



PATIENT

Diesel Springer

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

01/06/2008

WEIGHT

13.9

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

Saddleback Mobile VC

REFERRING VET

Dr Kelli Klein

INVOICE

22283

DATE

12-18-25

PRESENTING CLINICAL SIGNS

Presented for progressive weight loss and more reluctant to eat dry food recently. Does have dental disease. History of pemphigus which is being treated by dermatology with Atopica. Previous history of transient diabetes mellitus. No longer diabetic. Also has a history of azotemia. Creatinine previously 2.4. Is in the 3s now. Thoracic radiographs to be performed today.

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 amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.03 cm in length) with a normal shape. The cortex is hyperechoic. There is moderate loss of corticomedullary distinction. At least one nonobstructive nephrolith is visualized (measuring 0.37 cm). Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.01 cm in length) with a normal shape. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild-to-moderate pyelectasia is present (0.32 cm in the longitudinal plane). A few, small, mineralized foci are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.72 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, a light micronodular pattern is observed throughout the organ. A 0.25 cm ill-defined, hypoechoic nodule is observed approximately mid-body. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.18 x 1.06 cm ill-defined, hypoechoic nodule is observed on the right side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic 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 mostly anechoic. The cystic and common bile ducts are normal/not seen.

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 in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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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.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

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

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Other

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

ULTRASONOGRAPHIC FINDINGS

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

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- Bilateral chronic nephropathy with nonobstructive nephrocalcinosis. The bilateral pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), or some combination thereof.

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- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The hypoechoic hepatic nodule could be consistent with a benign focus (i.e., inflammatory) with a lower possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the azotemia, a urinalysis with a culture and sensitivity is recommended.
- Also consider a UPC if proteinuria is present in the absence of infection.
- A baseline blood pressure measurement is also recommended.
- Consider transitioning to a prescription renal diet (if tolerated).
- Other diagnostics considerations include the following:

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1. GI panel including serum cobalamin and folate, TLI and PLI
2. Dental cleaning. If pursued, the patient should undergo IV fluid diuresis for several hours before, during, and after anesthesia, to promote renal perfusion.

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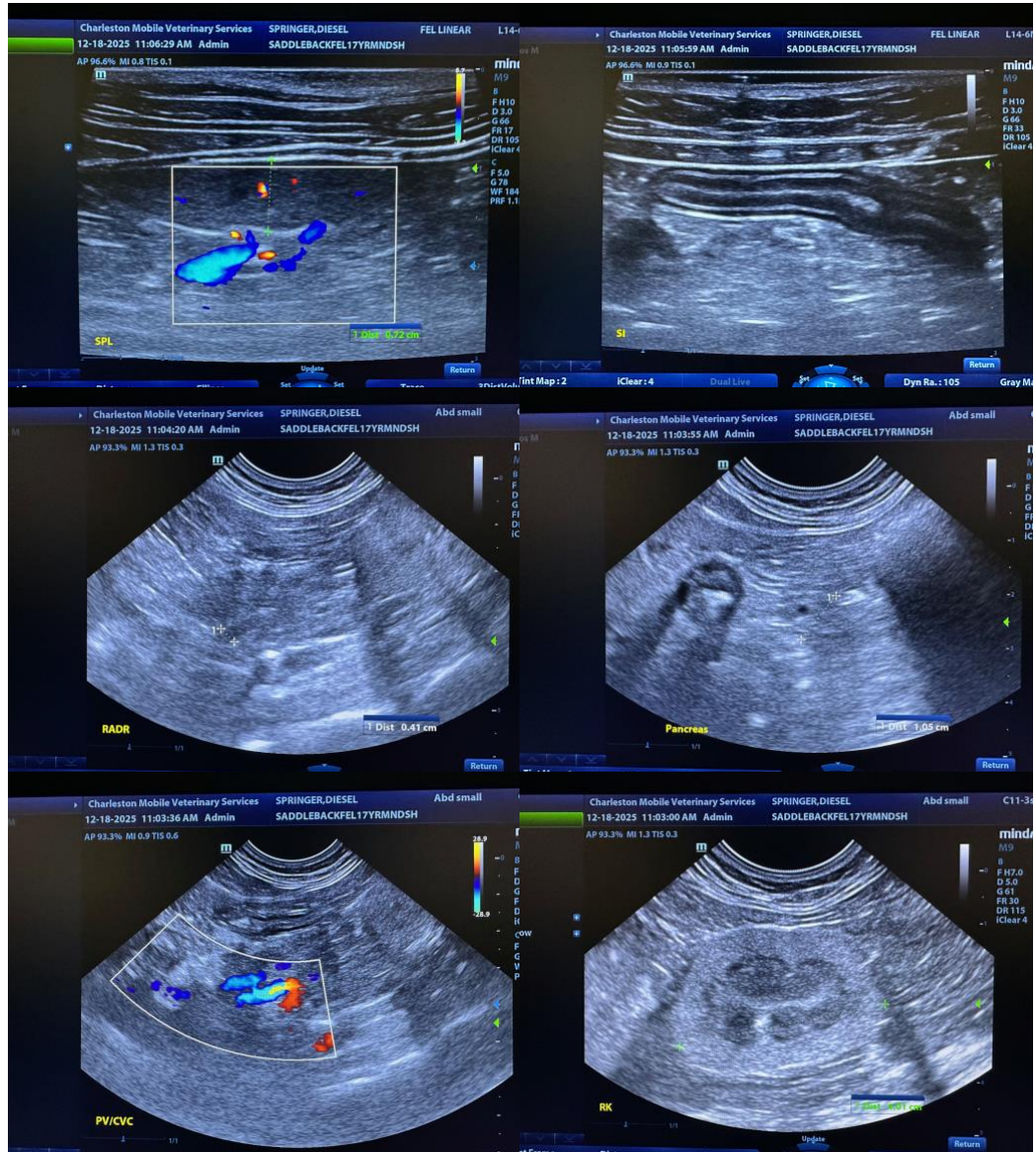
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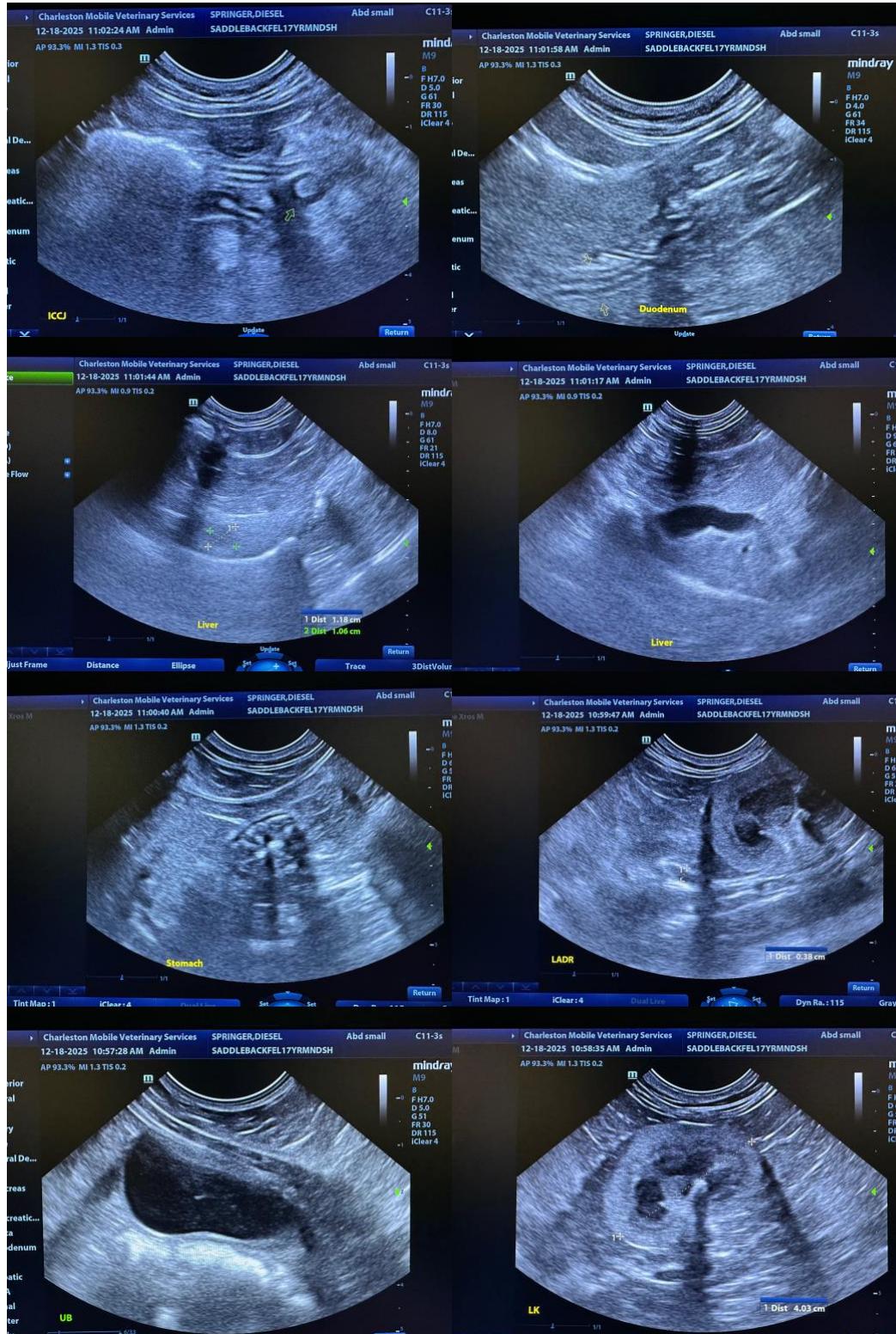
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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