



PATIENT PRESENTING CLINICAL SIGNS

Prince Casterline History: nonregenerative anemia straining to urinate, looking for cause of anemia current meds Prazosin BID Alprazolam 0.25mg, IVF

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: HCT 25% platelets 146 Chem WNL U/A ph 8.0 Urine protein 2 + Blood 3+ RBC USG 1.050 Crystals 2+

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH *Urinary System*

The urinary bladder moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity-dependent mineralized sand is observed within the lumen. The region of the trigone and visible portion of the proximal urethra are normal. The mesentery surrounding the urinary bladder is hyperechoic.

SEX

Neutered Male

AGE

8

The left kidney is normal in size (4.07 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

12.5

The right kidney is normal in size (4.38 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

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 (0.35cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Jenn

Spleen

The spleen is normal in size (0.85 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.

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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.

REFERRING VET

Dr Scheiss

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.

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Gastrointestinal

The lumen is minimally fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

DATE

11-13-25



PATIENT *Pancreas*

Prince Casterline

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.

SPECIES *Lymph Nodes*

Feline

The abdominal lymph nodes are normal/not visible.

Free Abdomen

BREED

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

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Urinary bladder sand, consistent with crystalluria. Caudal retroperitonitis is present, likely secondary to low-grade urinary bladder inflammation.
- Mild bilateral, nonspecific, age-related renal changes

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An obvious cause for the non-regenerative anemia is not identified in the study. Considerations include chronic disease, occult neoplasia, infectious disease, low-grade GI blood loss, bone marrow disease. Other.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of hematuria, a urine culture and sensitivity is recommended, along with a prescription urinary diet.
- Regarding the nonregenerative anemia, consider further work-up, which could include the following:
 1. Three-view thoracic radiographs to assess for occult pathology in the chest
 2. Feline leukemia and FIV testing (if not already performed)
 3. Further testing for vector-borne disease diseases (i.e., *Mycoplasma haemofelis*)
 4. +/- bone marrow aspirate

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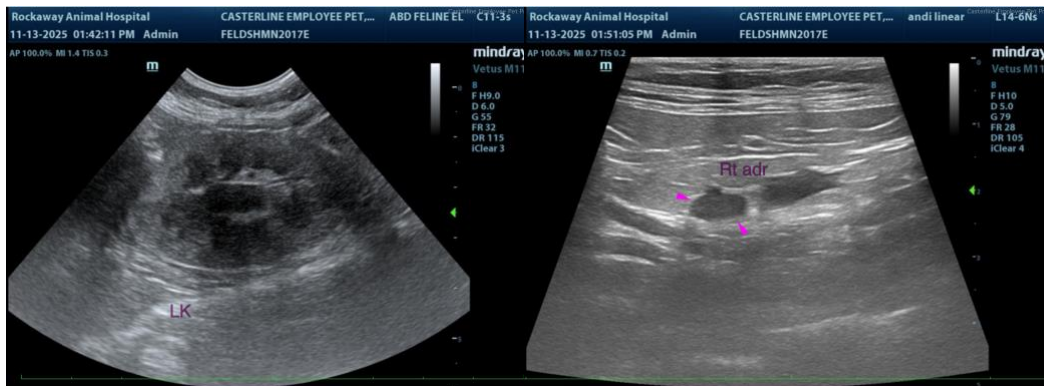
Dr Scheiss

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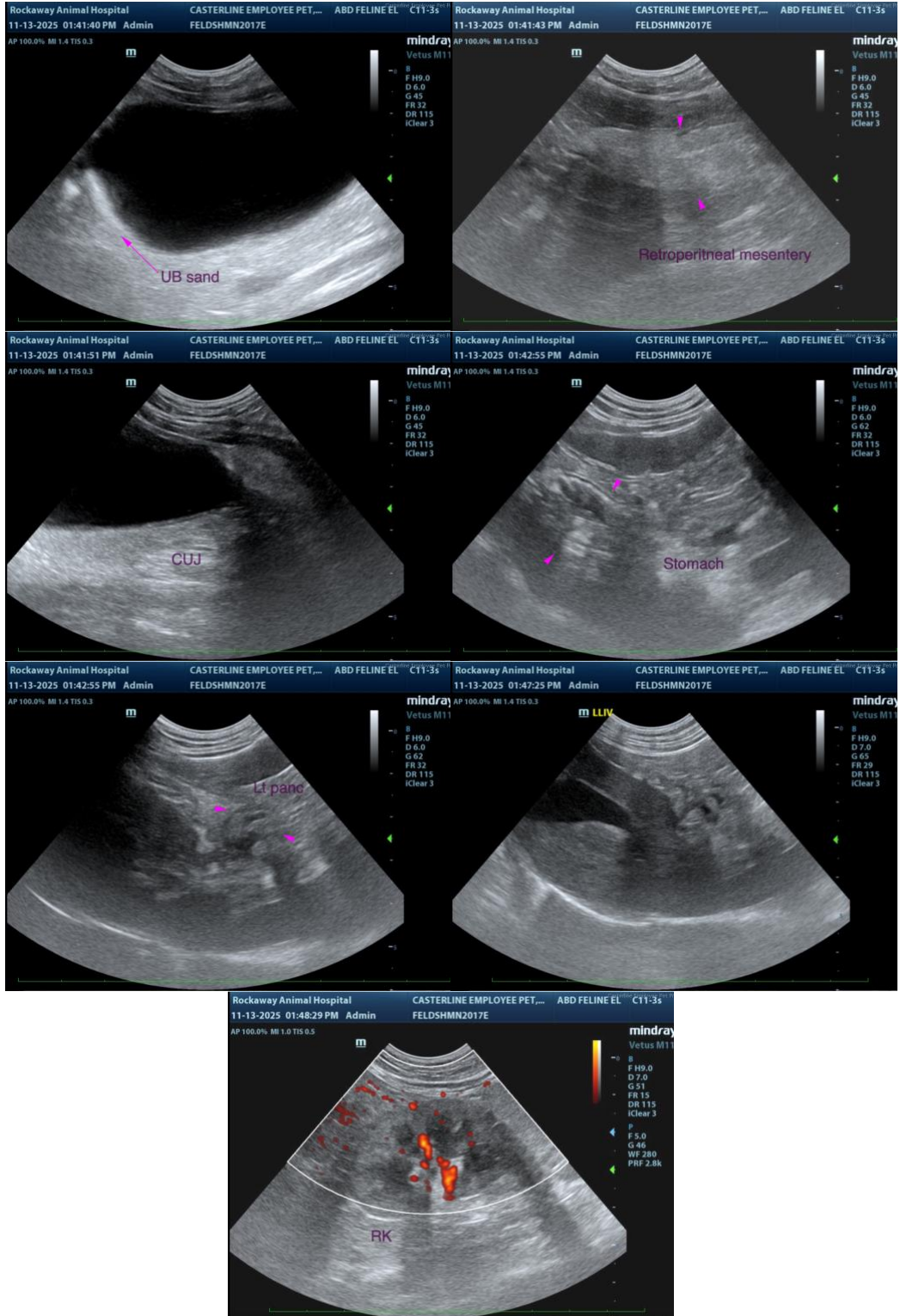
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PATIENT

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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.

SPECIES

Feline

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.

BREED

DSH

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