

PATIENT PRESENTING CLINICAL SIGNS

Jax Broderick History: Decreased appetite, weight loss
Abnormal PE/Chem/CBC/UA Results: PE: mild muscle loss, dental tarter Ca# 12.9, BUN 42, K 3.5

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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

DSH

SEX

Neutered Male

The left kidney is normal in size (4.09 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. An ill-defined hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

12

WEIGHT

12.2

The right kidney is normal in size (4.11 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. An ill-defined hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Adrenal Glands

The left adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

IMAGING PERFORMED BY

Spleen

The spleen is normal in size (0.90 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.

Chelsea Pastor

HOSPITAL NAME

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.

Fredon AH

REFERRING VET

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.

Michelle Roche

INVOICE

Gastrointestinal

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 ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

22352

DATE

12-29-25

Pancreas

The left limb is visible, with minimal deviation from the normal peripheral contours. The parenchyma is



PATIENT

Jax Broderick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12

WEIGHT

12.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Michelle Roche

INVOICE

22352

DATE

12-29-25

slightly hypoechoic relative to surrounding omental fat, and subtly heterogenous in appearance. A small, septated cystic structure is observed within the parenchyma. The pancreatic duct is not overtly dilated.

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

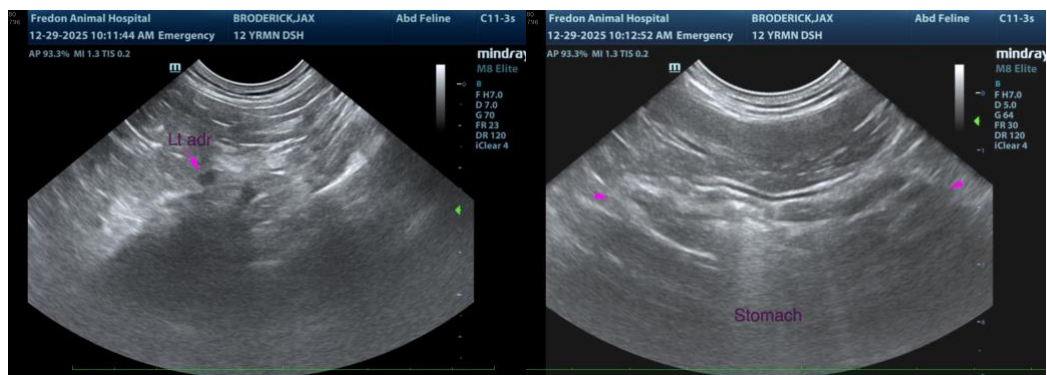
- Bilateral nonspecific age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. A pancreatic cyst is also present.

*An obvious cause for the patient's vague clinical signs is not definitively identified in this study. Broad considerations include a primary enteropathy, occult neoplasia, orthopedic or neurologic disease, underlying metabolic issue, other.

**An obvious cause for the patient's hypercalcemia is not identified in this study. Considerations include occult neoplasia, primary hyperparathyroidism, idiopathic hypercalcemia, infection, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider the following:
 1. Urinalysis +/- culture and sensitivity
 2. Three-view thoracic radiographs to assess for occult pathology in the chest
 3. Feline leukemia and FIV testing if not already performed
 4. Orthopedic and neurologic examinations
 5. PTH/PTHrP/ionized calcium
 6. Depending on the results of the above diagnostics, further work-up may be indicated.





PATIENT

Jax Broderick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12

WEIGHT

12.2

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

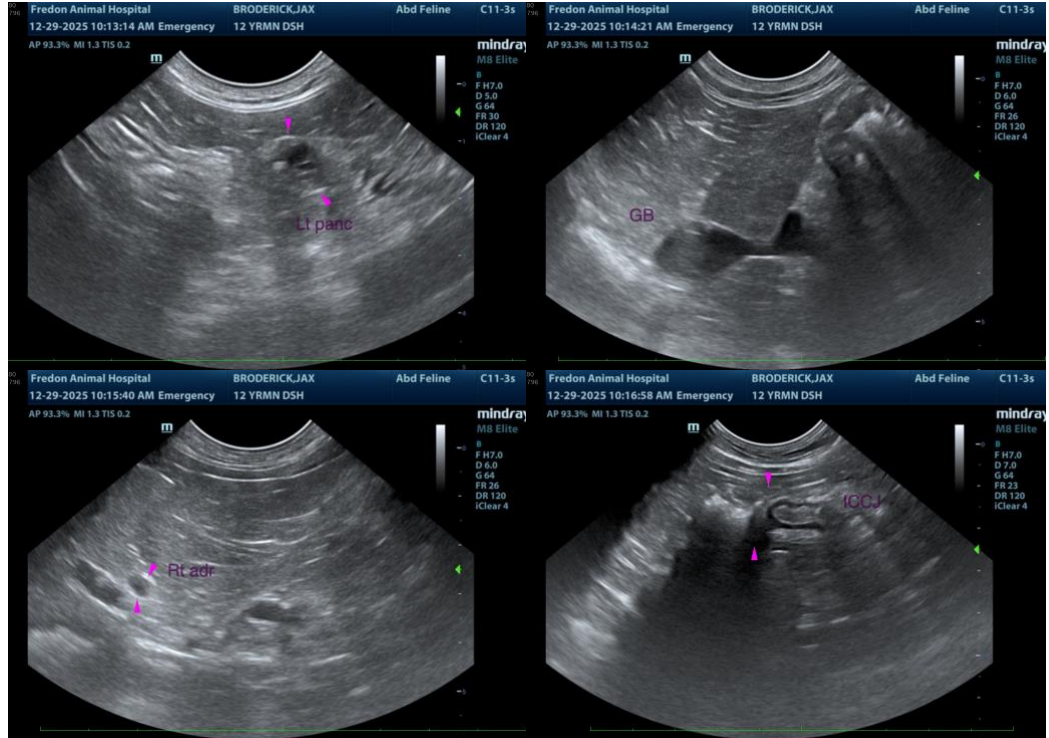
Michelle Roche

INVOICE

22352

DATE

12-29-25



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