



## PATIENT PRESENTING CLINICAL SIGNS

Jengi Harmon

History: Cat presented 3 days ago for hematuria. She has a long history of cystitis. On exam to collect urine, the urinary bladder appeared irregularly thickened. Blood work was unremarkable. Urine sample showed good concentration with 3+ blood, 1+ bili, and 3+ pro. She was started on amoxiclav and gabapentin. It is helping a little, but she is not 100%. She was not fasted for today's ultrasound.

## SPECIES

Feline

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## BREED

DSH

### Urinary System

The urinary bladder is mildly to moderately distended. The ventral wall is thickened (up to 0.80 cm) and irregular. The remaining wall is normal in thickness with a smooth mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

## SEX

Female Spayed

The left kidney is normal in size (3.97 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 hydroureter.

## AGE

11

The right kidney is normal in size (4.09 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 hydroureter. Renal vasculature is normal.

## WEIGHT

8.6 lbs

### Adrenal Glands

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

## INTERPRETED BY

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

### Spleen

The spleen is normal in size (0.53 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.

## IMAGING PERFORMED BY

Cathleen Whitcraft DVM

### 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.

## HOSPITAL NAME

Craig Road AH

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

## REFERRING VET

Dr Womack

### Gastrointestinal

The gastric lumen is moderately distended with ingesta consistent with a post-prandial presentation. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness 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.

## INVOICE

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### Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion of the left limb, the pancreas is visible, with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and heterogenous in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

## DATE

11-15-25



**PATIENT** *Lymph Nodes*

Jengi Harmon

There is no obvious evidence of free fluid.

*Free Abdomen*

**SPECIES**

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

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

**Primary Findings**

DSH

The focal thickening of the ventral urinary bladder wall could be consistent with cystitis or emerging neoplasia (i.e., transitional cell carcinoma).

**SEX**

**Secondary Findings**

Female Spayed

The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**AGE**

11

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

8.6 lbs

To further evaluate for urinary bladder neoplasia, consider obtaining biopsies of the thickened region of ventral wall. Three-view thoracic radiographs are recommended prior to any anesthetic event. If bladder wall biopsies are not pursued at this time, consider a recheck ultrasound following the course of antibiotic therapy. A urine culture and sensitivity are also recommended 5-7 days after the last dose of antibiotics.

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Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY**

Cathleen Whitcraft DVM

**HOSPITAL NAME**

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**REFERRING VET**

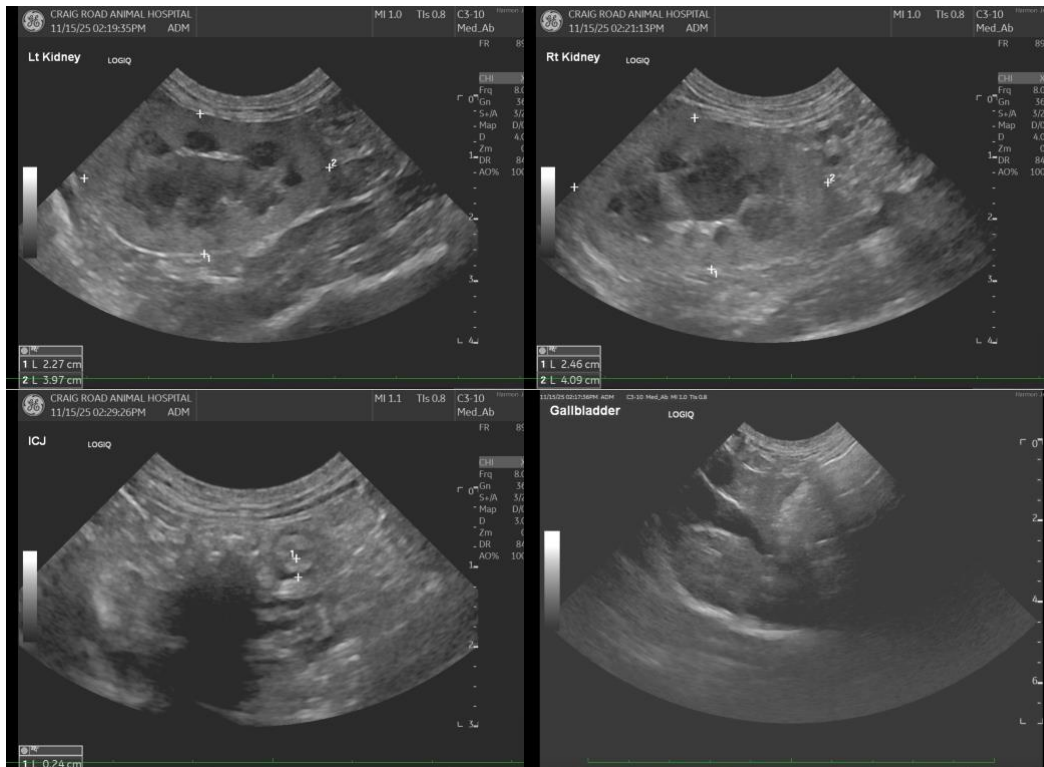
Dr Womack

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**DATE**

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## PATIENT

Jengi Harmon

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

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## WEIGHT

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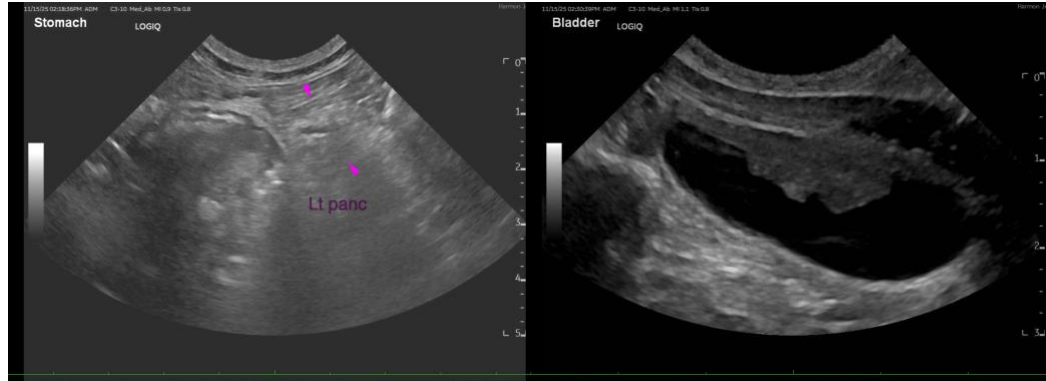
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## DATE

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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](mailto:info@SonoPath.com)