

**PATIENT PRESENTING CLINICAL SIGNS**

Chessene Queen Clinical Exam Findings: Decreased appetite and weight loss for past year  
 Abnormal lab-work values: Emailed  
**SPECIES** Current Medications: None

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Russian Blue The urinary bladder is mildly distended. The wall is variably thickened (up to 0.44 cm) and slightly irregular. A 0.89 cm cystic calculus is observed within the lumen, along with a scant amount of echogenic debris. The region of the trigone is normal.

**SEX**

Female Spayed The left kidney is normal in size (3.85 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

9

The right kidney is normal in size (3.27 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A cortical infarct is suspected at the cranial aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

**WEIGHT**

6.1 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  
 (Sm Animal Internal Med)

*Spleen*

The spleen is normal in size (0.57 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**

Sara Hansen

*Liver*

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. Intrahepatic biliary stones are present. Hepatic vasculature is of normal volume with no evidence of congestion.

**HOSPITAL NAME**

Edgewood AC

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.

*Gastrointestinal*

**REFERRING VET**

Dr Kimball

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 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 minimal deviation from the normal peripheral contours. The parenchyma is mildly hyperechoic relative to surrounding omental fat, and mottled in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion. (See also "Other" category).

**DATE**

12-22-25

*Lymph Nodes*

A few prominent mesenteric lymph nodes are visualized (one measuring 0.74 x 0.32 cm).



**PATIENT** (See also “Other” category).

Chessene Queen **Free Abdomen**  
There is no obvious evidence of free fluid.

**SPECIES**  
**Other**

Feline In the cranial abdomen, a 0.64 x 0.47 cm hypoechoic structure is visualized.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Russian Blue

- Cystic calculus with bladder wall changes that could be consistent with cystitis or may be artifactual due to lack of full repletion.

**SEX**

Female Spayed

- Bilateral nonspecific age-related renal changes with a suspected right cortical infarct
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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- Intrahepatic biliary stones

**WEIGHT**

6.1 lbs

- The hypoechoic structure in the cranial abdomen may represent a prominent gastric lymph node, pancreatic, nodule, other.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, occult neoplasia, other.

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Edgewood AC

**REFERRING VET**

Dr Kimball

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the patient's vague clinical signs, consider the following:
  1. A minimum database (including a CBC, chemistry panel, urinalysis, urine culture and sensitivity, and T4) is recommended if not already performed.
  2. Three-view thoracic radiographs to assess for occult pathology in the chest
  3. Orthopedic and neurologic examinations
  4. Fecal evaluation, along with a GI panel including serum cobalamin and folate, TLI and PLI
  5. Depending on the results of the above diagnostics, further work-up may be indicated.
- Regarding the cystic calculus, consider a cystotomy with stone removal, analysis and culture. Alternatively, an attempt at medical dissolution can be considered.



**PATIENT**

Chessene Queen

**SPECIES**

Feline

**BREED**

Russian Blue

**SEX**

Female Spayed

**AGE**

9

**WEIGHT**

6.1 lbs

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**IMAGING PERFORMED BY**

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**REFERRING VET**

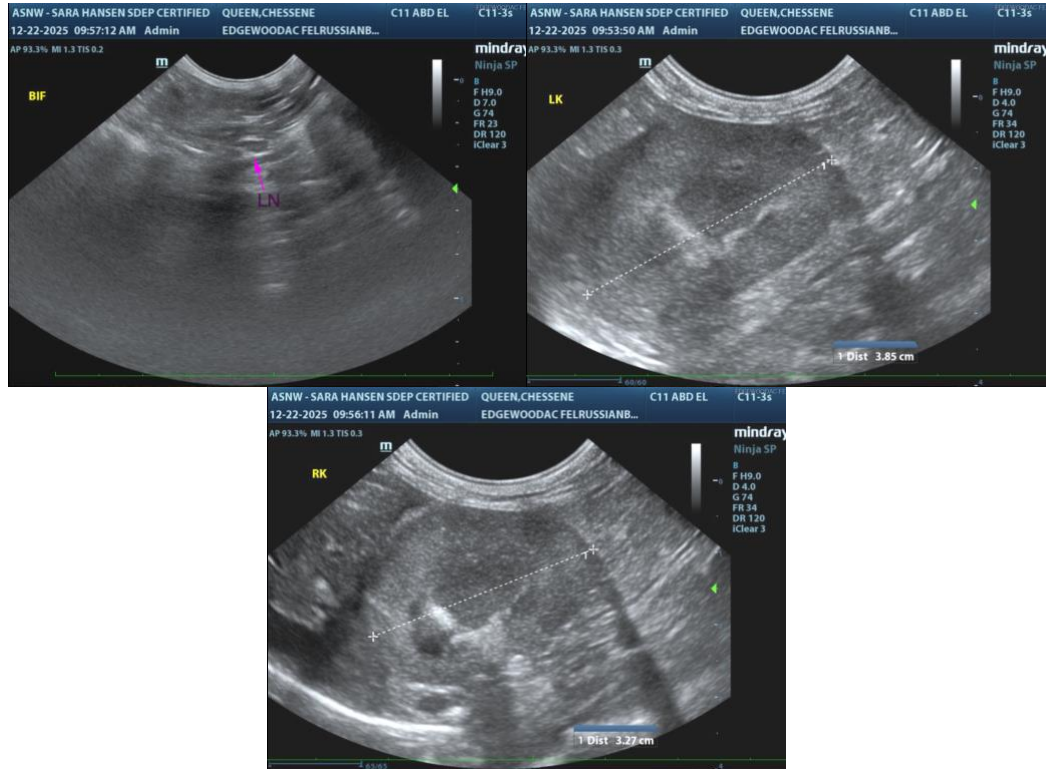
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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