal wall thickness is normal to mildly-thickened (up to 0.33 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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
The abdominal lymph nodes are normal/not visible.

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 are suggestive of inflammatory bowel disease, although normal variation cannot be completed excluded.

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The hyperechoic splenic nodules likely represent benign myelolipomas, with a lower possibility of more insidious splenic pathology.

*It is unclear whether the patient's chronic intermittent vomiting is secondary to uncontrolled hyperthyroidism, inflammatory bowel disease, or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regulation of the patient's hyperthyroidism would be benign in determining if a secondary disease process (i.e., inflammatory bowel disease) is contributing to the vomiting.
- A GI panel including serum cobalamin and folate, TLI and PLI is recommended, along with a fecal evaluation for ova and Giardia.
- Consider a 3–4-week limited antigen or hydrolyzed protein diet to assess for food allergies.

PATIENT

Mosby Brown

SPECIES

Feline

BREED

Abyssinian mix

SEX

Male Neutered

AGE

5/29/2011

WEIGHT

4.92 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr Abby Clayton

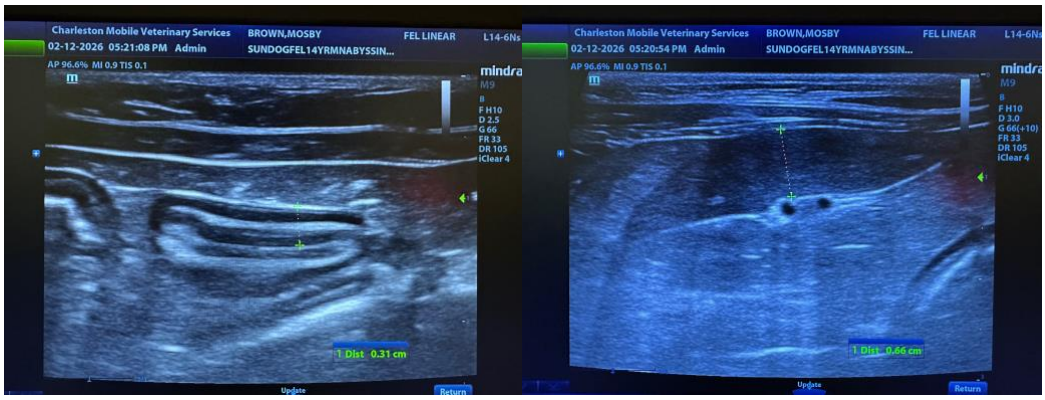
INVOICE

22547

DATE

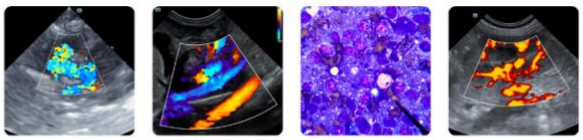
2-12-26

- Ultimately, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis. If pursued, three-view thoracic radiographs are recommended prior to anesthesia.



Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE
www.charlestonmobile.net
info@charlestonmobile.net
800.403.5408



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Mosby Brown

SPECIES

Feline

BREED

Abyssinian mix

SEX

Male Neutered

AGE

5/29/2011

WEIGHT

4.92 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

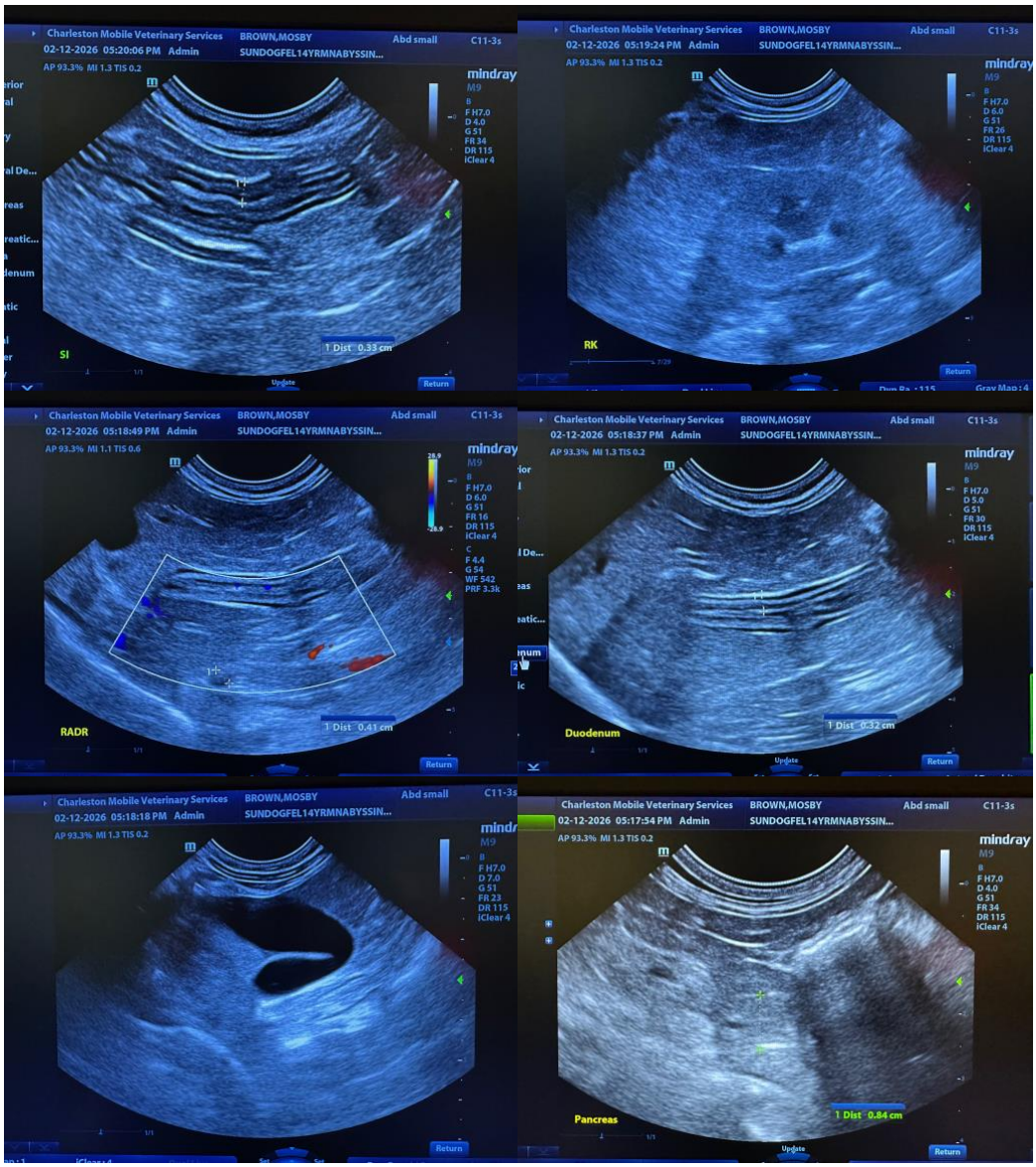
Dr Abby Clayton

INVOICE

22547

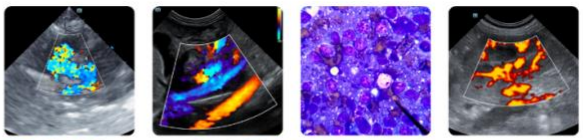
DATE

2-12-26



Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE
www.charlestonmobile.net
info@charlestonmobile.net
800.403.5408



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Mosby Brown

SPECIES

Feline

BREED

Abyssinian mix

SEX

Male Neutered

AGE

5/29/2011

WEIGHT

4.92 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

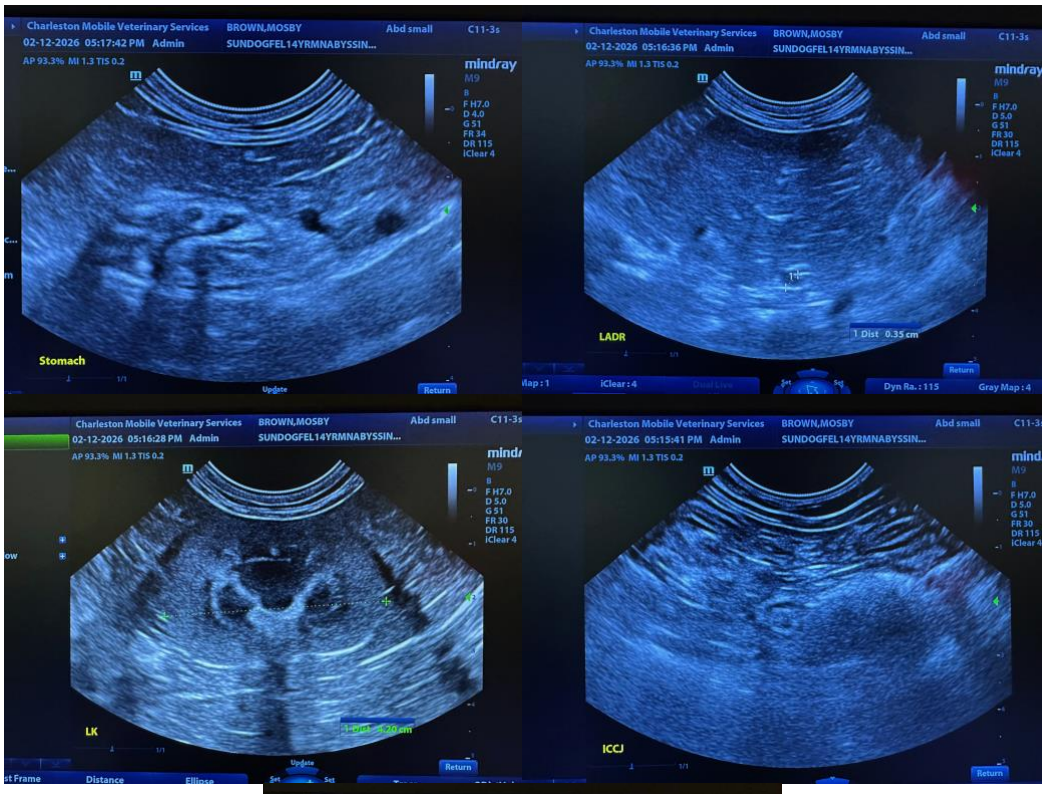
Dr Abby Clayton

INVOICE

22547

DATE

2-12-26



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