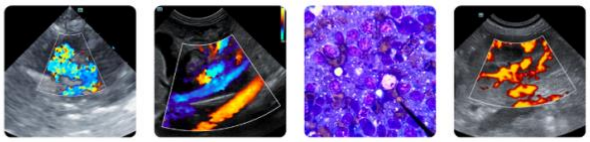


PATIENT

Lucifer Alfonsi

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8

WEIGHT

3.95 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Manheim Pike VH

INVOICE

22278

DATE

12-17-25

PRESENTING CLINICAL SIGNS

History: AUS to further evaluate severe azotemia, isosthenuria, and a 3 lbs weight loss in 4 months. Generalized muscle loss. Besides URI flare, reported to be E/D normally, no V/D. Occasional accident outside the LB. Blood work was prompted secondary to weight loss. PMH: Chronic URI. Recent meds: Naraquin, Cerenia, Mirtaz Diet: Transitioning to RC renal support

Abnormal PE/Chem/CBC/UA Results: pDVM Diagnostics Nov-Dec 2025: - Doppler BP: 124 mmHg average - CBC: HCT 39.0 %, ABS MONOS 773 /uL H, PLTS 277 K/uL, remainder NSF - Chem: ALB 3.1-n, ALKP 10 L, ALT 19 L, BUN 96 H, Cr 7.5 H, SDMA 34 H, Phos 8.0 H, remainder NSF - T4: 1.9-n - UA: USG 1.009, Bld 1+, pH 6.0, no protein, inactive sediment.

Sedated with butorphanol for this study.

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 are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is small in size (2.93 cm in length) with an irregular shape. The cortex is variably thickened and heterogenous, with moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. Multi cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.88 cm in length) with an irregular shape. The cortex is variably thickened and heterogenous, with moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. Multi cortical infarcts are suspected. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

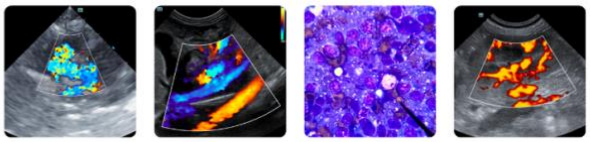
Spleen

The spleen is normal in size (0.56 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 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.



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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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. 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

The abdominal lymph nodes are normal/not visible.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

Bilateral chronic nephropathy. Given the patient's clinical history, an acute-on-chronic presentation is possible.

Secondary Findings

The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's long-term clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the azotemia, consider the following:

    1. Urine culture and sensitivity to assess for occult infection
    2. UPC if proteinuria is present in the absence of infection
    3. Baseline blood pressure measurement
    4. Fluid therapy and other symptomatic measures, with close monitoring of the patient's renal values to assess progression of the azotemia
    5. Consider transitioning to a to a prescription renal diet if the patient's appetite is normal.

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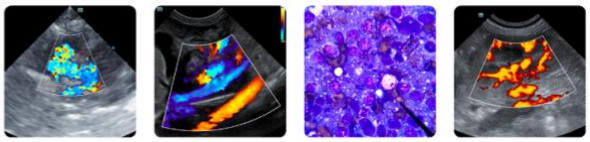

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Educational Teleconsultation Services™

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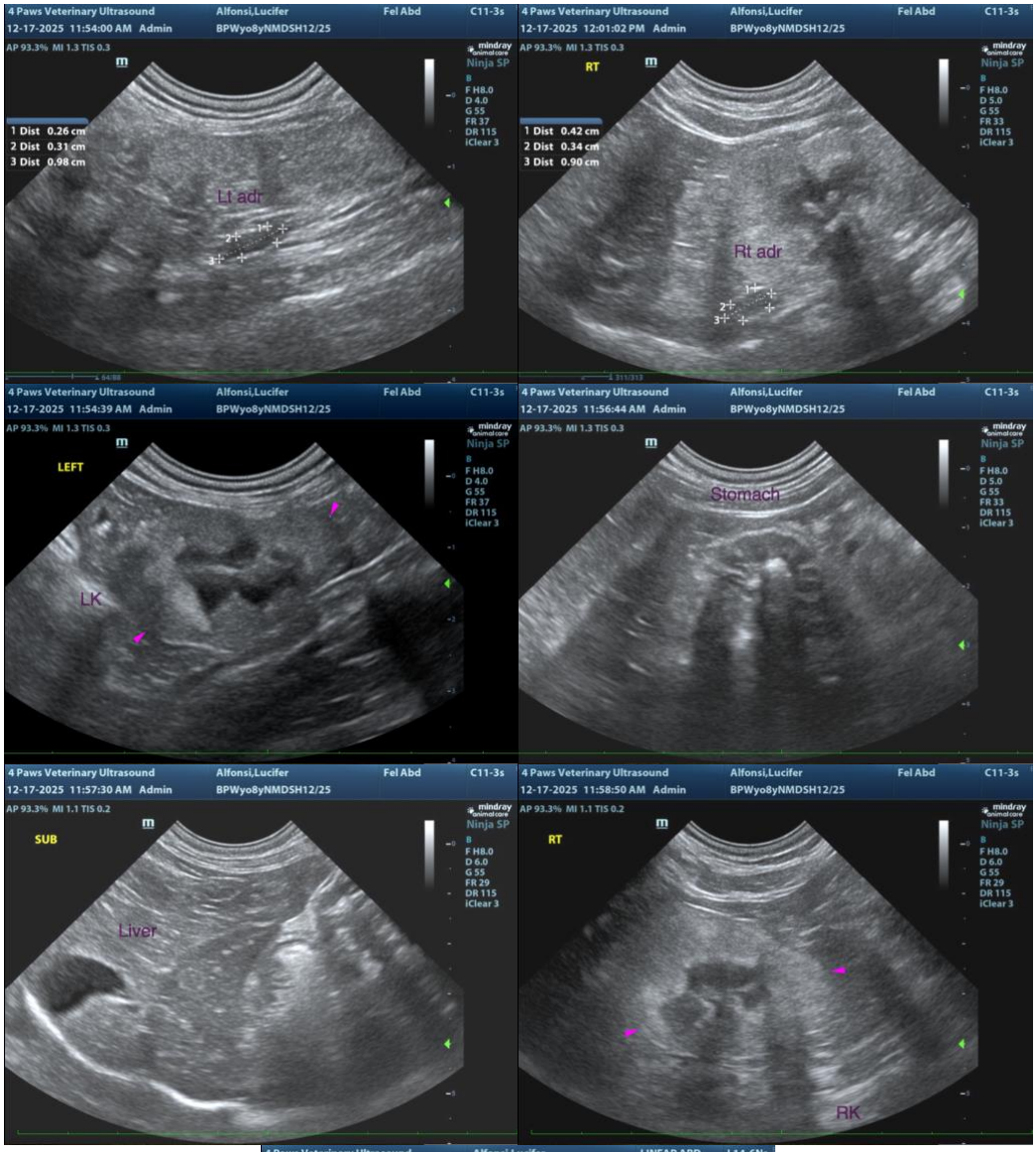

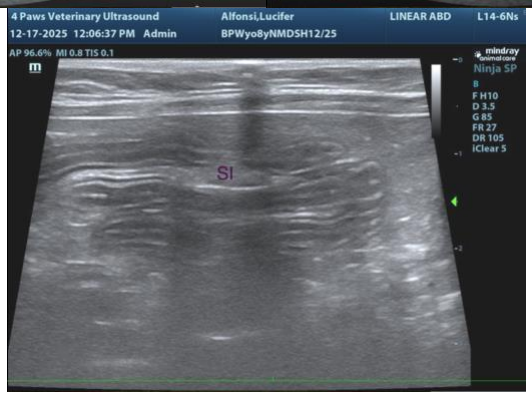

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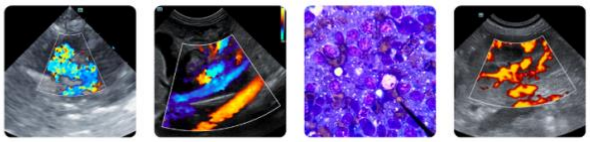

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com