



PATIENT PRESENTING CLINICAL SIGNS

Swettie Enright History: Frank blood seen around anal and penial area. FIV positive
Abnormal PE/Chem/CBC/UA Results: UA 3+ blood, 3+ struvite crystals. Blood normal

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

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.

DSH

SEX

The left kidney is normal in size (4.05 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Neutered Male

AGE

The right kidney is normal in size (3.95 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

9

WEIGHT

Adrenal Glands

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

15

Spleen

INTERPRETED BY

The spleen is normal in size (0.81 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.

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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.

IMAGING
PERFORMED BY

JK

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Gastrointestinal

Hamburg VC

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. 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.

REFERRING VET

Dr Martens

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.

INVOICE

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Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 0.82 x 0.54 cm).

DATE

12-23-25

Free Abdomen

There is no obvious evidence of free fluid.



PATIENT ULTRASONOGRAPHIC FINDINGS

Swettie Enright

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SPECIES

Feline

- Bilateral nonspecific age-related renal changes

BREED

DSH

- Scant urinary bladder debris

*An obvious cause for the blood around the perianal area is not definitively identified in this study. Considerations include hematuria vs hematochezia vs other.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended to assess for occult infection.
- Consider a fecal evaluation for ova and Giardia.
- Also consider a sedated rectal examination.
- Depending on the results of the above diagnostics, further work-up may be indicated.

AGE

9

WEIGHT

15

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HOSPITAL NAME

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REFERRING VET

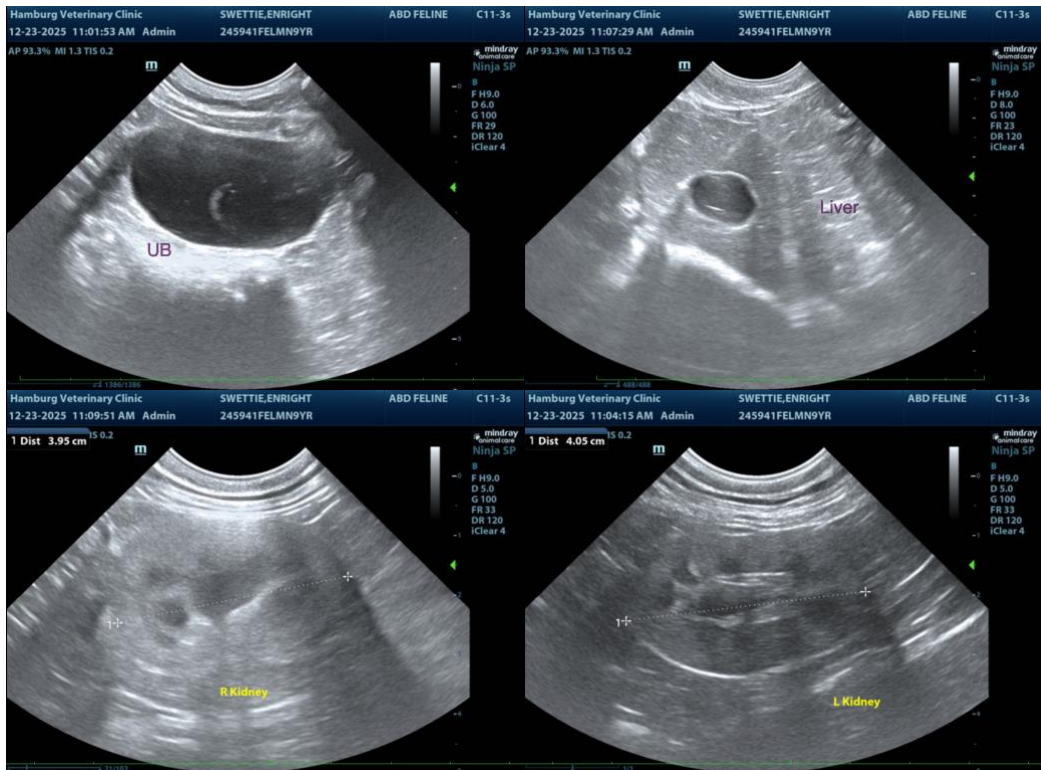
Dr Martens

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PATIENT

Swettie Enright

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

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WEIGHT

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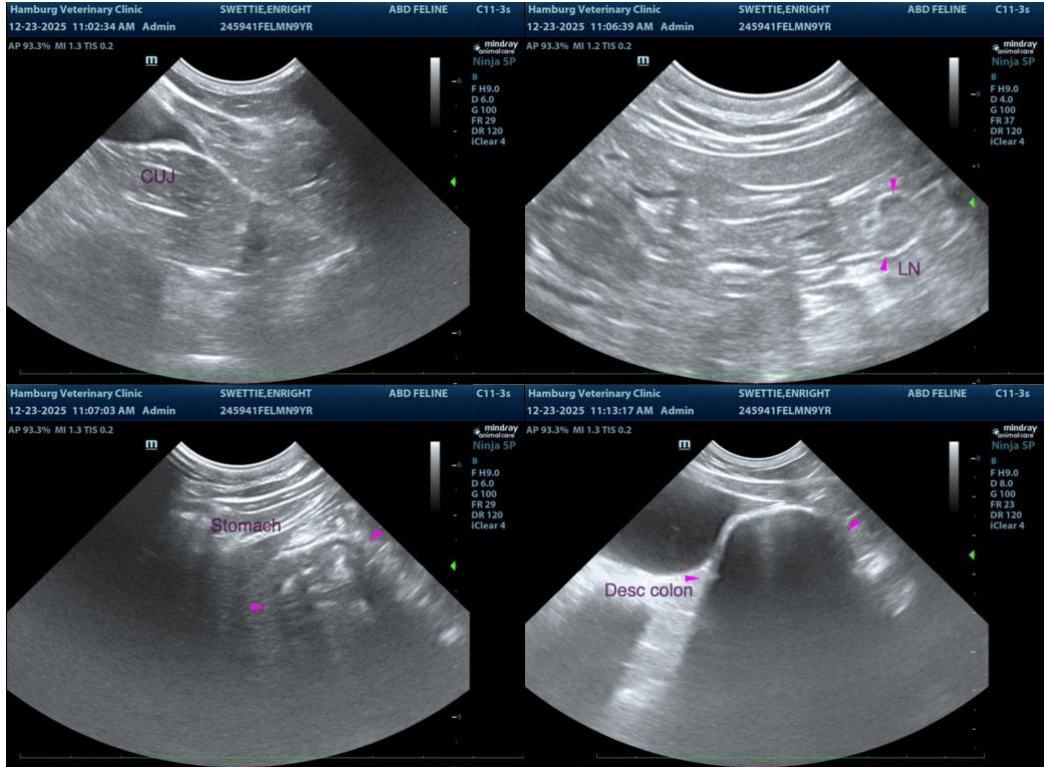
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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