



PATIENT

Sienna Califano

PRESENTING CLINICAL SIGNS

Presented for hematuria and stranguria, as well as decreased appetite and abdominal discomfort

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is variably thickened (up to 0.61 cm). A scant amount of 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.

BREED

DSH

SEX

Female Spayed

The left kidney is normal in size (4.46 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.

AGE

7

The right kidney is normal in size (5.23 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.

WEIGHT

Not Provided

Adrenal Glands

The left adrenal gland is enlarged (1.25 cm width) with swollen peripheral contours. The parenchyma is hypoechoic and homogenous in appearance. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

The right adrenal gland is enlarged (0.62 cm width) with swollen peripheral contours. The parenchyma is hypoechoic and homogenous in appearance. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is prominent in size (1.05 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is diffusely mottled, bordering on a "moth-eaten" appearance. 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

REFERRING VET

Dr Caughey

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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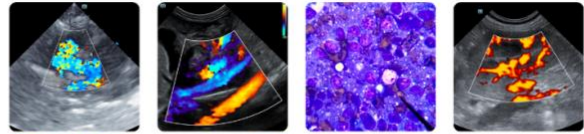
Gastrointestinal

The 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic is normal. The wall of the descending colon is moderately to severely thickened (up to 0.66 cm) with a trend toward a loss of the normal layering pattern. Some liquid-appearing fecal material is observed within the lumen. There is no obvious evidence of an obstructive pattern.

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Pancreas



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The left limb is visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and homogenous in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Lymph Nodes

A few prominent lymph nodes are observed in the mid-to-caudal abdomen, near the aortic trifurcation (one measuring 1.38 x 0.35 cm). A few prominent mesenteric hypoechoic lymph nodes are also seen (one measuring 1.27 x 0.69 cm).

BREED

DSH

Free Abdomen

There is no obvious evidence of free fluid.

SEX

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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 descending colonic wall thickening could be consistent with infiltrative neoplasia or a severe inflammatory process. Diarrheic stool is also present.

WEIGHT

Not Provided

- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., lymphoma) or a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other).

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- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, lymphoid hyperplasia, or lymphadenitis.

- 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.

IMAGING PERFORMED BY

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- The urinary bladder wall changes are most consistent with cystitis with a lower possibility of infiltrative neoplasia.

- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.

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*Fine-needle aspiration of the spleen and the thickened descending colonic wall was performed at the end of the study without incident

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Dr Caughey

- Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.

- Also, consider feline leukemia, FIV, and FIP testing if not already performed.

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- Depending on the results of the above diagnostics, as well as the splenic and colonic cytology results, consultation with a board-certified oncologist may be indicated.

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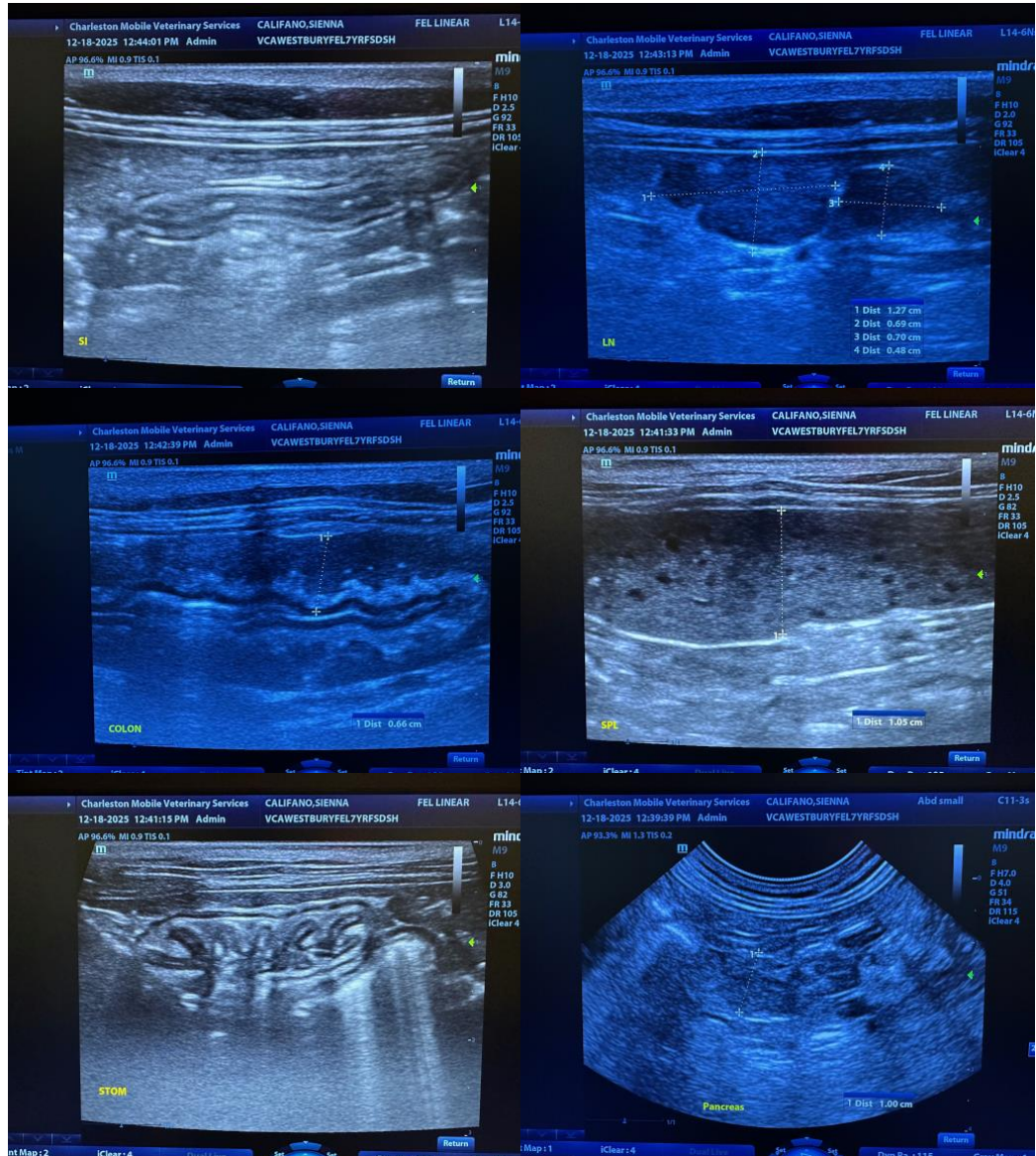
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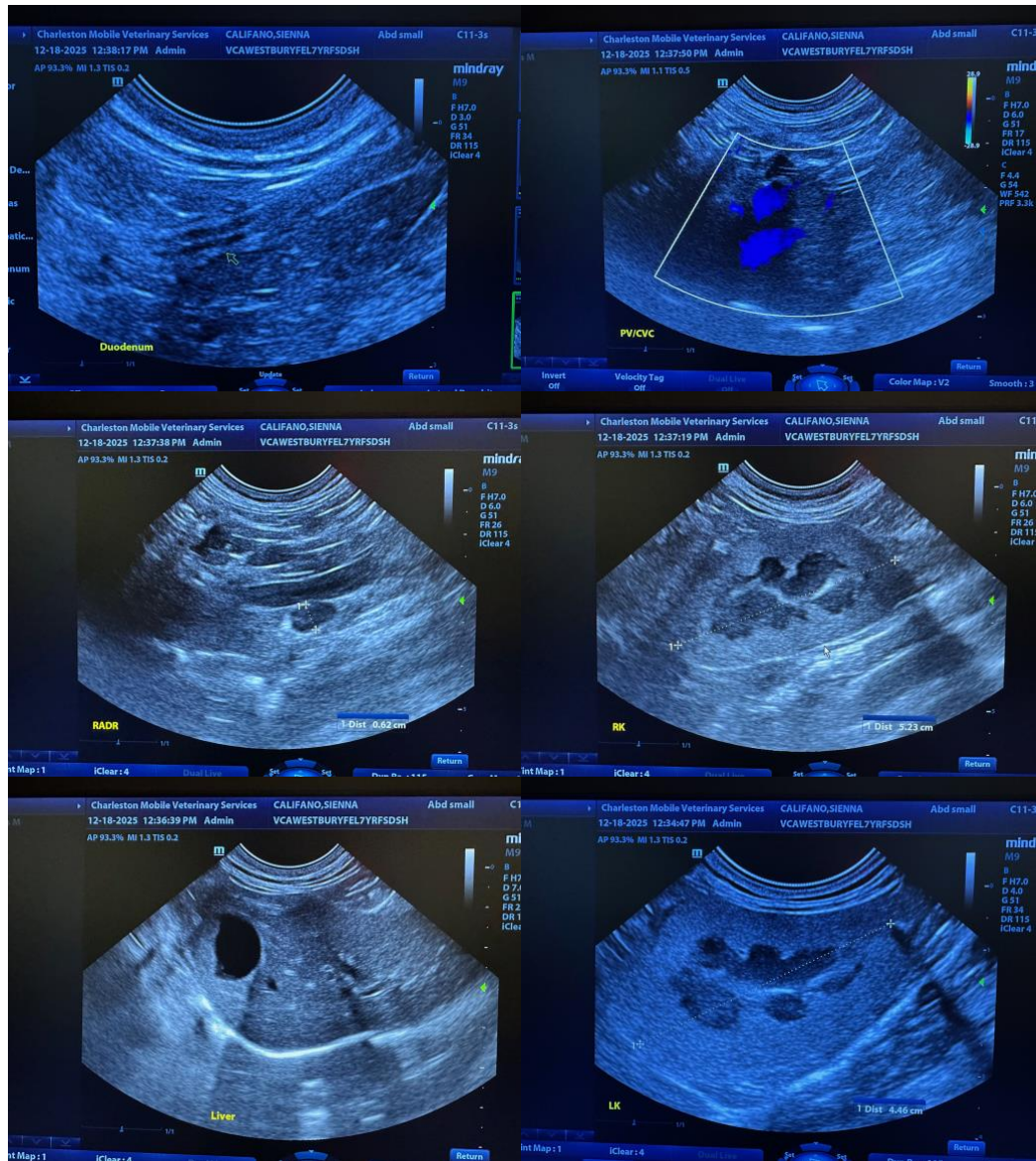
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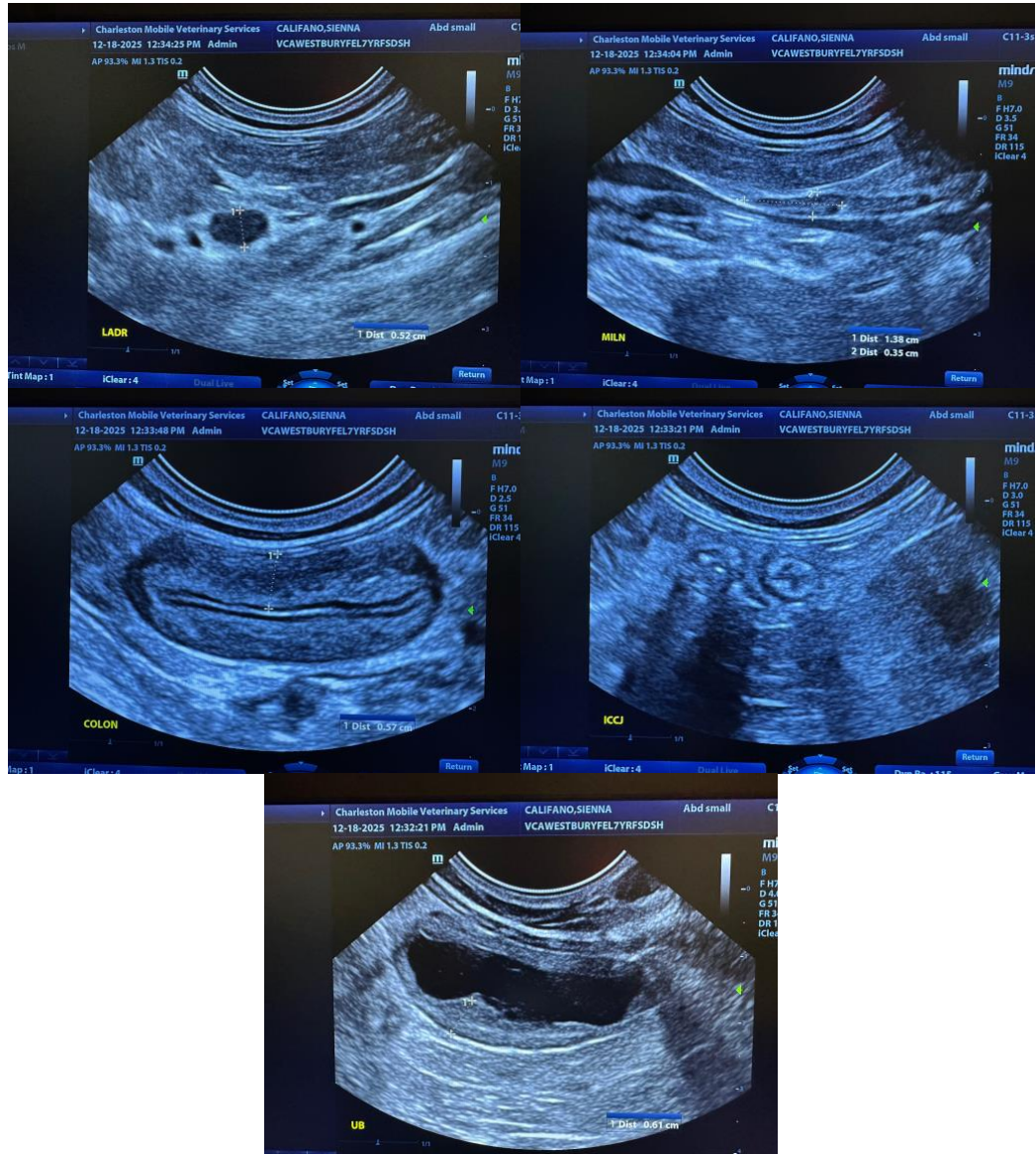
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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