



PATIENT

Marley Devinney

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

15.77 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

Cats Meow

REFERRING VET

Dr. Gibson

INVOICE

13505

DATE

2/25/26

PRESENTING CLINICAL SIGNS

MARLEY PRESENTS FOR NOT EATING/POSS CONSTIPATED. O STATES P HASN'T ATE SINCE WEDNESDAY BUT ATE A SMALL AMOUNT OF DRY FOOD IN THE LAST HOUR. P HASN'T DEFECATED SINCE MONDAY BUT DEFECATED 2 SMALL FIRM STOOLS IN THE LAST HOUR. P WANTS TO EAT BUT WILL SMELL FOOD AND WALK AWAY. NO C/S/V/D AND E/D DECREASED. P IS 100% INDOORS ON NO FLEA PREVENTION. EATS HILLS SCIENCE DIET DRY ONLY. BAR, HR: 140 bpm, R: 50 bpm; BCS 4/5; m.m. pink, slightly tacky, CRT= 2sec, dehydrated
Oral: several missing teeth
EEN:
Eyes: graying of the lens OU
Ears: both ears are nonpainful with minimal ceruminous debris
Nose: no nasal discharge noted
PLNS – peripheral LNs palpate within normal limits
Cardiovascular--heart rate and rhythm are normal. no murmurs auscultated. strong, synchronous pulse
Respiratory-- respiratory rate and effort are normal. normal bronchovesicular sounds
Abdomen– uncomfortable during
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: pan lipase: 0.9 U/L
Radiographs: some stool near pelvic inlet, gas in intestinal bowel loops

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in size (4.31 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.

The right kidney is normal in size (4.50 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to 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 (0.80 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



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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. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder 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 along the lesser curvature is severely thickened (up to 1.36 cm) and hypoechoic with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The wall along the greater curvature is 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 in thickness. There is slight disruption of the normal 1:3 muscularis: mucosal ratio in some segments. The ileocecolic junction and colonic wall are 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

A 0.77 x 0.43 cm mesenteric lymph node is visualized. A few prominent hypoechoic lymph nodes are observed in the cranial abdomen, one of the nodes measuring 1.34 x 0.77 cm. Another node measures 1.04 x 0.73 cm. The mesentery surrounding all nodes is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

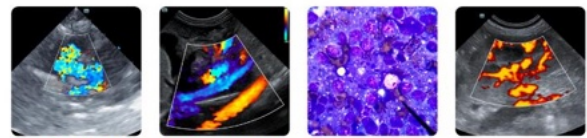
- The gastric wall changes along the lesser curvature are concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, focal gastritis cannot be excluded. Adjacent peritonitis is present. The regional lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.

Secondary Findings:

- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Unfortunately, the gastric wall thickening is not in a region that is safely accessible for aspiration. Therefore, endoscopic or surgical GI biopsies can be considered to get a definitive diagnosis. If surgical biopsies are pursued, prominent abdominal lymph nodes should also be submitted for histopathology.



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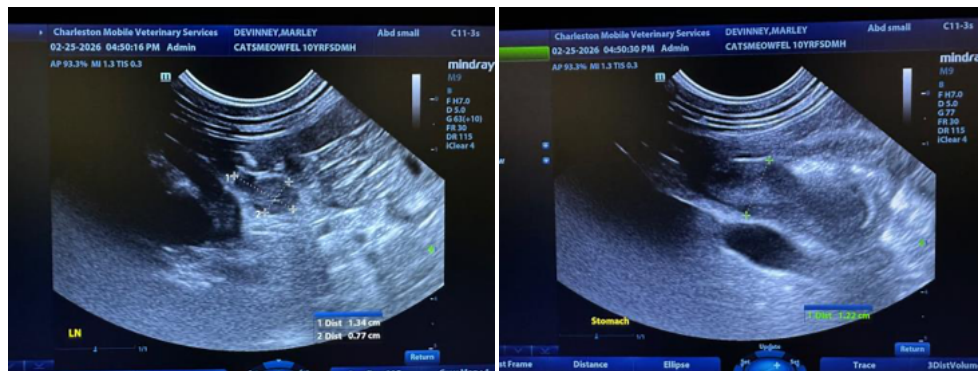
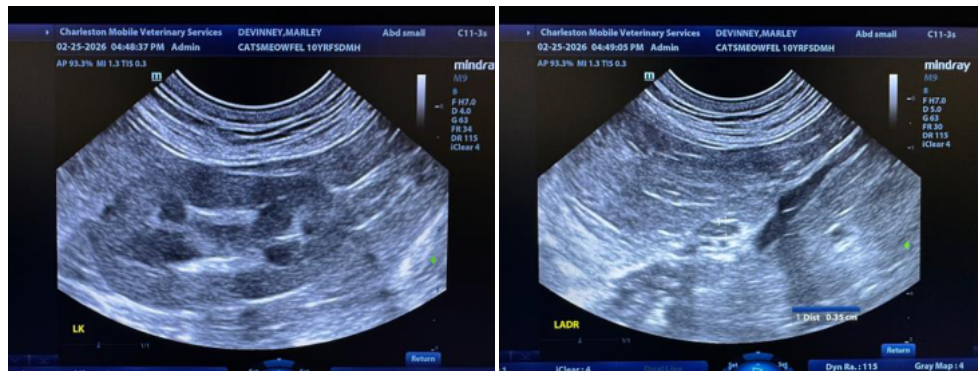
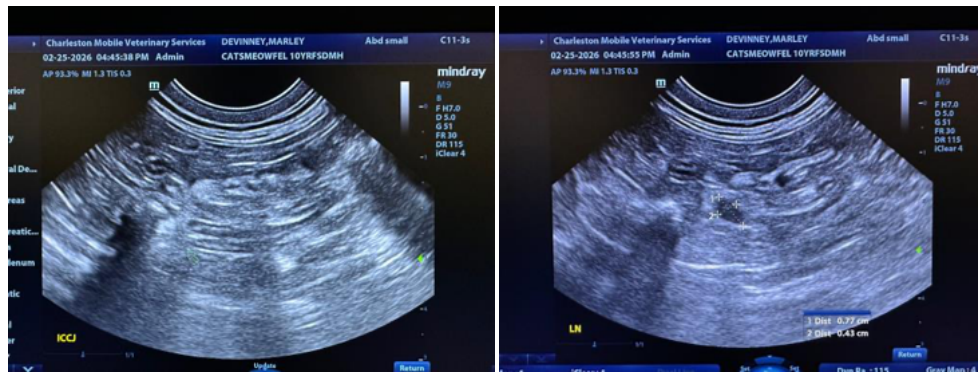
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3. Also consider a GI panel including serum cobalamin, folate, TLI and PLI.





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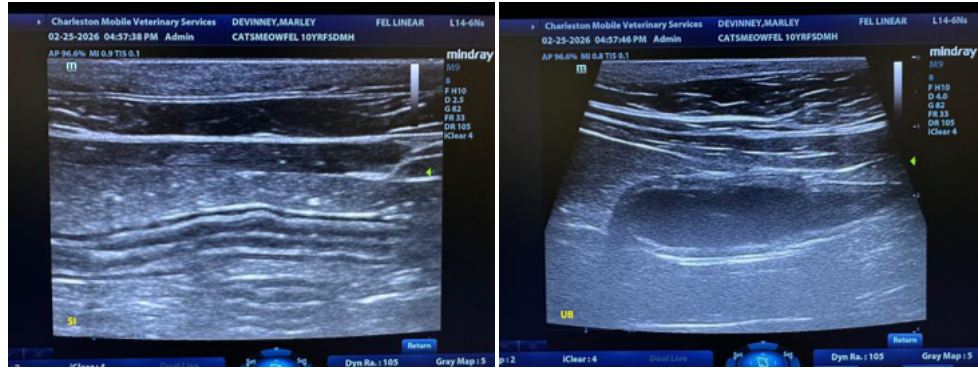
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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