



## PATIENT

Dewey Barreto

## SPECIES

Feline

## BREED

Domestic longhair

## SEX

Female, spayed

## AGE

8 months 1 week

## WEIGHT

5.6 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Amanda Crook

## HOSPITAL NAME

River's Edge Pet  
Medical Center

## REFERRING VET

Dr. Anne Todd

## INVOICE

13416

## DATE

12/8/25

## PRESENTING CLINICAL SIGNS

History: -Pt has had a FUO seen by rDVM intermittently, has had decreased appetite, was previously diagnosed with cerebellar hypoplasia. -Today pt presents with nasal congestion, clear ocular discharge with mild iridocyclitis. Current Medications: None Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): CBC: moderate microcytic, hypochromic anemia; mild leukocytosis; moderate neutrophilia, mild monocytosis Chem17/Lyte: mild hyperglycemia, mildly low CREA and BUN, mild hyperphosphatemia; moderate hyperproteinemia; moderate hyperglobulinemia; mild hypochloridemia FIV/FeLV: negative/negative no rads at this time

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is mildly enlarged (4.22 cm in length) with slightly swollen peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery effacing the serosal surface of the kidney is slightly hyperechoic.

The right kidney is mildly enlarged (4.39 cm in length) with slightly swollen peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery effacing the serosal surface of the kidney is slightly hyperechoic. There is suspected trace retroperitoneal fluid.

### Adrenal Glands

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

### Spleen

The spleen is normal in size (0.86 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.

### Liver

The liver is subjectively normal to prominent in size with smooth peripheral contours. The parenchyma is hypoechoic relative to the spleen. A few irregular hyperechoic nodules are observed throughout the organ, the largest measuring 1.7 cm in its longest dimension. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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

### Gastrointestinal

The gastric 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



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layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

### **Pancreas**

The left limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and homogeneous in appearance. The pancreatic duct is not overtly dilated.

### **Lymph nodes**

A cluster of enlarged hypoechoic lymph nodes are observed in the left cranial to mid-abdomen, one of the nodes measuring 2.3 x 1.0 cm. Surrounding mesentery is mildly hyperechoic.

### **Free Abdomen**

Trace retroperitoneal fluid is suspected.

### **Other**

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

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

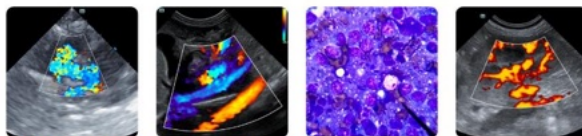
- The cranial abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma). However, lymphadenitis or lymphoid hyperplasia cannot be completely excluded.
- The bilateral renomegaly could be consistent with interstitial nephritis or an emerging neoplasia (i.e., lymphoma). Adjacent retroperitonitis is present.
- The hyperechoic hepatic nodules could be consistent with benign lesions (i.e., meylolipomas, lipogranulomas, inflammatory foci). Alternatively, emerging neoplasia is possible.

### Secondary Findings:

- The pancreatic changes are as expected for a young feline patient.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the renal changes, consider a urinalysis with a culture and sensitivity +/- renal aspirate (assuming normal clotting status). A 25-gauge needle should be used.
- Also consider fine needle aspiration of the enlarged cranial abdominal lymph nodes.
- Other considerations include the following:
  1. Three-view thoracic radiographs to assess cardiopulmonary status
  2. FIP testing
  3. Serum protein electrophoresis
  4. Depending on the results of the above diagnostics, further workup may be indicated.



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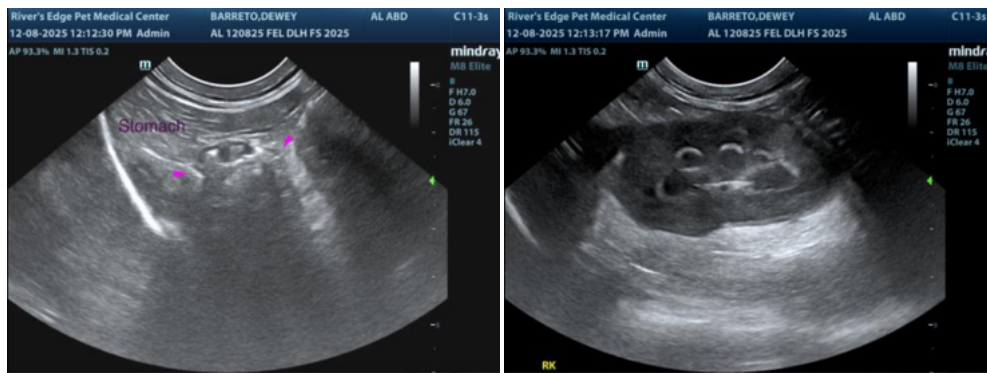
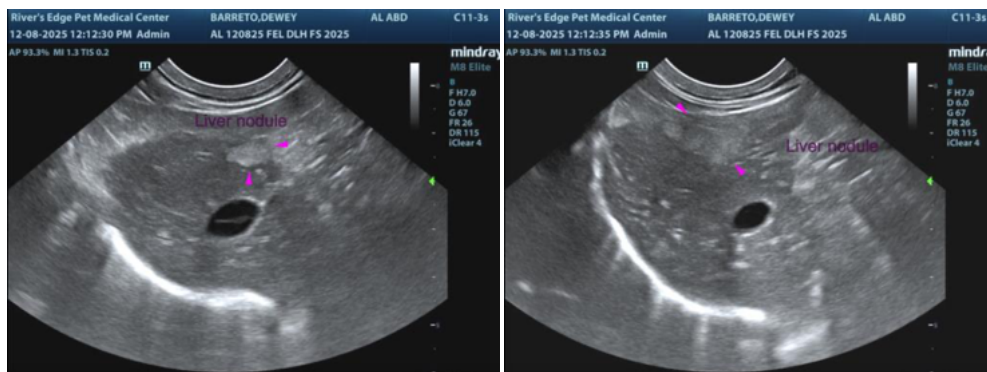
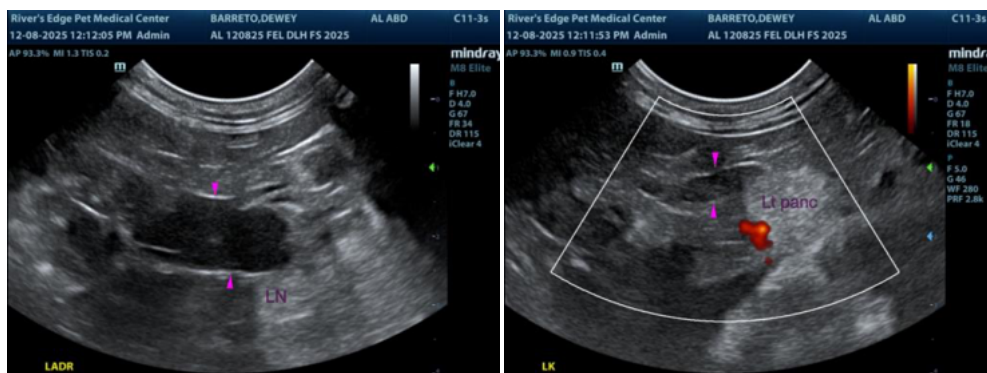
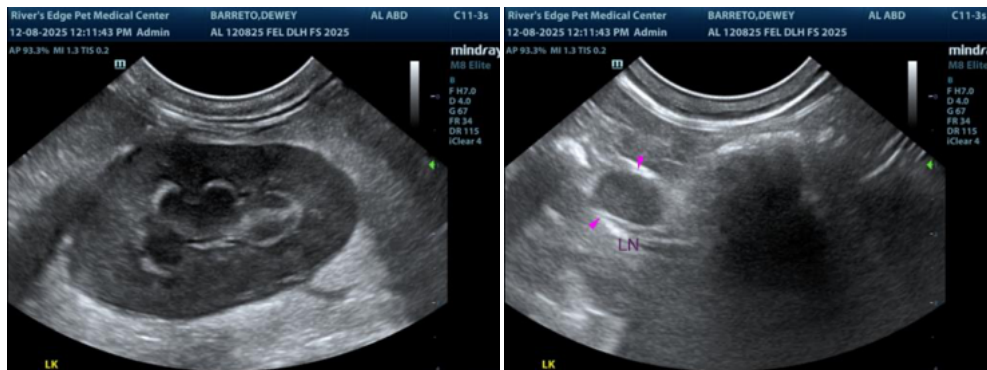
Dr. Anne Todd

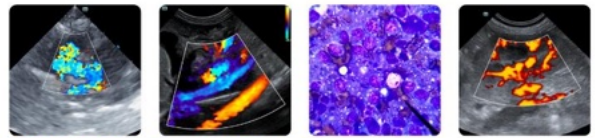
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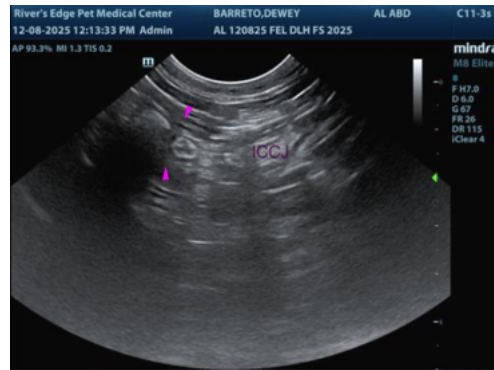
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)