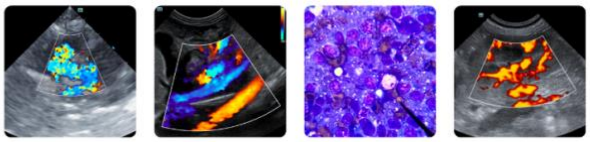


PATIENT

Teddy Choy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12

WEIGHT

16 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley McCaughan

HOSPITAL NAME

Marina Village Vet & Integrative Care

REFERRING VET

Ashley McCaughan

INVOICE

22369

DATE

1-3-2026

PRESENTING CLINICAL SIGNS

History: Progressive weight loss since 2022 - lost 2 lbs (20 lb down to 18 lb) from 9/2024 to 12/2025. On Purina OM diet intermittently, but this is more weight loss than I would normally expect. BCS 9/9.

Medications: Miralax for firm stools. Overgrooming abdomen per owner. Mild elevation to ALT in 2024 (300s). indoor only, no other cats in household at this time - two had passed last year.

Abnormal PE/Chem/CBC/UA Results: Senior exam - PE abd findings: loss of paraspinal muscle tone. BCS 9/9. Obese despite weight loss (unintentional). NO VDCS. Good appetite and good energy(?). 12/20/25 labwork: CBC - anemia (RBC 6.06 L, HCT 33%, Hb 10.4 L, MCV 56 H), mild leukocytosis (WBC 20,000 H w/ monocytosis (1.2) and neutrophilia (16.4)). Chemistry - renal azotemia: SDMA (24 H), BUN 54, Creat 2.5, Cystatin B 101), ALT 161 (H). ProBNP 210 (Feline, H). urine culture - negative. UA - USG 1012, urine protein 1+, quiet sediment. T4 - wnl 1.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents mostly are anechoic. No cystic calculi are observed. The region of the trigone and is normal.

The left kidney is normal-in-size (3.87 cm in length) with an irregular shape. The cortex is hyperechoic relative to the liver, and variably thickened. There is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, or hydroureter. The mesentery surrounding the left kidney is mildly hyperechoic.

The right kidney is mildly enlarged (4.27 cm in length) with an irregular shape. The cortex is hyperechoic relative to the liver, and variably thickened. There is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, or hydroureter. The mesentery surrounding the right kidney is hyperechoic.

Adrenal Glands

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

The right adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

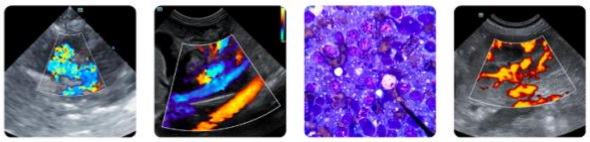
Spleen

The spleen is mildly enlarged (1.14 cm in width at the level of the hilus) with smooth peripheral 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 gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.



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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 normal to mildly thickened (up to 0.27 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is 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 few prominent mesenteric lymph nodes are visualized (one measuring 1.82 x 0.85 cm). A 1.54 x 0.65 cm sublumbar lymph node is seen. Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic nephropathy. The mild right renomegaly may be secondary to interstitial nephritis or less likely, infiltrative neoplasia (i.e., lymphoma). The bilateral trace pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), fluid therapy (if applicable), or some combination thereof. There is evidence of cranial retroperitonitis. It should be noted that azotemia can result in an elevated proBNP due to reduced renal clearance.
- The small intestinal wall changes could be consistent with inflammatory bowel disease, emerging small cell lymphoma, or may be a normal variant for this older feline patient. Correlation with the patient's clinical history is recommended.
- The prominent abdominal lymph node could be consistent with lymphoid hyperplasia, lymphadenitis, or emerging neoplasia (i.e., lymphoma).
- The mild splenomegaly may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or emerging round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the bilateral renal changes, consider a urine culture and sensitivity. Also consider a UPC (if proteinuria persists in the absence of infection). If these diagnostics are inconclusive, consider fine-needle aspiration of the right kidney (assuming normal clotting status and blood pressure). A baseline blood pressure measurement should also be considered to assess for systemic hypertension.
- Regarding the bowel changes and weight loss, consider the following:

1. Fecal evaluation for ova and Giardia
2. GI panel including serum cobalamin and folate, TLI and PLI
3. Three-view thoracic radiographs to assess for occult pathology in the chest

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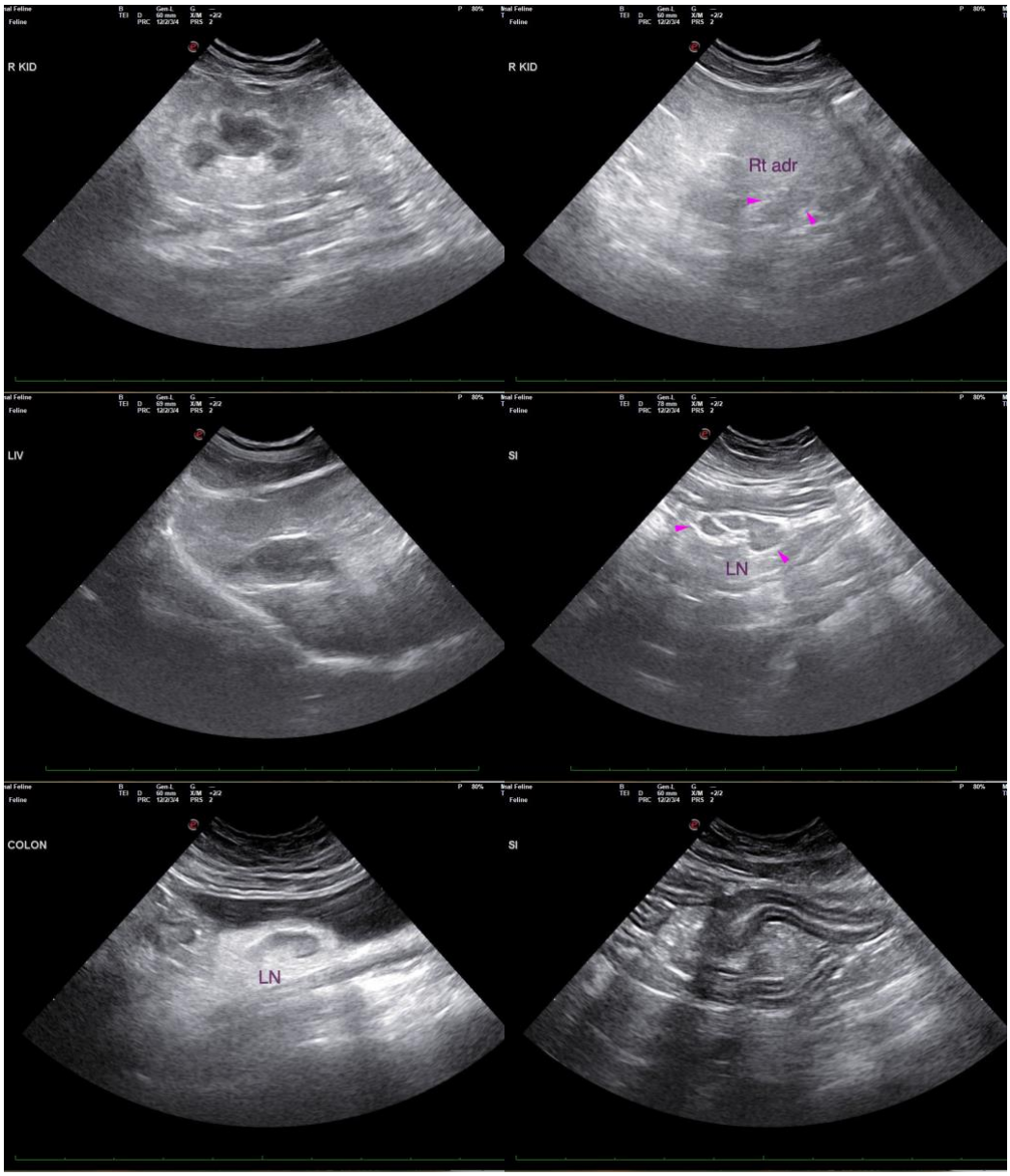
4. Depending on the results of the above diagnostics as well as the abdominal lymph node cytology, GI biopsies may be necessary to get a definitive diagnosis.



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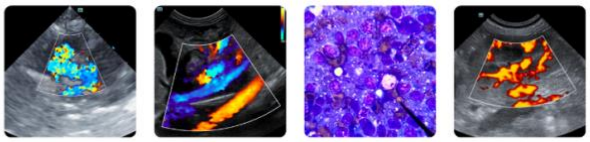

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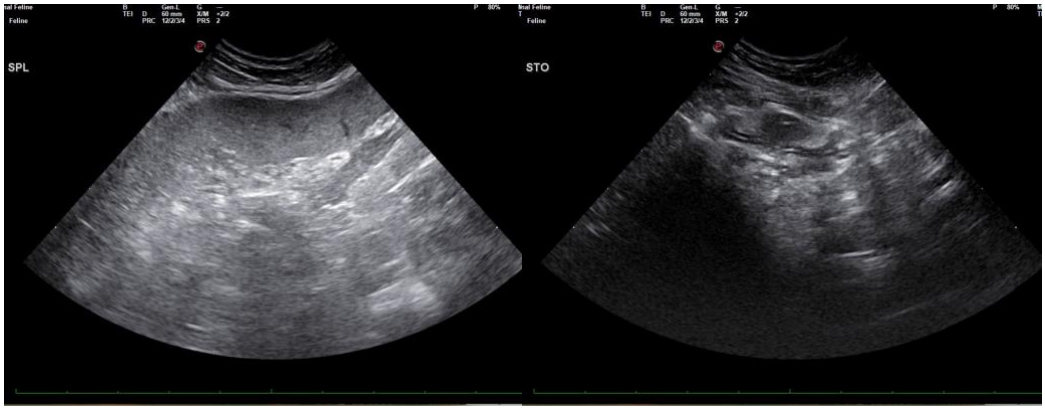

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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