



**PATIENT**

Foxy Incorvia

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

1/3/19

**WEIGHT**

15.4 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**

13453

**DATE**

2/4/26

**PRESENTING CLINICAL SIGNS**

Notes: FOXY PRESENTS FOR RECHECK UA. O STATES P IS STILL URINATING O/S BOX AND STARTED VOMITING FOOD/BILE ON AND OFF FOR 2 WEEKS. NO C/S/D AND E/D WNL. P IS 100% INDOORS ON NO FLEA PREVENTION. EATS OCC WET AND C/D DRY DIET.

O: BAR, wgt: 15.4 lbs, CBC/Chem: GGT: 14 U/L

U/A: urine specific gravity: >1.050, pH: 7, protein: 30 mg/dL, GLU: neg, ketone: neg, UBG: normal, bil: neg, bld: 250 ery/uL, WBC: <1/HPF, RBC: >50/HPF, manual: NSF

Radiographs: no urolith noted

A: open for vomiting, inappropriate urination r/o IBD, cholangiohepatitis, pancreatitis

P: Rec AUS

**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. Luminal contents are anechoic. 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 (4.22 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 (3.99 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.74 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. 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. The duodenal papilla is normal in size at 0.37 cm in width.

**Gastrointestinal**



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta and gas. 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 0.32 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in several 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**

1-2 prominent mesenteric lymph nodes are visualized, one of the nodes measuring 1.48 x 0.49 cm.

**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**

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

\*An obvious cause of the patient's inappropriate urinations is not identified in this study. Considerations include occult urinary tract infection, idiopathic cystitis, behavioral issue, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the history of vomiting, consider the following:
  1. Serum cobalamin, folate, PLI and TLI
  2. A fecal evaluation for ova/Giardia
  3. 3-4-week limited antigen or hydrolyzed protein diet trial to assess for food allergies
  4. Initiation with a probiotic may also prove beneficial.
  5. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
  6. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs are recommended prior to anesthesia.
  7. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider empirical treatment for Helicobacter gastritis, which includes a 14-21-day course of amoxicillin, metronidazole, clarithromycin and an acid blocker (i.e., omeprazole or famotidine).



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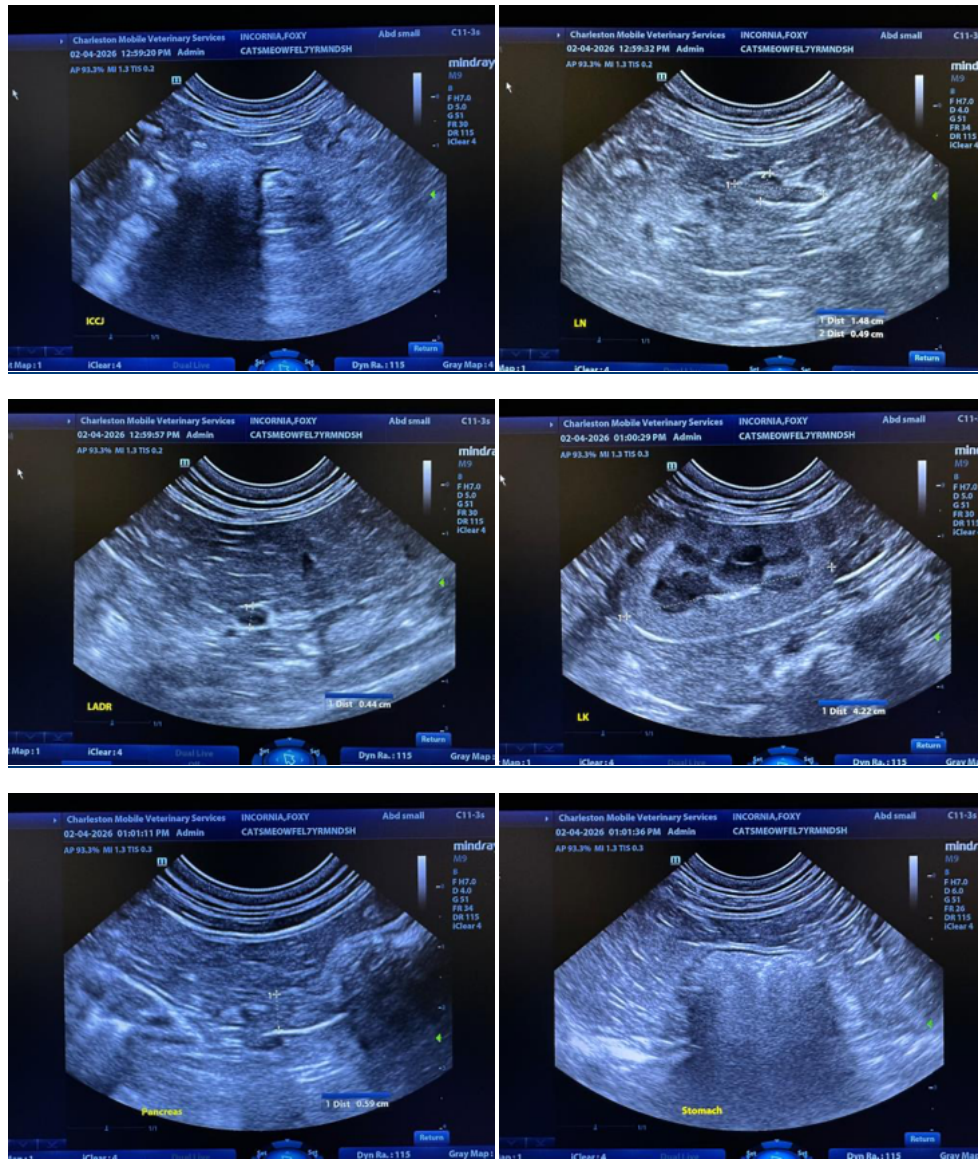
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- Regarding the inappropriate urinations, a urine culture and sensitivity is recommended to assess for occult infection. If the culture is negative, consider empirical treatment for idiopathic cystitis and/or behavioral issue.





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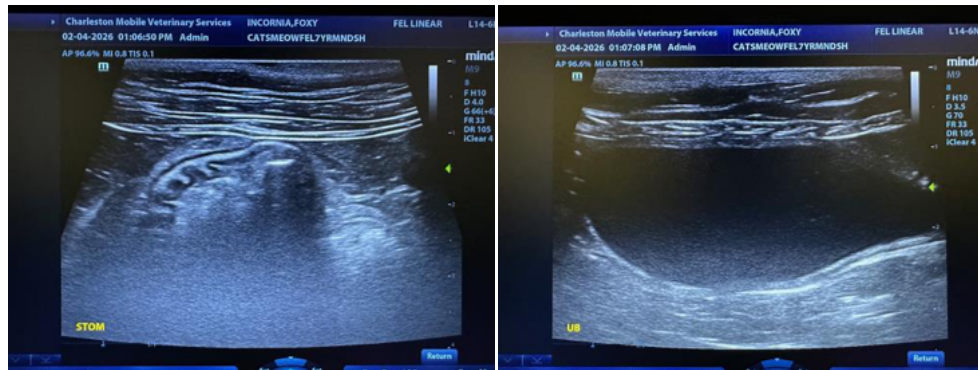
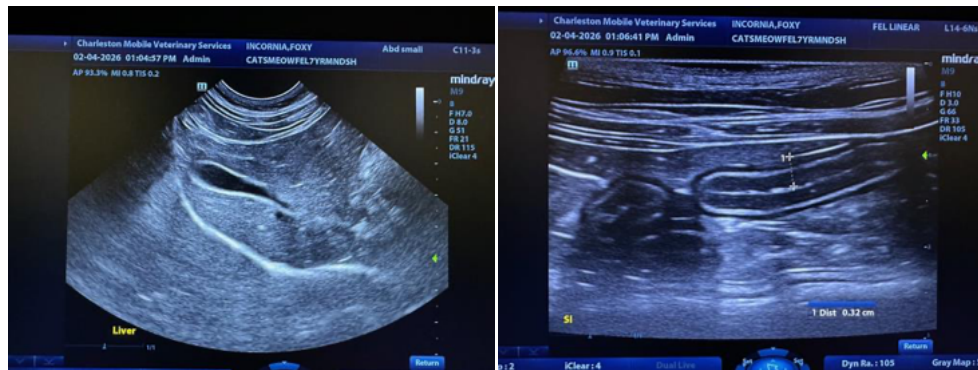
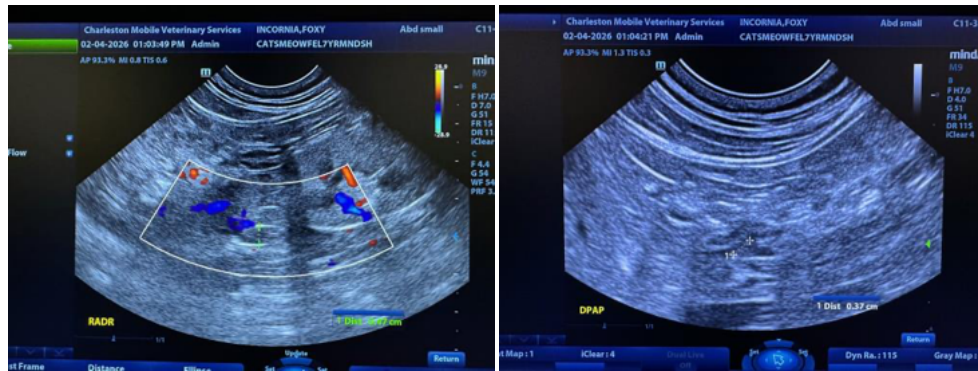
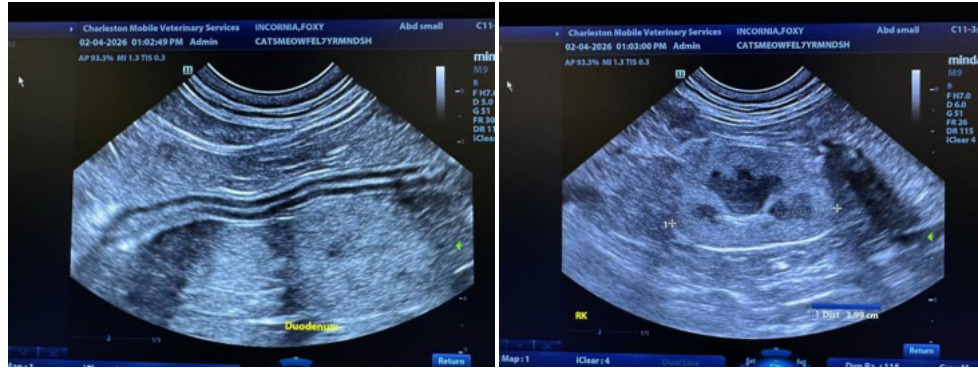
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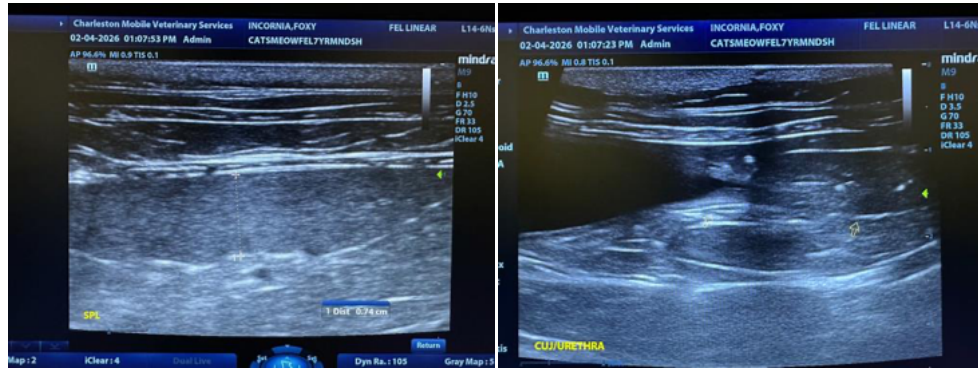
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)