

PATIENT

Bailee McDonald

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

16 Yrs.

WEIGHT

4.08 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Gardiner

INVOICE

13343

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: O reports increase in drinking over the last month or so. No changes have been noted in urine output. No inappropriate urination. Eats Acana and Fancy feast wet. Using a slow feeder to prevent eating too fast. History of vomiting for several years about once per month. Frequency of vomiting has increased slightly as well. Seems more affectionate, intermittent cough noted. No meds. CBC from December 2024 reveals a hematocrit of 52%, slightly low BUN, spec fPL normal, T4 normal. CBC from November 2025, CBC/chem/T4 WNL.

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 to moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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 (3.20 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.95 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 (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (0.89 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

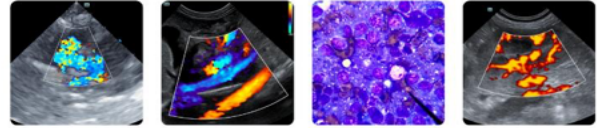
The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The 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 is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. In the mid-abdomen, a 2.2 x 1.7 cm irregular hypoechoic mass appears to be arising from bowel. The mesentery effacing the serosal surface of the mass is hyperechoic. In the visible small intestinal segments, the wall is normal in thickness. There is disruption in the normal 1:3 muscularis: mucosal ratio. The descending colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas



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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

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

In the left cranial to mid-abdomen, a 0.65 x 0.57 cm irregular hyperechoic shadowing lesion is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

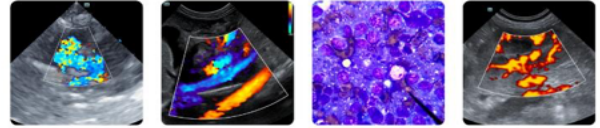
- Mid-abdominal mass suspected to be arising from bowel. Neoplasia (i.e., lymphoma, adenocarcinoma, leiomyosarcoma) is suspected with a lower possibility of a focal inflammatory process. Mild adjacent peritonitis is present.
- The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The hyperechoic nodule in the left cranial to mid-abdomen may represent an intraabdominal lipoma, Bates body, other.

Secondary Findings:

- Bilateral nonspecific, age-related renal changes with subtle left dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the mid-abdominal mass if accessible and if clotting status is appropriate. A 25-gauge needle should be used. Ultimately, consider excisional biopsy with submission for histopathology. If surgery is pursued, biopsies of other GI segments should also be obtained.
3. Also consider a GI panel including serum cobalamin, folate, TLI and PLI.



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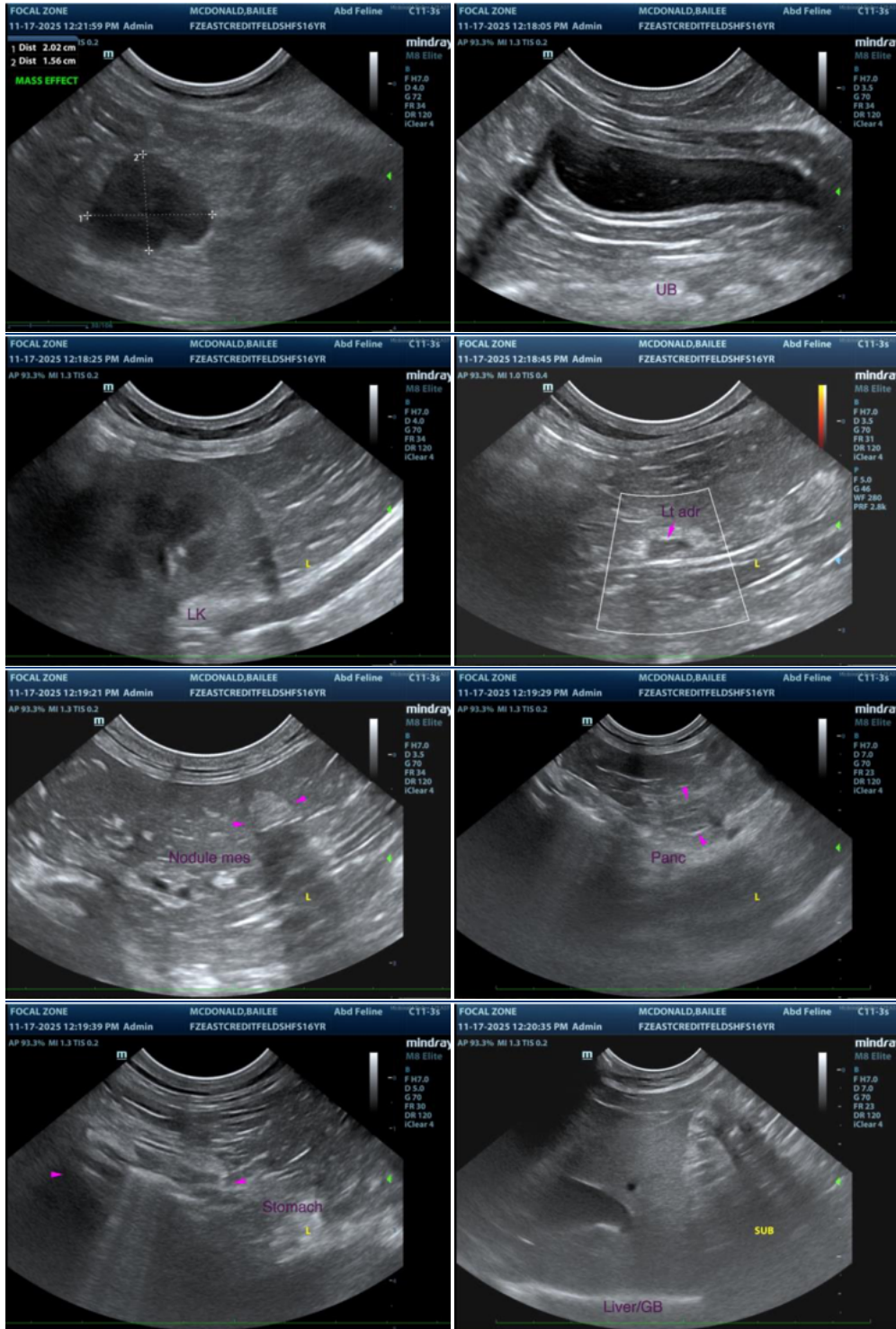
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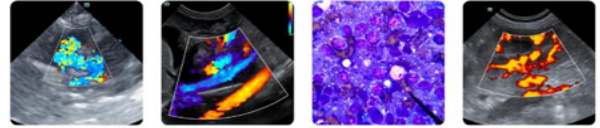
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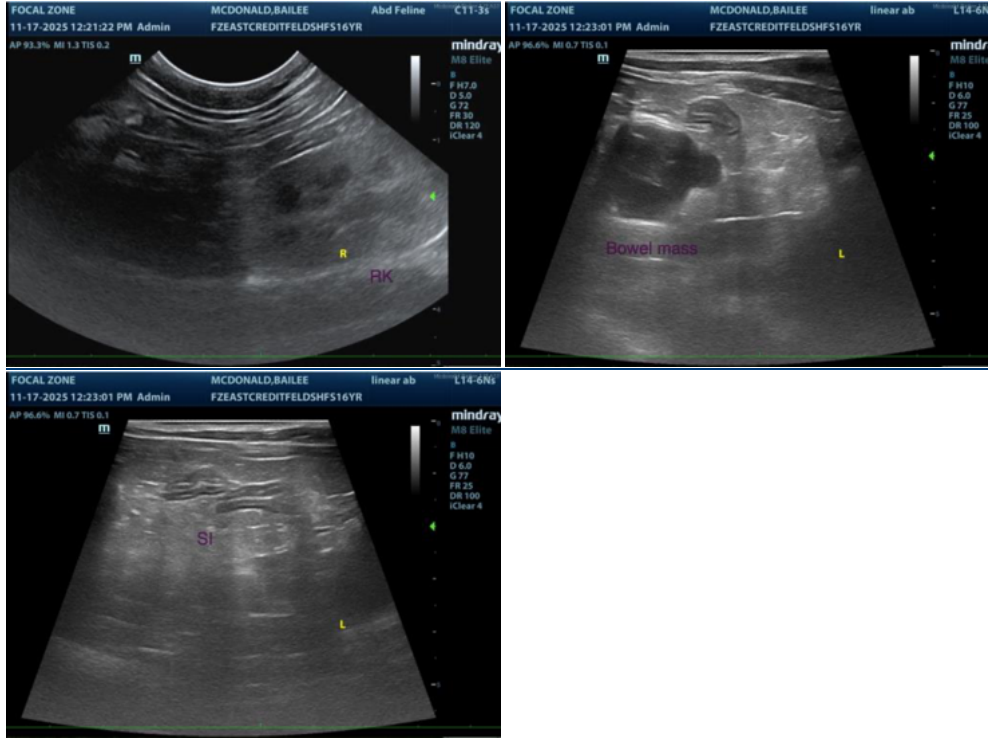
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Crystal Hill

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.

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Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine) info@SonoPath.com

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