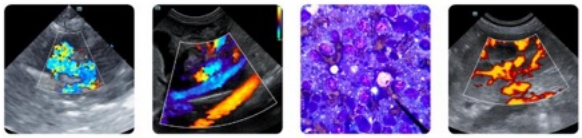


PATIENT

Gingy Nevers

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

4/12/2014

WEIGHT

4 kg.

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

Sun Dog Cat Moon

REFERRING VET

Dr. Pruitt

INVOICE

13688

DATE

4/28/26

PRESENTING CLINICAL SIGNS

4/20/26 -- Presenting Concern: Gingy Nevers presents for vomiting blood (hematemesis) for approximately 2 weeks.

Other medical history:
- No prior history of vomiting or illness.
- No perceived weight loss, polydipsia, or polyuria.
- No lethargy or decreased energy noted.
- No inappropriate elimination.
- No known ingestion of foreign material (plants, bugs, string).
- Difficulty medicating at home; does not accept treats or oral medications easily.
- Previous recommendation for gabapentin for visits; not administered due to inability to dose at home.

Neutrophilia (mild to moderate), eosinophilia (severe around 5,000), T4 wnl, HW negative

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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.68 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.

The right kidney is normal in size (3.70 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 (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.90 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 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.

PATIENT

Gingy Nevers

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

4/12/2014

WEIGHT

4 kg.

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

Sun Dog Cat Moon

REFERRING VET

Dr. Pruitt

INVOICE

13688

DATE

4/28/26

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 diffusely thickened (up to 0.42 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in many segments. The mesentery effacing the serosal surface of some jejunal segments is hyperechoic. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains some shadowing fecal material. No obvious obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

A few prominent hypoechoic mesenteric lymph nodes are visualized, one of the nodes measuring 1.80 x 0.81 cm. Surrounding mesentery is hyperechoic. In addition, a 0.88 x 0.62 cm gastric lymph node is also seen.

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 could be consistent with an inflammatory process (i.e., eosinophilic enteritis, lymphoplasmacytic enteritis), emerging lymphoma or other enteropathy.
· The abdominal lymphadenopathy could be consistent with lymphadenitis, lymphoid hyperplasia or emerging neoplasia. Mild adjacent peritonitis is present.

Secondary Findings:

· Mild bilateral nonspecific, age-related renal changes

*Ultrasound-guided fine needle aspiration of a mesenteric lymph node was performed at the end of the study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. If lymph node cytology results are inconclusive, surgical biopsies of the gastrointestinal tract and abdominal lymph nodes can be considered to get a definitive diagnosis.
2. A GI panel including serum cobalamin, folate, TLI and PLI is also recommended along with prophylactic deworming.

PATIENT

Gingy Nevers

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

4/12/2014

WEIGHT

4 kg.

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

Sun Dog Cat Moon

REFERRING VET

Dr. Pruitt

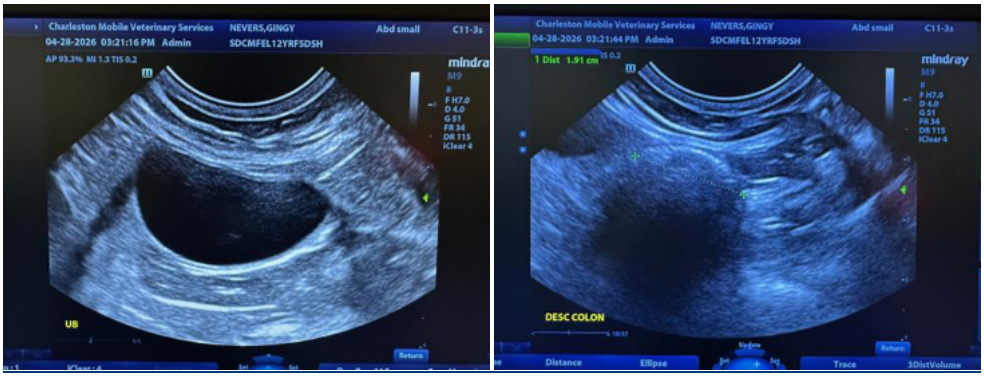
INVOICE

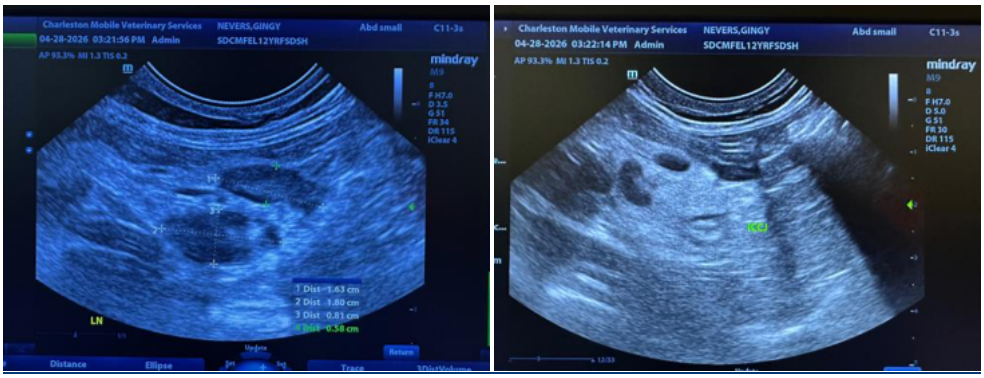
13688

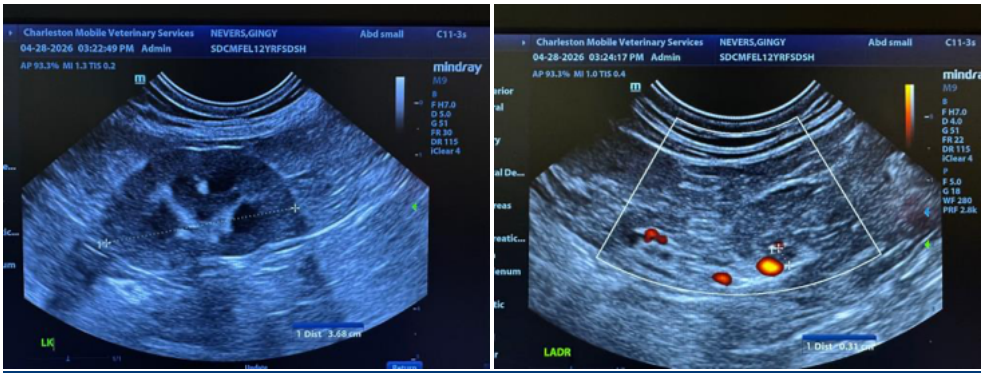
DATE

4/28/26

3. If further diagnostics are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, limited antigen diet, cobalamin supplementation) as long as the client understands the risks of treatment without a definitive diagnosis.

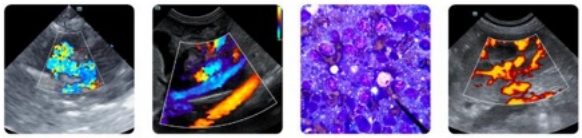






Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Gingy Nevers

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

4/12/2014

WEIGHT

4 kg.

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

Sun Dog Cat Moon

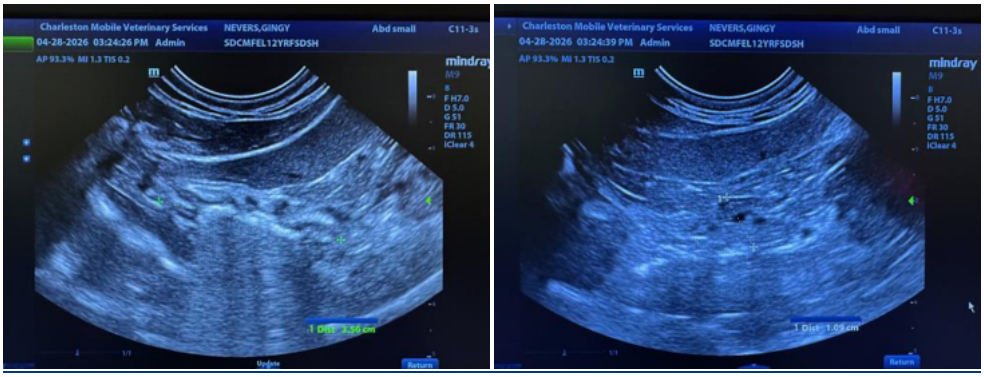
REFERRING VET

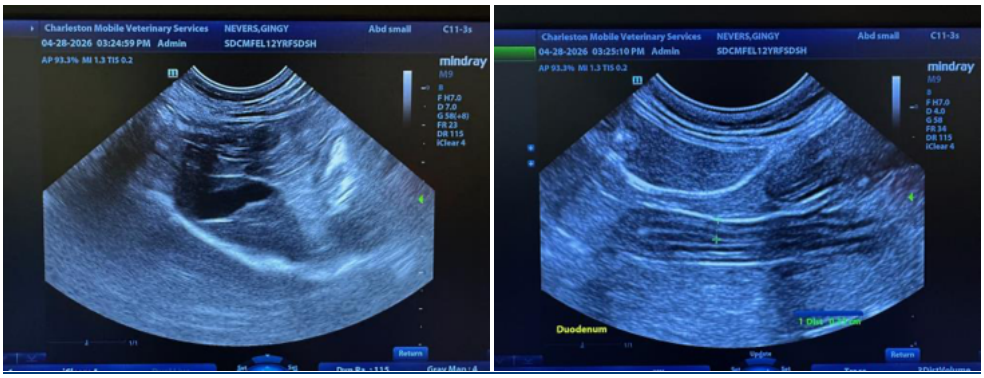
Dr. Pruitt

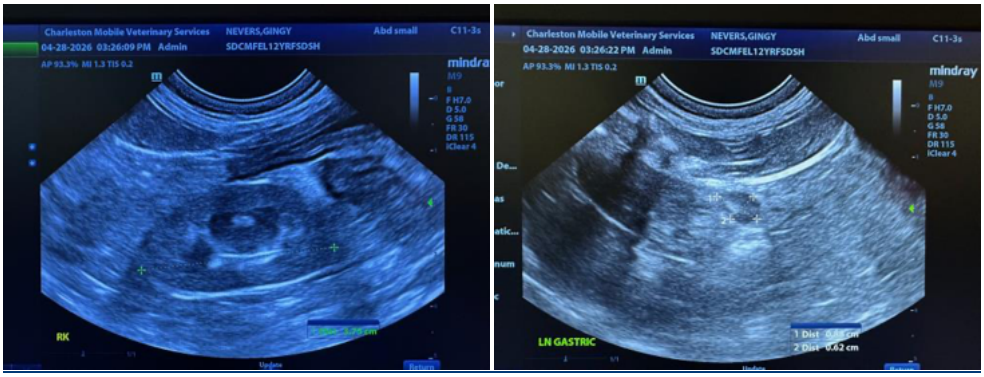
INVOICE

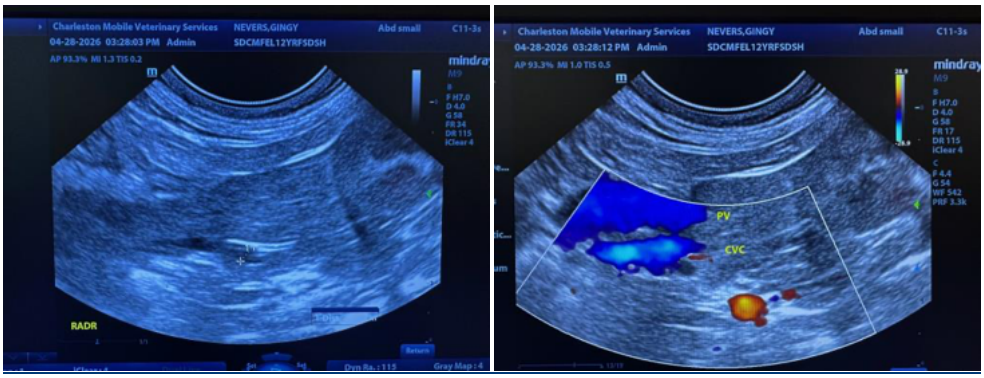
13688

DATE
4/28/26



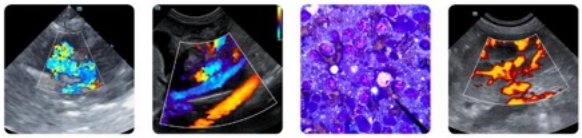






Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Gingy Nevers

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

4/12/2014

WEIGHT

4 kg.

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

Sun Dog Cat Moon

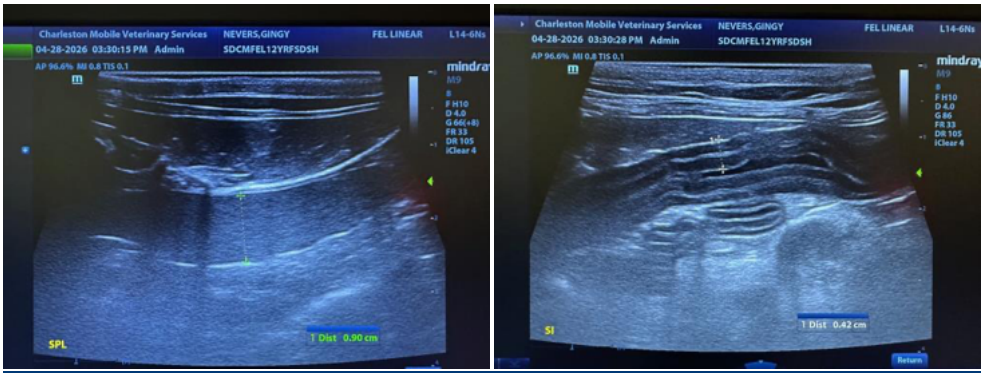
REFERRING VET

Dr. Pruitt

INVOICE

13688

DATE
4/28/26



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