

**PATIENT PRESENTING CLINICAL SIGNS**

Misa Williams Clinical Exam Findings: 2-pound weight loss since November 2025. Up and down appetite, periodic vomiting. Senior panel performed 4/9/2026 - ALT mildly elevated, rest unremarkable.  
**SPECIES** Radiographs taken 4/30/2026 suggests thickened appearance to small intestines.  
 Feline Abnormal lab-work values: I will send entire panel to info@  
 Current Medications: No meds

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH *Urinary System***

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**SEX**

Female Spayed

**AGE**

15

**WEIGHT**

10.75

The left kidney is normal in size (3.50 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.

The right kidney is normal in size (3.58 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 loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY *Adrenal Glands***

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

One still image of the right adrenal gland is available for interpretation. The right adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Sara Hansen

***Spleen***

The spleen is normal in size (0.85 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. One- to two small, ill-defined hyperechoic nodules are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

Amazon Park  
 Animal Clinic

***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.

**REFERRING VET**

Dr Jones

The gallbladder lumen is mildly- to moderately distended. The wall is mildly-thickened (up to 0.19 cm). Several, varying-sized choleliths are observed within the lumen. The cystic and common bile ducts are normal.

**INVOICE**

23005

**DATE**

5-13-26

***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 is normal to mildly-thickened (up to 0.30 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio, with a >1:1 ration in some segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.



## PATIENT

Misa Williams

### **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

## SPECIES

Feline

### **Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

## BREED

DSH

### **Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

## ULTRASONOGRAPHIC FINDINGS

### SEX

Female Spayed

### Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

### AGE

15

### Secondary Findings

### WEIGHT

10.75

- Nonobstructive choleliths

- The small hyperechoic splenic nodules likely represent benign myelolipomas, with a low possibility of more insidious splenic pathology.

## INTERPRETED BY

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A GI panel including serum cobalamin and folate, TLI and PLI is recommended, along with a fecal evaluation for ova and Giardia.
- Three-view thoracic radiographs are also recommended to assess for occult pathology in the chest.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.
- If further testing is not pursued, empirical treatment for inflammatory bowel disease (i.e., corticosteroids, limited antigen or hydrolyzed protein diet) can be considered, as long as the client understands the risks of treatment without a definitive diagnosis.

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

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## REFERRING VET

Dr Jones

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Feline

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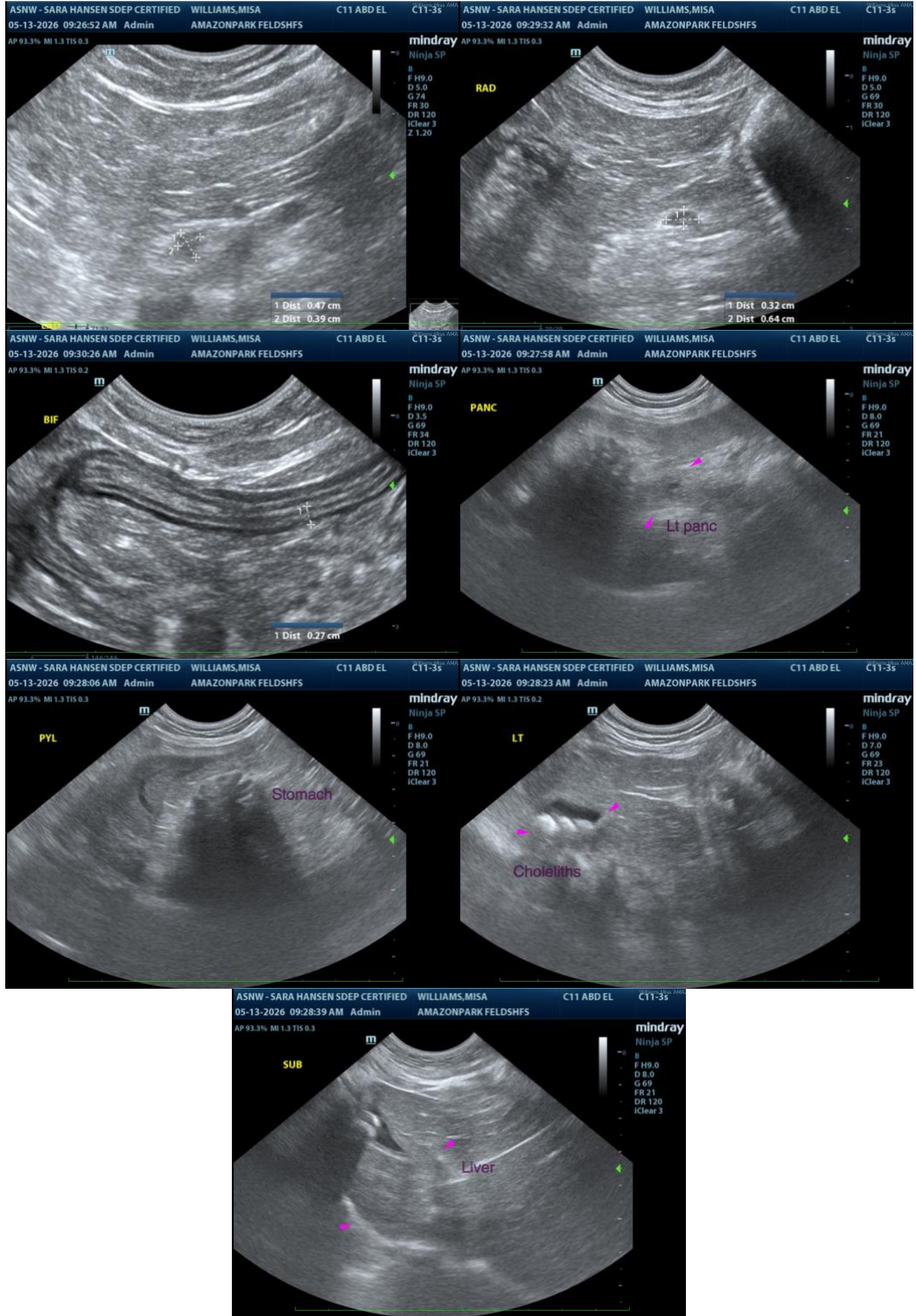
Dr Jones

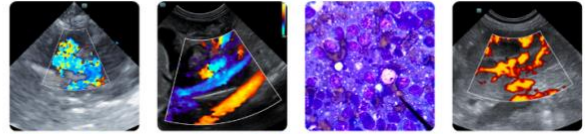
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**PATIENT**

Misa Williams

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.

**SPECIES**

Feline

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.

**BREED**

DSH

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