



PATIENT

Mischa Casey

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

4/8/14

WEIGHT

6.7 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

Waterway

REFERRING VET

Dr. Roland

INVOICE

13720

DATE

5/13/26

PRESENTING CLINICAL SIGNS

O believes she is losing wt again
1/2 can wet in AM, 1/2 can wet in PM, 1/4 cup dry before bed - 5.5 oz of canned food and 1/4 cup of dry food.
Wasn't wanting to eat for a little bit, was having soft stool but then returned normal
Normal behavior
Having more frequent BM's
Not drinking as much water
CBC unremarkable, T4 normal at 3.1, chemistry unremarkable. Pt sedated with Dexdomitor and Butorphanol 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. 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 (3.44 cm in length) with a relatively normal shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no obvious evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.48 cm in length) with a slightly irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no obvious evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.83 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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 duodenal wall is normal in



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thickness with a normal layering pattern. The jejunal walls are normal in thickness. There is disruption in the normal 1:3 muscularis: mucosal ratio. The ileal wall is diffusely thickened (up to 0.33 cm) with a prominent muscularis layer. The wall in the region of the ileocecal colic junction is prominent with retention of the normal layering pattern. The colonic wall is normal to borderline thickened (up to 0.26 cm) with a normal layering pattern. The colonic lumen is empty. There is no obvious obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

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

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 and colonic wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The pancreatic changes are suggestive of chronic pancreatitis with minor parenchymal remodeling.

Secondary Findings:

- Bilateral nonspecific, age-related renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A GI panel including serum cobalamin, folate, TLI and PLI along with a fecal evaluation for ova and Giardia are recommended.
2. Consider a 3-4 week limited antigen or hydrolyzed protein diet trial with the patient will tolerate it.
3. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. Surgical biopsies are preferred in order to obtain samples from jejunum and ileum.
4. 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.



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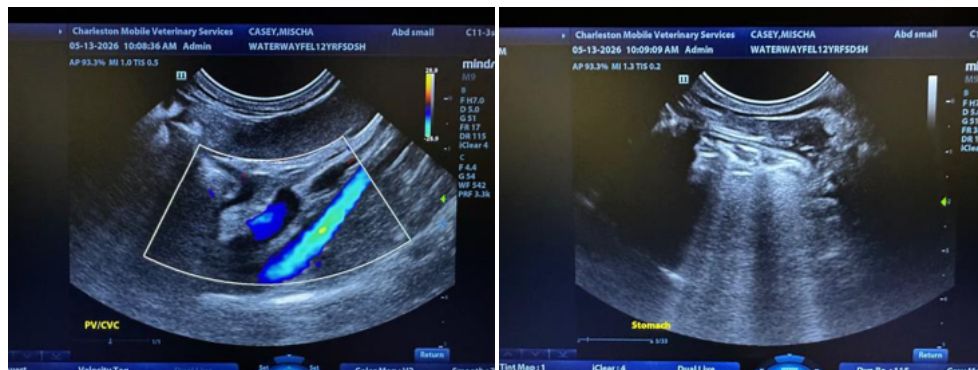
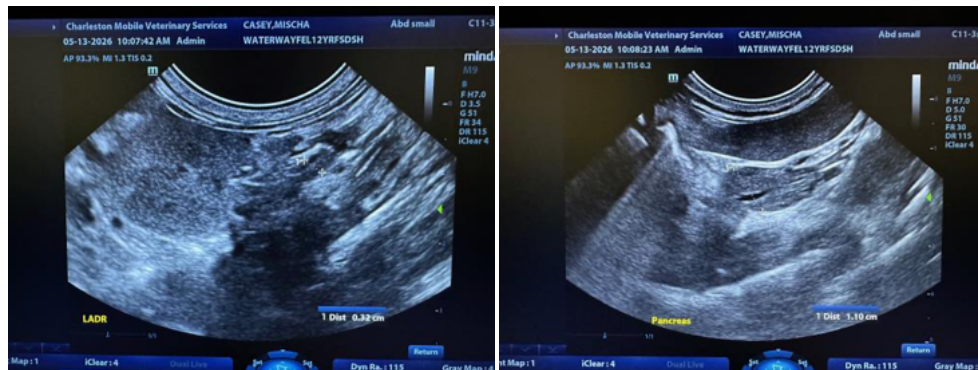
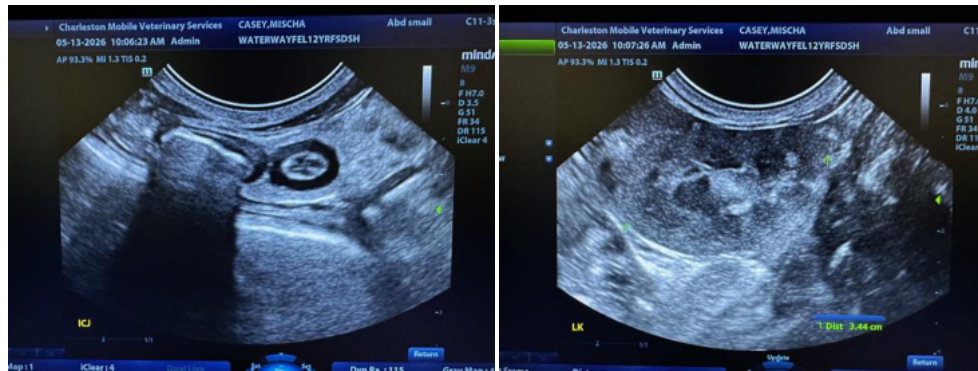
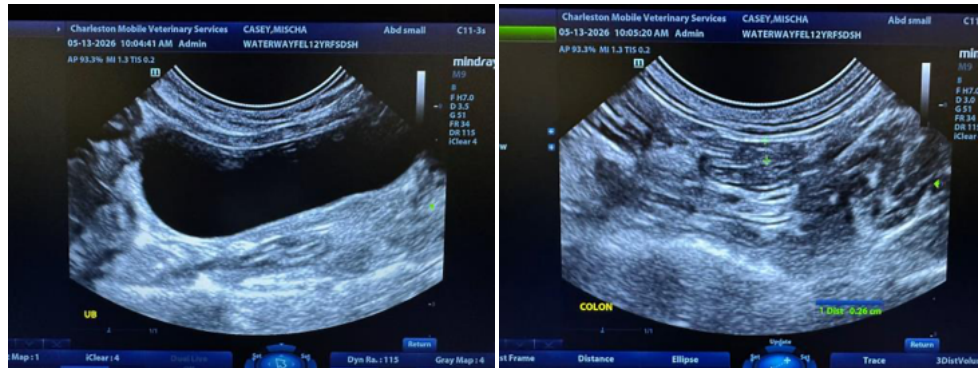
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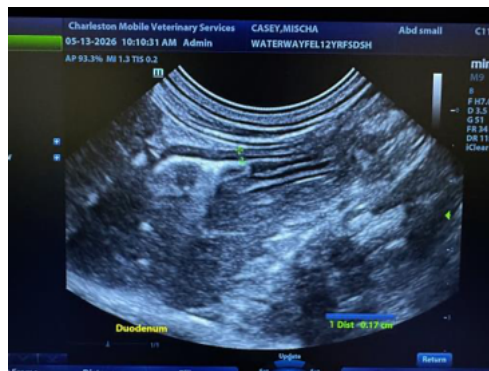
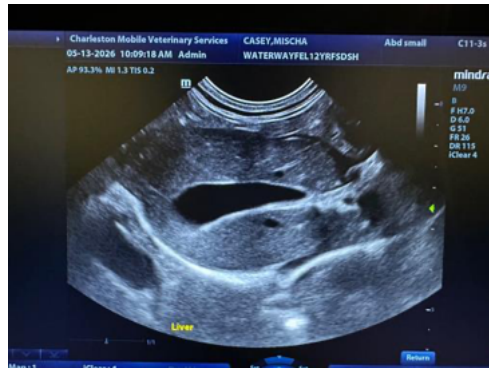
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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