



PATIENT

Isabella Watson

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

16 yrs. 5 months

WEIGHT

6.1 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Trinity Island VC

REFERRING VET

Dr. Oldham

INVOICE

13306

DATE

11/4/25

PRESENTING CLINICAL SIGNS

Pt recently has been vomiting with inappetence and weight loss. Has been responsive to corticosteroid treatment. Was diagnosed with hyperthyroidism 3 weeks ago and started on transdermal Methimazole but vomiting has persisted. Ate well today. CBC chem 2 weeks ago was unremarkable. Pt sedated with Butorphanol and Ketamine for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of echogenic debris is suspended 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.

The left kidney is normal in size (3.33 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 (3.6 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to 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 (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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. 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 hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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 aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta consistent with a post-prandial presentation. The gastric wall and pylorus are normal in thickness with a normal layering pattern and appropriate mural detail. The pyloric outflow tract is patent. The small intestinal lumen is segmentally



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dilated with chyme. The small intestinal wall is normal to severely thickened (up to 0.65 cm). A >3 cm mass effect is arising from a jejunal segment. There is complete loss of the normal layering pattern in this region. In other jejunal segments, there is disruption in the normal 1:3 muscularis: mucosal ratio with some loss of layering in several regions. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

What is thought to be pancreas is diffusely enlarged and hypoechoic with a mass effect. The margins are swollen and undulating. The pancreatic duct is not overtly dilated.

Lymph nodes

A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 0.86 cm in its longest dimension. Surrounding mesentery is hyperechoic.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Jejunal mass effect. Neoplasia (i.e., carcinoma, lymphoma) is suspected with a low possibility of a focal inflammatory process. The diffuse small intestinal wall changes could be consistent with emerging lymphoma or inflammatory bowel disease.
- Suspected pancreatic mass effect. Neoplasia (i.e., carcinoma) is of top concern. However, severe pancreatitis cannot be excluded.
- Diffuse peritonitis likely secondary to bowel and/or pancreatic pathology.

Secondary Findings:

- Bilateral nonspecific age-related renal changes
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The hepatic changes are most consistent with age-related parenchymal remodeling.
- Urinary bladder debris

*Ultrasound-guided fine needle aspirates of the pancreas and bowel mass were obtained at the end of this study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider a full metastatic check of the thorax including left lateral and VD radiographic views.



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2. Depending on cytology results for the pancreas and bowel mass, consultation with a board-certified oncologist may be indicated.





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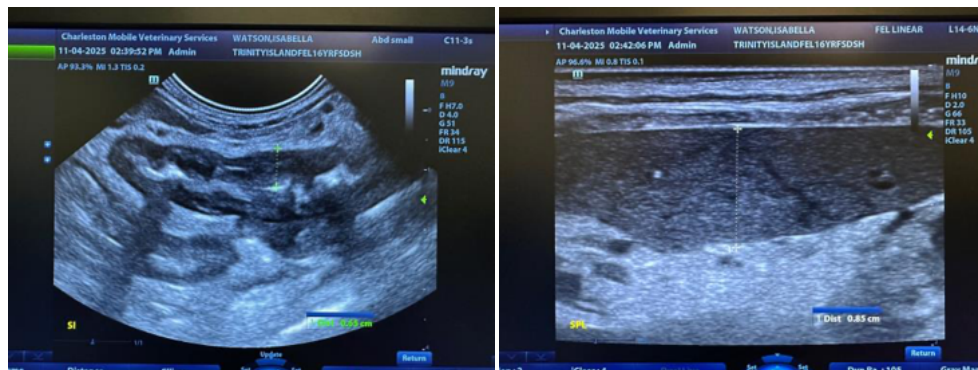
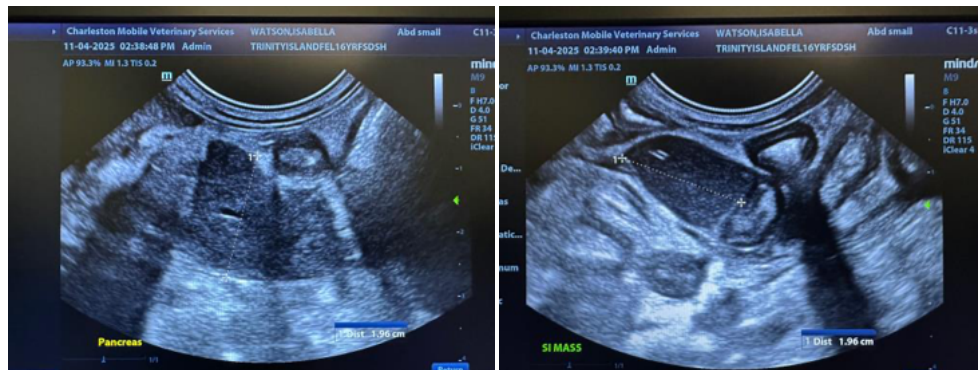
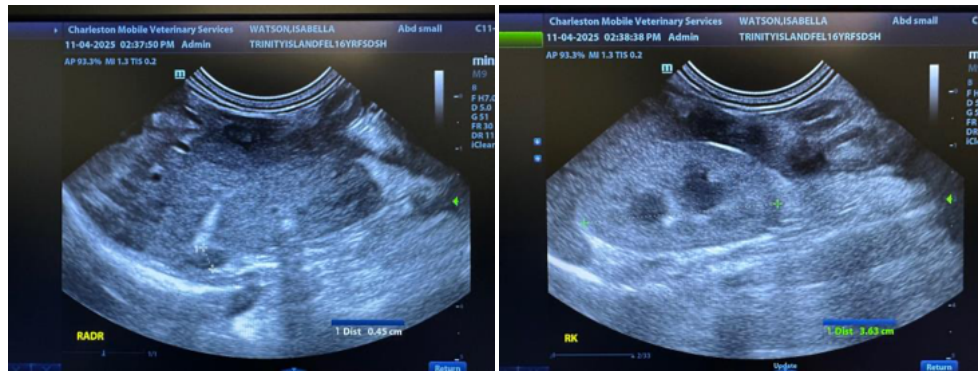
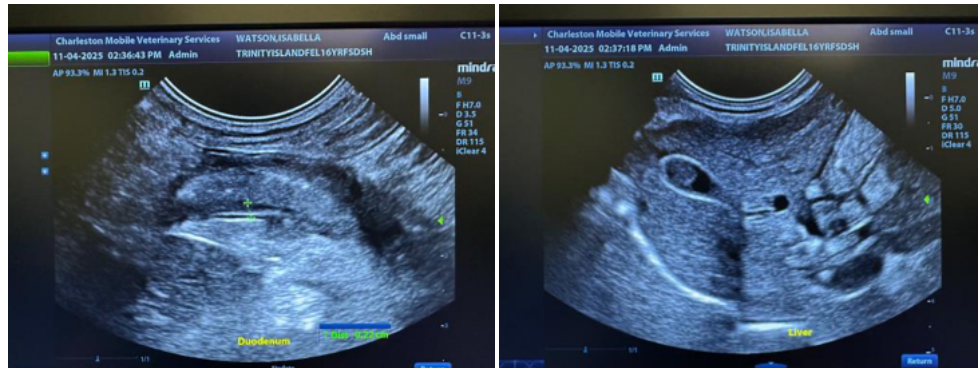
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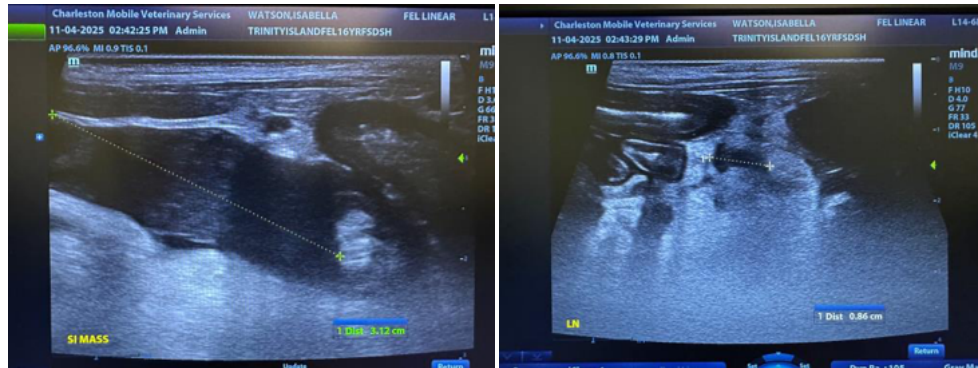
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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