



**PATIENT**

Bella Arends

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

10/16/13

**WEIGHT**

7.89 lbs

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Waterway AH

**REFERRING VET**

Dr Eliza Roland

**INVOICE**

22269

**DATE**

11-14-25

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Bella's clinical signs at home could be explained by urinary bladder pain/urethral pain or by skeletal pain. Today we evaluated her urine for infection/crystals and found no abnormalities. We have given her pain medication and will monitor her progress. If she has not urinated by the end of the day she may need to be catheterized.  
Abnormal lab-work values: N/A  
Current Medications: N/A  
Radiographic Findings: NSF of bladder

**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. A small to moderate amount of suspended echogenic debris is observed within the lumen. cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.17 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.33 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

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

The right adrenal gland is normal size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.66 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. 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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**Gastrointestinal**

The gastric lumen is moderately distended with ingesta. 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 segmentally dilated with chyme (mild). The small intestinal wall is normal in thickness with a normal layering



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pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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**Pancreas**

The right limb is visible, with normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

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**Free Abdomen**

There is no obvious evidence of free fluid.

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**Other**

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

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**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder debris
- The hypoechoic pancreas may be a normal variant for this patient or may represent mild pancreatitis. Correlation with the patient's clinical history is recommended.

\*An obvious cause for the patient's discomfort is not definitively identified in this study. Considerations include orthopedic or neurologic, underlying metabolic issue, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Orthopedic and neurologic examinations are recommended.
- Also consider spinal/pelvic radiographs to assess for bony abnormalities.
- A urine culture and sensitivity can also be considered to assess for an occult urinary tract infection.
- Depending on the results of the above diagnostics, further work-up may be indicated.

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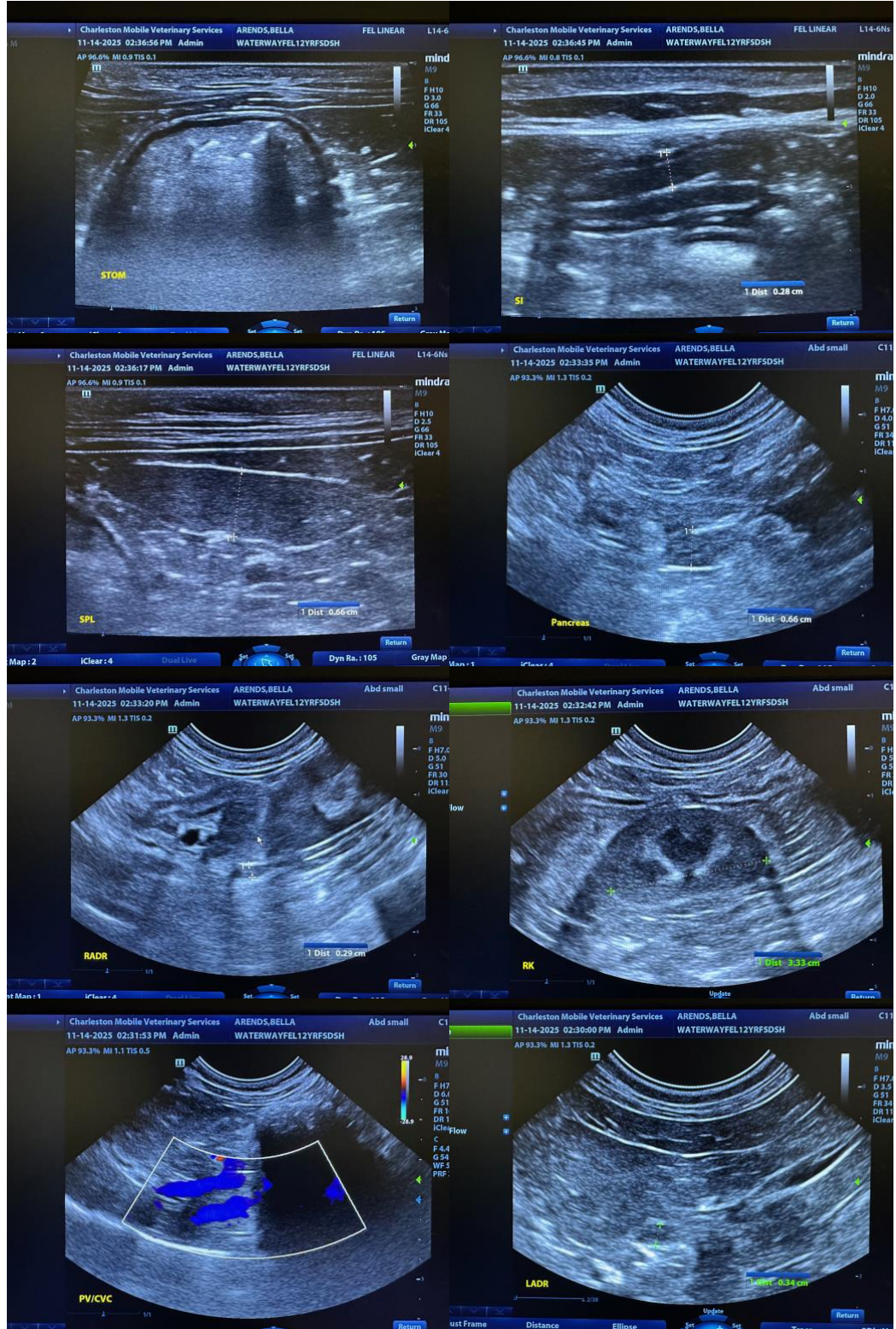
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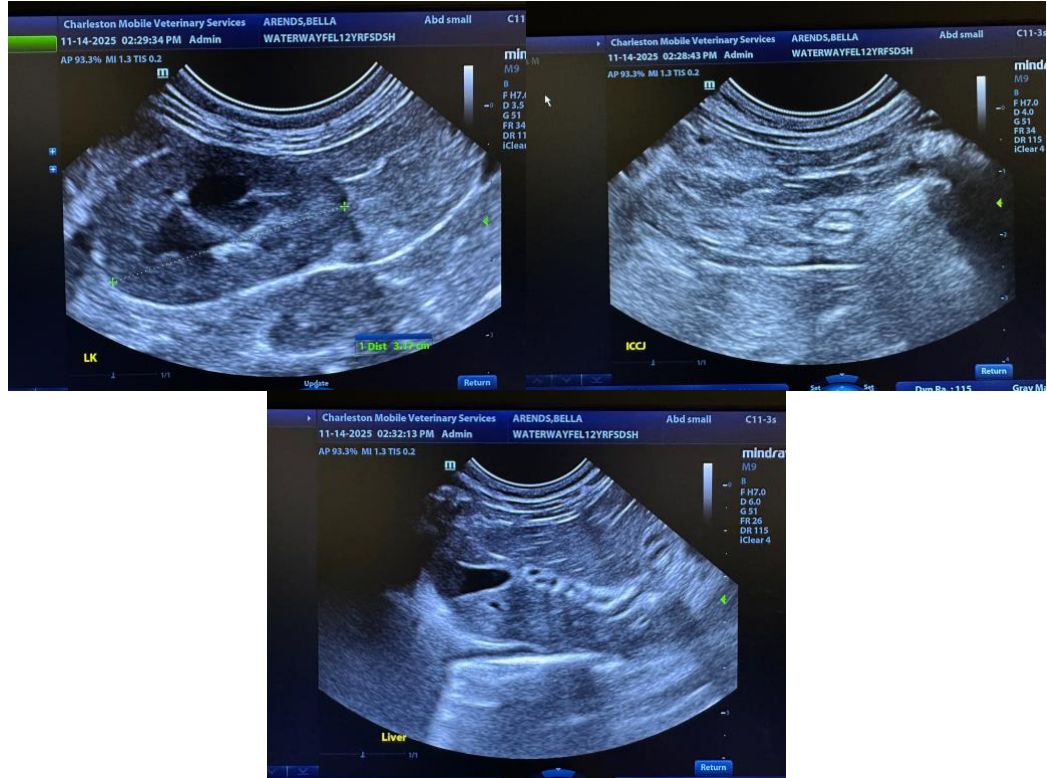
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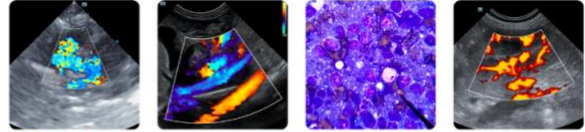
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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